



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

City Chambers
DUNDEE
DD1 3BY

12th June, 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 refer to the agenda of business issued in relation to the meeting of the above Integration Joint Board which is to be held remotely on Wednesday, 18th June, 2025 and now enclose the undernoted item of business which was not received at the time of issue.

Yours faithfully

DAVE BERRY
Chief Officer

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- Page 1

(Report No DIJB37-2025 by the Chief Finance Officer, copy attached – for decision).

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 JUNE 2025

REPORT ON: DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT
REPORT 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB37-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2024/25.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board

- 2.1 Notes the content and findings of the attached Internal Audit Annual Report 2024/25 D03/26 (incorporating Report D03/25 – Internal Control Evaluation 2024/25) (Appendix 1).
- 2.3 Instructs the Chief Finance Officer to report progress towards meeting the findings of the Internal Control Evaluation report to the Performance and Audit Committee.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no direct financial implications arising from this report.

4.0 MAIN TEXT

- 4.1 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.
- 4.2 The Performance and Audit Committee agreed at its meeting of the 25th September 2024 (PAC35-2024, Article XVI of the minute refers) to continue the arrangement for the provision of Internal Audit Services through the appointment of Fife, Tayside and Forth Valley Audit and Management Services (FTF) as the IJB's lead internal auditors and therefore continuing the role of Chief Internal Auditor, supported by Dundee City Council's Internal Audit service. The attached report provides the Chief Internal Auditors opinion on the IJB's internal control framework in place for the financial year 2024/25.

- 4.3 The Internal Audit Annual Report (incorporating the Internal Control Evaluation) (Appendix 1) examined the framework in place during 2024/25 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. In doing so, the review considered the areas of Corporate Governance, Clinical Governance, Staff Governance, Financial Governance and Information Governance.
- 4.4 The Chief Internal Auditors report sets out the findings of their evaluation of the IJB's Governance Framework and highlights both key elements of good practice and areas of recommended improvement to further strengthen the IJBs overall governance system. Where substantive findings have been identified, a management response and timescale for delivery has been agreed and these will be monitored through the Performance and Audit Committee's Governance Action Plan.
- 4.5 The Chief Internal Auditors assessment of the IJB's frameworks concludes that the IJB has adequate and effective governance, risk management and internal control arrangements in place (as noted in Paragraph 5 of the appended report).
- 4.6 The Internal Audit Annual Report states that Reasonable assurance can be taken from the report in evaluating the Internal Control Environment (as noted in Paragraph 8 of the appended report).
- 4.7 The Internal Control Evaluation report includes 13 findings for 2024/25 in section 2 – 1 Significant, 10 Moderate and 2 Merits Attention. Management response has been provided along with action by dates where appropriate. Section 3 provides a progress update on actions and findings from previous years.
- 4.8 The IJB's Unaudited Annual Statement of Accounts 2024/25 includes a Governance Statement based on a self-assessment of the IJB's governance, risk management and control frameworks as they have developed during 2024/25. While highlighting a number of areas of continuous improvement following on from previous years assessments and recommendations from internal and external audit reports, the governance statement has established there are no major issues.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that if required actions in response to Internal Audit recommendations are not coordinated and acted on appropriately the IJB's governance arrangements will not be adequate and effective.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 – High risk
Mitigating Actions (including timescales and resources)	- Implementation and monitoring of governance action plan as recommended by Chief Internal Auditor
Residual Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk
Planned Risk Level	Likelihood 2 x Impact 3 = 6 – Moderate Risk

Approval recommendation	Given the moderate level of planned risk and the expectation that the mitigating action will make the impact necessary to enhance the IJB's governance arrangements the risk should be accepted.
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7.0 CONSULTATIONS

- 7.1 The Chief Officer and the Clerk along with the Chief Internal Auditor of Dundee IJB 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: 11th June 2025

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FTF Internal Audit Service

Dundee City IJB Internal Audit Annual Report 2024/25

Report No. D03/26

Issued To: D Berry, Chief Officer
C Jones, Acting Chief Finance Officer

G Lloyd, Chief Social Work Officer
D Shaw, Clinical Director / Associate Medical Director

Dundee Integration Joint Board
External Audit

C Wyllie, Chief Internal Auditor, Dundee City Council
D Vernon, Senior Manager, Internal Audit, Dundee City Council

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Draft Report Issued	11 June 2025
Management Responses Received	11 June 2025
Target IJB Date	18 June 2025
Final Report Issued	11 June 2025

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INTRODUCTION

1. This annual report provides the Chief Internal Auditor's opinion on the Dundee City Integrated Joint Board's (DIJB's) internal control framework for the financial year 2024/25.
2. DIJB's ambition is for people in Dundee to have the best possible health and wellbeing. The internal audit service seeks to support this ambition through the delivery of a risk-based plan of internal audit work each year.
3. The scope of our Internal Control Evaluation 2024/25 (ICE) was a holistic overview of governance within DIJB, to provide assurance that governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objective.

AUDIT CONCLUSION

4. The overall Internal Audit Opinion for the year has been primarily based on:
 - Outputs of the DIJB 2024/25 internal audit plan (Appendix 1)
 - Internal audit work carried out in each of the partner organisations, where reports were considered relevant for IJB assurance purposes (Appendix 2)
 - The output of the 2024/25 ICE, which provided Reasonable Assurance (Appendix 3).
 - Progress with the delivery of previous internal audit and other governance improvement action points.
5. Based on work undertaken throughout the year I have concluded that:

- The IJB has adequate and effective governance, risk management and internal control arrangements in place
 - The 2024/25 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.
6. In addition, I have not advised management of any concerns around the following:

- Consistency of the draft Governance Statement with information that we are aware of from our work
 - The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected
 - The format and content of the draft Governance Statement in relation to the relevant guidance
 - The disclosure of all relevant issues.

RECOMMENDATION

7. DIJB is asked to take **Reasonable assurance** from this report in evaluating the internal control environment.

AUDIT SCOPE & OBJECTIVES

8. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to comply with the accounts and audit regulations and legislation under section 106 of the Local Government (Scotland) Act 1973. The Integrated Resources Advisory Group (IRAG) guidance requires IJBs to establish appropriate and proportionate arrangements for audit provision, including arrangements to review risk management, governance and control of delegated resources.
9. This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.
10. Guidance issued in April 2017 requires IJBs to prepare their annual accounts and governance statements in accordance with Local Authority Accounts (Scotland) Regulations 2014. These regulations require an authority to:
 - i) *Be responsible for ensuring that the financial management of the authority is adequate and effective, and that the authority has a sound system of internal control which:*
 - (a) *facilitates the effective exercise of the authority's functions; and*
 - (b) *includes arrangements for the management of risk.*
 - ii) *Conduct a review at least once in each financial year of the effectiveness of its system of internal control.*
11. The CIPFA 'Delivering Good Governance' in Local Government Framework 2016 places a responsibility on the authority to ensure additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.
12. The IJB Annual Internal Audit Plan for 2024/25 was based on a joint risk assessment by Internal Audit and the Chief Finance Officer and approved by the Performance and Audit Committee (PAC).
13. The authority, role and objectives for Internal Audit are set out in Appendix 1 of DIJB's Standing Orders.
14. Internal Audit is required to provide the PAC with an annual assurance statement on the adequacy and effectiveness of internal controls.

Section 1

IJB GOVERNANCE STATEMENT

15. DIJB has produced a draft Governance Statement for 2024/25 which reflects the IJB's own assessment for areas for development, setting out several actions to further strengthen governance arrangements. These are generally complex areas which have remained outstanding for several years and depend on the input of partner bodies.
16. DIJB has produced a draft Governance Statement which states that:

“While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of Dundee City Integration Joint Board’s governance arrangements. We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the Integration Joint Board’s principal objectives will be identified and actions taken to avoid or mitigate their impact. Systems are in place to regularly review and improve the internal control environment.”

PARTNER BODIES GOVERNANCE STATEMENT

17. DIJB is in an interdependent relationship with both partner bodies in which the controls in place in one body inevitably affect those in the other.
18. The draft NHS Tayside Governance Statement for 2024/25 concludes that:

“As the appointed Accountable Officer, and noting the disclosure in relation to Information Governance Incident Reporting, I am able to conclude with the ongoing improvement work undertaken throughout the year, as evidenced above; the governance framework and the assurances and evidence received from the Board’s committees, that corporate governance continues to be strengthened and internal controls were operating adequately and effectively throughout the financial year ended 31 March, 2025.”

19. Dundee City Council has drafted a Governance Statement for 2024/25 which concludes that:

“The annual review demonstrates sufficient evidence that the code’s principles of delivering good governance in local government operated effectively and the Council complies with the Local Code of Corporate Governance in all significant respects for 2024/2025. It is proposed over 2025/2026 steps are taken to address the items identified in the Continuous Improvement Agenda to further enhance the Council’s governance arrangements”.

AUDIT FOLLOW UP

20. The production of the refreshed and prioritised Governance Action Plan (GAP), now considered at each meeting of the PAC, is an enhancement to the overall governance arrangements. However, new actions are being added and overall, the list of actions is increasing, rather than decreasing. While the January 2025 GAP update did not include the ten actions from our 2023/24 Internal Audit Annual Report, issued in June 2024, Management has confirmed that the GAP will be updated, and these actions will be included for presentation to the September 2025 Performance and Audit Committee.
21. We have followed up agreed actions from previous ICE / Annual Reports and we have completed testing to identify any material changes to the control environment in the period from the issue of the 2024/25 ICE to the year-end. Areas for further development will be followed up in 2025/26.

INTERNAL AUDIT ARRANGEMENTS

22. Following a meeting of DIJB in May 2016, FTF Internal Audit were appointed to provide the IJB's Internal Audit Service. The PAC has approved the Internal Audit Charter, which is reviewed annually, as well as a protocol for the sharing of audit outputs between the partner organisations. The 2024/25 Internal Audit Plan was approved by the Committee in August 2024 and internal audit work undertaken in 2024/25 is set out in Appendix 1.
23. Resources to deliver the Annual Internal Audit Plan are provided by the NHS Tayside (FTF Internal Audit) and Dundee City Council Internal Audit Services.
24. Global Internal Audit Standards (GIAS) require an External Quality Assessment (EQA) of the Internal Audit Service at least once every five years. An assessment for the FTF Internal Audit consortium, that provides services to four Health Boards (Fife, Tayside, Forth Valley, and Lanarkshire) and provides the Chief Internal Auditor function for Angus IJB, was undertaken by the Chartered Institute of Internal Auditors (Chartered IIA) between October 2024 and January 2025. The final report was issued on 4 March 2025.
25. The overall objective of the EQA of FTF Internal Audit was to assess compliance with the then extant Public Sector Internal Audit Standards (PSIAS), which have now been replaced by GIAS and the Application note: GIAS in the UK Public Sector.
26. The EQA final report of FTF Internal Audit compliance with the Public Sector Internal Audit Standards (PSIAS) was issued on 4 March 2025. The overall opinion was that the internal audit services provided Generally Conforms to the PSIAS, which is the highest level of conformance.
27. FTF have developed an improvement action plan based on a gap analysis against GIAS, the UK Public Sector Application Note and recommendations and suggested improvements from the March 2025 EQA report. This improvement action plan will be reported to and monitored by the NHS Tayside Audit and Risk Committee until all actions are complete. Assurance will be provided to DIJB as part of future internal audit progress reports.

Section 1

28. For Dundee City Council Internal Audit Service, the latest update on the External Quality Assessment was “the Council’s Internal Audit Service conforms with the PSIAS except for one minor non-conformance. The non-conformance relates to the timing of the external review that PSIAS requires to be undertaken at least every five years. The next external assessment was due to take place in 2022/23 within a compliant timeframe through the peer review process agreed by the Scottish Local Authority Chief Internal Auditors Group (SLACIAG). The reviewer has delayed completion of the review meaning it is more than five years since the last review. Our self-assessment was provided in November 2023. A draft report is now being considered and should be reported to the next Scrutiny Committee meeting.”

INTERNAL AUDIT PLAN

29. The NHS Tayside 2024/25 Annual Internal Audit Plan included provision of audit services and providing the Chief Internal Auditor function to DIJB. Provision of internal audit services was also included in the Dundee City Council Internal Audit Plan 2024/25. The 2024/25 DIJB Internal Audit Plan was approved by the PAC in September 2024 and internal audit work undertaken in 2024/25 is set out in Appendix 1.
30. Internal Audit has continued to highlight the requirement for coherence between governance structures, performance management, risk management and assurance to improve the ability of the IJB to monitor the achievement of operational and strategic objectives.
31. Our 2024/25 work provided assurance on the adequacy of governance, risk management and controls. Summarised findings or the full report for each review were presented to the PAC throughout the year.
32. Progress against the plan is reported to each meeting of the PAC. The 2024/25 internal audit plan has been substantially completed with one report at fieldwork stage. All carried forward items from the 2023/24 plan were completed. Work is progressing on the one remaining review, with the aim to be completed for the September PAC meeting.
33. Management continues to respond positively to our findings, and action plans have been agreed to improve the systems of governance, risk management and control.

STAFFING AND QUALIFICATIONS

34. Resources to deliver the Annual Internal Audit Plan are provided by the NHS Tayside (FTF Internal Audit) and Dundee City Council Internal Audit Services.
35. During 2024/25, internal audit services to DIJB were provided by:

FTF	Dundee City Council
Jocelyn Lyall, BAcc, CPFA, Chief Internal Auditor	Cathie Wyllie, CA, Service Leader- Internal Audit

Section 1

Barry Hudson, BAcc, CA, Regional Audit Manager	David Vernon, CMIIA, Manager- Internal Audit
Ruth Boyd, FCCA, Principal Auditor	

ACKNOWLEDGEMENT

36. On behalf of the Internal Audit Service, I would like to take this opportunity to thank all members of staff within the IJB for the help and co-operation extended to Internal Audit.
37. My team and I have greatly appreciated the positive support of the Chief Officer, Acting Chief Financial Officer, and the wider management team, as well as the Performance and Audit Committee.

Jocelyn Lyall BAcc CPFA
Chief Internal Auditor

Dundee IJB Internal Audits 2024/25 and 2023/24

Ref	Audit	Indicative Scope	Performance and Audit Committee (PAC) Date
D01-25	Audit Planning	Audit Risk Assessment & Operational Planning 2024/25.	Presented to the September 2024 PAC.
D02-25	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Papers prepared and presented to each PAC during 2024/25.
D03-25	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of the 2024/25 Annual Report.	ICE 2024/25 finalised and issued 5 June 2025 and will be considered at the September 2025 PAC meeting. The ICE is at Appendix 3 for this report.
D04-25	Annual Report 2024/25	Chief Internal Auditor’s annual assurance statement to the IJB with fieldwork to support this.	Considered at the June 2025 DIJB meeting and to be presented to the September 2025 PAC meeting.
D05-25	Lead Partner Services	Lead Partner Governance and Assurance arrangements.	Assignment plan agreed and fieldwork underway. Report to be presented to the September 2025 PAC.
D06-24	Workforce Planning	Coherent, co-ordinated, adequate and effective approach to managing significant workforce risks. Strategic & operational responses across the totality of the workforce, including contracted services and 3rd sector	Presented to the January 2025 PAC.

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Relevant Partner Organisation Internal Audits 2024/25

NHS Tayside	Report Assurance	PAC Meeting Date
T08/24 Internal Control Evaluation 2023/24	Reasonable	22 May 2024
T05/23 Whistleblowing	Reasonable	
T06/25 - Annual Internal Audit report 2023/24	Reasonable	25 September 2024
T10/23 – Public Health Governance	Limited	
T33/23 – Departmental Review: Property Dept – Facilities Directorate	Reasonable	
T30/23 Interim report - Missing Clinical Psychology Case Records – Follow up review	N/A	
T24/24 NHS Scotland National Payroll System – ePayroll updates	Substantial	
T12/24 Compliance with Laws and Regulations	Limited	
T25/25 Financial Sustainability – Scottish Government Self-Assessment Review	N/A	29 January 2025
T26/25 Savings Governance	Reasonable	21 May 2025

Dundee City Council	Report Description	PAC Meeting Date
Adaptations and Equipment for People with Disabilities	Limited	25 September 2024
Procurement	Substantial	
Service Design and Business Improvement	Substantial	
Community Justice Liaison with COPFS and the Courts	Substantial	
Corporate Governance	Substantial	29 January 2025
Absence Management	Limited	
Corporate and Corporate Services – Financial Forecasting	Substantial	21 May 2025
Corporate Services – Corporate Finance – Purchase to Pay	Substantial	

FTF Internal Audit Service

Dundee City IJB

D03/25 Internal Control Evaluation 2024/25

Issued To: D Berry, Chief Officer
C Jones, Acting Chief Finance Officer

G Lloyd, Chief Social Work Officer
D Shaw, Clinical Director / Associate Medical Director

Dundee Integration Joint Board
External Audit

C Wyllie, Chief Internal Auditor, Dundee City Council
D Vernon, Senior Manager, Internal Audit, Dundee City Council

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Draft Report Issued	1 May 2025
Management Responses Received	21 May 2025
Target Performance & Audit Committee Date	16 May 2025
Final Report Issued	05 June 2025

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BACKGROUND

- As Accountable Officers, Chief Officers are responsible for maintaining a sound system of internal control to manage and control the available resources used in the organisation. This review aims to provide warning of any significant issues that may affect the Governance Statement.
- Internal Audit completed their 2024/25 work in accordance with Public Sector Internal Audit Standards (PSIAS). From 1 April 2025 the extant PSIAS were replaced by the 'Global Internal Audit Standards (GIAS) supported by an 'Application Note – Global Internal Audit Standards in the UK Public Sector'. Whilst full compliance with GIAS is not expected on the date of change, conformance is to be evidenced during 2025/26 and will be measured through an annual self-assessment exercise, with a periodic independent external inspection every five years.
- Whilst many aspects of how the internal audit service will be delivered and the principles under which it operates will not change, with current arrangements reflecting the intent of the new Standards and best practice, action will be taken to review current working practices to achieve conformance with the Standards. This may involve revision to internal audit plans and Audit Charters.
- The recent External Quality Assessment of the FTF Internal Audit function, undertaken by the Institute of Internal Auditors (4 March 2025) concluded that FTF "generally conforms" with PSIAS. This provides assurance that FTF, as lead auditors for Dundee City IJB (DIJB), are providing an internal audit service in line with the extant standards for 2024/25.

OBJECTIVE

- The DIJB Internal Audit plan provides cyclical coverage of key elements of Corporate, Clinical, Staff, Financial and Information Governance.
- Together, the mid-year Internal Control Evaluation (ICE) and the Annual Report provide assurance on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year and providing an overview of areas which have not been subject to a full audit. These reviews do not and cannot provide the same level of assurance as a full review but do provide insight into the systems which have not been audited in full. The ICE review provides early warning of potential year end assurance issues and allows a holistic view of governance within DIJB.
- This review is a key component of the opinion we provide in our 2024/25 Annual Internal Audit Report and will inform the 2025/26 internal audit planning process.
- To inform our assessment of the internal control framework, Internal Audit developed and utilised a governance checklist. The checklist was based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration and best practice.
- Our audit specifically considered whether:
 - Governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

AUDIT OPINION

- Findings with management actions from the ICE review are included at section 2.
- Our 2023/24 Annual Report, issued on 13 June 2024, was informed by detailed review of formal evidence sources including Board papers and published documents along with discussions with key officers.

- As well as identifying key themes, our Annual Report made ten recommendations in the following areas:
 - Escalation route for long-outstanding governance improvement actions
 - A firm timeline for prioritised completion of the resource and performance frameworks and delivery plan to be agreed
 - Annual Report from the Performance and Audit Committee (PAC) to include a conclusion on assurance
 - Statutory documents to include review control sheets
 - Risk Management Annual Report to be considered by the PAC, before submission to the IJB
 - Directions monitoring process to be implemented with an Annual Report to PAC
 - Action Trackers to capture all items where future action is agreed, and monitor progress
 - The Clinical, Care and Professional Governance Group to monitor Primary Governance Group attendance at their meetings, escalating any concerns to PAC and including attendance information in assurance reports
 - DIJB to consider adopting FTF Assurance Principles and adopting these for use within governance groups to ensure commonality with partners processes
 - Enhanced financial monitoring to show savings achieved against planned, and recurring or non-recurring
- Progress with outstanding actions to address previous ICE and Annual Report recommendations is shown in Section 3.
- Overall, there has been limited progress on the suite of actions. Prioritisation of all available resources was needed to support both winter pressures and the 2025/26 budget development process.
- The production of the refreshed and prioritised Governance Action Plan (GAP), now considered at each meeting of the PAC, is an enhancement to the overall governance arrangements. However, new actions are being added and overall the list of actions is increasing, rather than decreasing. We also noted that the January 2025 GAP update does not include the ten actions from our 2023/24 Internal Audit Annual Report, issued in June 2024. (Recommendation 5)
- In this report we have provided an update on progress to date and, where appropriate, built on and consolidated previous recommendations to allow refreshed action to be agreed.

RISK

- Whilst there is no overarching corporate/strategic risk relevant to this review, our audit specifically considered whether governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

KEY THEMES

- Key themes are highlighted below.

Key IJB Officers

- Audit Scotland's IJB Finance Bulletin 2023/24, issued in March 2025, noted that "the leadership and strategic vision of senior officers is crucial in the strategic planning and decision making required to drive much needed transformation change. Instability in leadership teams has the

potential to disrupt strategic planning and the leadership capacity to bring about the fundamental change required to address the growing scale of challenges facing IJBs". A key message in the bulletin is that a "continued high turnover of chief officers and chief finance officers adds to the risks around effective strategic planning and decision making".

- DIJB has had acting Chief Officer (CO) and Chief Finance Officer (CFO) posts since January 2024. Both officers were previously employed in substantive DIJB posts prior to these Acting roles.
- External Auditors, in their key messages on the 2023/24 annual accounts, noted that "the partner bodies need to appoint a permanent CO to ensure there is clear and consistent leadership to tackle the significant financial and operational challenges currently being faced in providing health and social care across Dundee". They also acknowledged however that "these internal promotions have ensured continuity of approach in the IJB tackling the significant financial pressures that it currently faces over this period".
- In the period since this report was issued in draft, a permanent appointment has been made to the CO role. In order to ensure stability and effective leadership, a permanent appointment to the CFO role should follow.

Strategic Commissioning Framework (SCF) and Delivery Plan

- The SCF was published in June 2023 with the Resource and Performance frameworks along with an Annual Delivery Plan deferred due to staff resource issues at IJB management level. In our 2023/24 Annual Report we made a significant recommendation that a firm timeline for prioritised completion of these documents be put in place and rigorously monitored. In October 2024 Dundee HSCP's Delivery Plan October 2024 to March 2026 was endorsed by the IJB noting that further consideration would be given to the presentation of the Plan along with design colleagues. From 2026/27 it is intended that the partnership will develop and publish an annual plan, aligned to financial years. The Delivery Plan was designed as a public-facing document but is not yet available on the Dundee HSCP website.
- Progress with actions in the Delivery Plan are to be monitored by the Senior Leadership Team in the first instance, with overview reports provided to the Strategic Planning Advisory Group. The IJB are to receive reports on specific actions on an exception basis, with a full annual review to be delivered via the Annual Performance Report produced at the end of each financial year. To date, no exception reports have been presented to the IJB and we recommend that a schedule of regular updates is included in the annual workplan of the IJB.
- Outline plans for the Resource and Performance Frameworks were reported in June 2024 as having been initiated but could not be progressed due to capacity issues within the relevant teams and the need to prioritise the Delivery Plan in the first instance. Progression of these frameworks is vital to provide the opportunity to reflect on the overall risk profile and focus on mitigating the risks with the potential to stop the organisation achieving its strategic objectives.

Financial Governance – Planning and Recovery Plans

- Audit Scotland's IJB Finance Bulletin 2024/24, issued in March 2025, stated that "*IJBs finances continue to be precarious. IJB's 2023/24 funding has increased in real terms compared to 2022/23 but there is a concerning picture of continued overspending, depletion of reserves and required savings being met through one-off, rather than recurring savings*". Internal Audit have previously reported similar concerns and highlighted the strategic changes required. The financial risk environment for DIJB, NHS Tayside, Dundee City Council and the whole public sector continues to increase.
- Within the five-year financial outlook 2024 to 2029, it was estimated that total savings of over £45m will be required, as reported to DIJB in August 2024.

- In our 2023/24 Annual Report we commented that it is extremely unlikely that savings of this magnitude can be achieved without a significant transformation programme accompanied by clear prioritisation. This will mean making difficult choices and requires a clear focus on financial sustainability. The production of the required key documents should be progressed as a matter of priority including, but not limited to the Resource Framework and Performance Framework.
- When presenting the budget for 2024/25 in March 2024 the IJB had not received formal notification from NHS Tayside of their budget allocation. The IJB requested that the Acting Chief Officer report back when formal notification had been received from NHS Tayside. An update budget 2024/25 was not formally presented to the Board following the March 2024 meeting and officers have informed us that no formal budget notification was received from NHS Tayside. It is important that formal notification and approval of final budgets is recorded.
- DIJB relied on the use of its reserves to present a balanced budget for 2024/25, with a planned £4m draw on reserves included within a £10.69m savings plan. By the time the Q1 results were presented to DIJB in August 2024 the overspend was projected to be £6.2m, only £4m of which was planned.
- A Financial Recovery Plan was presented to the October 2024 IJB, by which time the operational overspend had increased to over £9m. The actions in this plan were in narrative form and were not sufficiently detailed or targeted to be effective and did not appear transformational or prioritised. We reiterate our comment from the 2023/24 Annual Report that it is extremely unlikely that savings, both short and long term, can be achieved without a significant transformation programme accompanied by clear prioritisation. This will mean making difficult choices and require a clear focus on financial sustainability.

Financial Governance – Financial Reporting and Reserves

- The latest finance report to the April 2025 IJB reported a projected overspend of £7.892m. £4m overspend was anticipated as part of the financial plan for 2024/25, therefore £3.892m was unplanned and will require a further draw on reserves, leaving circa £897,000 in uncommitted reserves to be carried forward into 2025/26. Whilst the final year end position will not be known until mid-May 2025 the April 2025 paper to the IJB indicated improvements resulting in a higher level of retained uncommitted reserves than previously anticipated.
- The IJB reserves policy seeks to retain reserves of 2% of budget (approx. £6.4m) but this is proving very challenging in the financial climate with many IJBs having no reserves or levels below their respective reserves policies. Utilising most of the reserves in 2024/25 to support the overspend will significantly impact on financial planning flexibility in future years.

Financial Governance – Budget Planning and Monitoring

- Budget monitoring reports are provided to each meeting of the IJB. These identify significant variances, and it may be helpful if the overspends being reported in almost every delegated service were examined to establish whether these are related to initial financial planning assumptions which require consideration to identify lessons learnt that may assist in future financial plans.
- The necessity of having to institute a recovery plan after only one quarter could indicate that, as noted by Audit Scotland in their IJB Finance Bulletin, that there are financial management risks including “financial forecasting requiring more accuracy”. Consideration should also be given to ensuring that a culture has not developed where overspends have become accepted.
- A public budget consultation ran from 14 February 2025 to 5 March 2025. This consultation clearly informed the public that DIJB must reduce spending by £19.7m in 2025/26. The 10 budget proposals in the consultation paper totalled £7.878m and it was not clear how DIJB intend to achieve the majority of the savings requirement (£11.822m) with ‘operational efficiencies’ being cited as opposed to changes in service provisions which formed part of the consultation. In our

view, operational efficiencies and non-recurring initiatives should not comprise the bulk of a budgetary gap plan.

Service Redesign – Transformation

- The 2025/26 budget paper presented to the March 2025 IJB reported a forecast budget gap of £17.5m. With limited uncommitted reserves coming forward from 2024/25 the challenge facing DIJB is significant.
- Partnership working to transform services to a sustainable operating model is recognised as the way to deal with the ever-increasing demand for services and to improve outcomes for people. Consolidated transformation programme updates were to be provided to the IJB, but this has not progressed recently. We have been informed that this is in the pipeline and will be a focus in 2025/26 with reliance on the partners making transformations. To achieve ongoing financial sustainability, then transformational changes are required.
- The 2024/25 budget proposal, in relation to large hospital set aside, noted *“a key component of the overall funding of health and social care is in relation to progressing the arrangements to release resources through the Large Hospital Set Aside (LHSA) mechanism. The system reform assumptions in Scottish Government’s Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway is key to delivering this objective...”*.
- From discussions with key officers, it was noted that this area has not been progressed and that the current methodology will continue until local and national development of calculating future values of LHSA is developed.
- Our 2021/22 Annual Report recommendation that the IJB receive a progress report on implementation of actions relating to the Ministerial Steering Group (MSG) was removed as part of the GAP reprioritisation process, on the basis that “MSG is no longer being pursued by the Scottish Government, with focus now on National Care Service”.
- The timeframe for implementation of the Care Reform (Scotland) Bill (previously referred to as National Care Service (Scotland) Bill) has been extended multiple times and implementation is now planned for 2026. In the interim, we suggest that the previous MSG actions are reviewed and, where appropriate, plans this action should be reinstated on the Governance Action Plan.

Risk and Assurances

- Existing GAP recommendations around risk, performance and, ultimately, assurance have not progressed as planned. There is a need to ensure that the PAC consider how they will receive assurances that effective counter fraud and corruption arrangements and information governance arrangements are in place within the partner bodies governance arrangements.
- Committee papers also would benefit from being specifically linked to performance and strategic risk(s) in line with FTF’s Assurance Principles to ensure that the Board focuses on managing its highest strategic risks.

Clinical Governance

- NHS Tayside introduced a revised Clinical Governance Framework in April 2025. The previous Getting it Right for Everyone (GIRFE) framework has been amalgamated into the revised Clinical Governance Framework with the GIRFE meeting to be replaced by a Clinical Governance Quality Assurance Meeting (CGQAM). The Dundee HSCP Clinical, Care and Professional Governance Group (CCPG) is working to establish whether the new structure within NHS Tayside will necessitate any changes to their processes. We agree with this approach and recommend that the CCPG clarifies their role within this revised framework.

Adverse Event Management

- The CCPG minutes highlight the issue of overdue verified adverse events, noting that teams focus on the most recent events rather than historical ones due to longstanding issues with workforce availability. The data shows that although the older events are being tackled, the new unverified results being added to the figures means that the backlog is increasing, not reducing. Two primary governance groups – Mental Health & Learning Disability and Dundee Drug and Alcohol Recovery Services – have established adverse event incident review groups to further support this work.

IJB Members Induction

- Given the complex and dynamic nature of the environment within which the IJB operates, initial induction provided to new IJB members is essential to equip them with the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities. The induction pack for new members requires to be reviewed and updated. Management have informed us that the induction pack for new members requires to be refreshed.

IJB Development Sessions

- Internal Audit commend the programme of development sessions that have been delivered in 2024/25 and which are planned for 2025/26. This is a positive step to ensure ongoing IJB members development, however the output of these sessions should be reported to the IJB and a process for monitoring actions that emerge from these should be developed.

Statutory Documentation

- Declaration of Interests is a standard agenda item for each IJB and PAC meeting. There have been no declarations of interest at any meeting in 2024/25 to date (March 2025). While we are unaware of any breaches of the Code of Conduct – section 5, which provides guidelines on interests that need to be declared, the induction process should ensure that members are fully apprised of the circumstances where an interest should be declared. Following discussion with the CFO, members were to be reminded of this responsibility at the budget meeting.
- A response to a recommendation in our 2023/24 Annual Report stated that the Register of Members interests was to be updated by August 2024. The register was not updated and sent for upload until March 2025. The register on the website does not include a control sheet so it is not clear if the document is up to date or not. We have previously recommended control front sheets for all such documentation so that they have been reviewed within an appropriate interval.

General Sustainability

- The environment in which the IJB operates is both exceptionally complex and extremely challenging, particularly in terms of finance and workforce. There is no guarantee that arrangements being put in place can, or will, mitigate the associated risks to acceptable levels.

Audit Follow Up

- We performed detailed follow up work on all the outstanding recommendations from our previous annual reports – see section 3.

KEY DEVELOPMENTS

- Key developments since the issue of our 2023/24 Annual Report included:
 - Adoption of updated Financial Regulations and Scheme of Delegation.
 - Publication of the Dundee IJB Performance Report 2023/24.

- Completion of the exercise to reprioritise outstanding recommendations within the Governance Action Plan, with live actions being uploaded to the Ideagen performance management system.
- Dundee HSCP Delivery Plan October 2024 – March 2026 approved in October 2024.
- Input to, and endorsement of, the Winter Resilience Plan for NHS Tayside and Partner Organisations.
- Implementation and monitoring of a financial recovery plan for 2024/25.
- Best Value Arrangements and Assessment 2024/25.
- Annual Update on progress against the Property Strategy.
- Presentation of the proposed IJB budget for 2025/26.
- Formal review and revision of the terms of reference for the Strategic Planning Advisory Group.

ACTION

- The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.



ACKNOWLEDGEMENT

- We would like to thank all members of staff for the help and co-operation received during the audit.

J Lyall BAcc (Hons) CPFA



Chief Internal Auditor

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Action Point Reference / Finding		Assessment of risk	Management Response / Action	Responsible Officer	Action by date
1	<p>MSG</p> <p>Our 2021/22 annual report that the IJB receive a progress report on implementation of actions relating to the Ministerial Steering Group (MSG) was removed as part of the Governance Action Plan reprioritisation process, on the basis that “MSG is no longer being pursued by the Scottish Government, with focus now on National Care Service”.</p> <p>The timeframe for implementation of the Care Reform (Scotland) Bill has been extended multiple times and implementation is now planned for 2026. In the interim, we suggest that the previous MSG actions are reviewed and, where appropriate, reinstated on the Governance Action Plan.</p> <p>The IJB, either directly or through the PAC, should receive an update on progress together with an assessment of what is required to ensure the agreed actions are implemented, including any input needed from partners. The consequences of non-delivery should also be set out.</p>	 <p>Moderate</p>	<p>The revised Care Reform (Scotland) Bill will provide the basis for further reform of health and social care integration in Scotland and as such remains the key focus of the Scottish Government in relation to arrangements for integrated governance and services. MSG has not been pursued by the Scottish Government for a number of years and is no longer relevant to the changing landscape of adult health and social care (lessons from the MSG activity have been incorporated into the Care Reform policy agenda where relevant). Officers will ensure that the IJB is appraised of future developments in relation to the Care Reform (Scotland) Bill.</p>	N/A	NO FURTHER ACTION
2	<p>Budget Planning</p> <p>Budget monitoring reports, identifying significant variances, are provided to each IJB meeting.</p>	 <p>Significant</p>	<p>Enhancement of Financial Monitoring Reports content and detail will be reviewed and implemented noting the recommendation.</p>	Chief Finance Officer	August 2025




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Issues and actions

	Overspends are being reported in almost every delegated service, and a financial recovery plan had to be put in place after Q1 in 2024/25. It could be helpful to examine initial planning assumptions to establish whether the adverse variances can be attributed to these. Lessons learned from previous years experiences should be built into the financial planning process for future years.				
3	Publication and Monitoring of the Strategic Commissioning Framework's Delivery Plan In October 2024 Dundee HSCP's Delivery Plan October 2024 to March 2026 was approved but has not yet been uploaded and available to the public on the Dundee HSCP website. No monitoring of progress with the Delivery Plan has been received by the IJB.	 Moderate	The October 2024 version of the delivery plan was published as part of IJB papers but has now also been published as a standalone document. It is to be revised following the 25/26 budget setting process and resubmitted to the IJB in August 2025; this will include an update on progress alongside rationale for revisions made. The Strategic Planning Advisory Group has a strategic planning workshop scheduled for 13 August 2025 where they will develop proposals for a process for monitoring progress against the delivery plan.	Head of Strategic Services	September 2025
4	Update of Governance Action Plan The Governance Action Plan presented to the January 2025 PAC does not include recommendations from Internal Audit report D03/25 – DIJB Annual Report 2023/24, issued on 13 June 2024. Internal Audit have	 Moderate	Governance Action Plan to be reviewed and updated to incorporate recommendations from Internal Audit report 2023/24.	Chief Finance Officer	September 2025

Section 2


Issues and actions

	undertaken follow up on these actions within this report see Section 3.				
5	Fraud Assurances to PAC The Terms of Reference (ToR) for the PAC were updated in December 2023 to reflect their responsibility for the core areas of counter fraud and corruption. The remit of the PAC now includes “to receive assurances that effective counter fraud and corruption arrangements are in place within the partner bodies governance arrangements”. No specific assurances have been presented to the PAC since the update to the ToR.	 Moderate	Officers to liaise with partner body colleagues to obtain and report relevant assurance annually to PAC.	Chief Finance Officer	December 2025
6	IJB Development Sessions A programme of development sessions for members has been undertaken through 2024/25. This is a positive move to ensuring ongoing IJB members development. Consideration should be given to reporting on the output of these sessions to the IJB or PAC and developing a process for monitoring any actions or training needs that emerge from them.	 Moderate	IJB Development sessions are to support and enhance Members’ knowledge and understanding but no formal actions or decisions are taken during these sessions and no output is created. Where possible, a session relevant to an upcoming report will be scheduled at an appropriate time. Any actions or decisions will be presented to full IJB or PAC meetings and documented accordingly. Upcoming sessions are noted on IJB agendas for awareness	Chief Finance Officer	N/A
7	Committee Papers, Link to Strategic Risk and Risk Appetite Whilst papers to the IJB and PAC include a risk section, these are not always explicitly linked to the extant strategic risk. All papers that the	 Moderate	Officers are in the process of revising the Strategic Risk Register, which will then be submitted to the IJB for approval.	Chief Finance Officer / Head of Strategic Services	October 2025

	<p>IJB or PAC consider should be linked to, or contributing to mitigation of, a strategic risk. Where a link cannot be made to a strategic risk then consideration should be given as to whether the IJB or PAC needs to devote time and resource to it.</p> <p>The IJB has committed to taking forward the Committee Assurance Principles during 2025/26 and the adoption and application of these will help to ensure links to risk and performance.</p> <p>Example reports from ICE fieldwork include:</p> <ul style="list-style-type: none"> • The financial recovery plan presented in December 2024 linked to a risk around delivering a balanced budget. However, this description doesn't appear in the strategic risk register, where the financial risks are (1) Unable to maintain IJB spend and (2) Restrictions on Public Sector Funding. • In October 2024 the IJB considered the development and implementation of the Dundee HSCP Workforce Plan 2022-2025. This report did not include a risk section on the basis that the report is for information only. However, implementation of a workforce plan links directly to mitigation of the workforce strategic risk. The IJB should consider whether the progress that was reported is, in any way, mitigating the risk and lowering the risk score. 		<p>As part of this process guidance to IJB report writers on completion of the Risk Section within the report template will be updated and re-issued.</p>		
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Section 2



Issues and actions

8	<p>Revised NHS Tayside Clinical Governance Framework</p> <p>CCPG minutes record discussion around their assurance role within NHS Tayside's revised clinical governance framework, considering spending development time to align with this structure and facilitate reporting into the new Clinical Governance Quality Assurance Meeting.</p> <p>The CCPG should agree what is expected of it, and what the existing Primary Governance Groups are accountable for within this revised framework.</p>	 <p>Moderate</p>	<p>Reporting into the new Clinical Governance Quality Assurance Group has been ongoing since January 2025. This alternates between assurance and exception reporting in line with reporting to the Clinical Governance Committee. This is an iterative process with the HSCPs coming together to develop comprehensive understanding of new framework and how best to provide assurance aligned to the new Framework. Work with the primary governance groups will commence once the above development is complete.</p>	Clinical Director	December 2025
9	<p>Information Governance Assurances</p> <p>The revised Integration Scheme, section 11, covers information sharing and data handling. Para 11.1 – The Parties.... will adhere to the Information Sharing Protocol</p> <p>Para 11.3 – The Data Protection Officers of NHST, DCC and the IJB.... will meet annually, or more frequently if required, to review the Information Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of the IJB, the Council and NHST.</p> <p>A draft Information Sharing Agreement with NHST and DCC was provided to us during our Annual Report work in June 2024. This was dated 2019 and we were informed that this</p>	 <p>Moderate</p>	<p>The Information Sharing Agreement will be finalised and presented to the IJB by October 2025. Thereafter an Annual Report will be submitted at the end of each Financial Year.</p>	Head of Strategic Services	October 2025

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Issues and actions

	<p>was to be revisited to ensure it was signed by all parties and finalised. This has not come before the IJB yet, neither has an annual report been provided.</p> <p>The IJB was sighted on GDPR regulations in October 2018 (DIJB54-2018) but no formal assurances from the partners have been received since.</p> <p>We have previously commented that the IJB should receive assurance that its strategies and statutory responsibilities are supported by the asset and IT strategies and information governance arrangements of its partners and that these are appropriately prioritised, resourced, and monitored, as an important enabler for the delivery of genuine transformation. The outstanding resource framework to support the Strategic Commissioning Framework is intended to include digital</p>				
10	<p>Consolidated Transformation Programme Reporting and Results</p> <p>Partnership working to transform services into a sustainable operating model is recognised as the way to deal with the ever-increasing demand for services and to improve outcomes for people.</p> <p>Consolidated transformation programme updates were to be provided to the IJB, but this has not progressed. We have been informed that this is in the pipeline and will be</p>	 <p>Moderate</p>	<p>Due to capacity within senior Leadership team and prioritisation of Financial Recovery Plan during 2024/25, this has not been progressed. This will be part of current year (and longer term) strategic financial planning priorities during 2025/26. The HSCP management team is creating a Budget Delivery Group consisting of HSCP officers which will monitor the progress of savings and transformation proposals and new opportunities.</p>	Chief Finance Officer	December 2025

	a focus in 2025/26, with reliance on the partners making transformations.				
11	<p>Control Document for Suite of Governance Documents</p> <p>We previously made recommendations about updating statutory documents and including a document control form to evidence update and review on a regular basis.</p> <p>DIJB has been working through the revision to documents such as financial regulations, standing orders etc. These have been updated at various times. To ensure that the IJB is given assurance that these are subject to regular review and kept current, a control document that would allow review of the 'suite' at a glance might be appropriate.</p>	 <p>Moderate</p>	Control Document recommendation to be introduced and maintained	Chief Finance Officer	December 2025
12	<p>PAC Annual Report</p> <p>Our 2021/22 Annual Report recommendation that the PAC should provide an annual report to the IJB "with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of the matters under its purview" featured in DIJB's Governance Action Plan. The first PAC annual report was in 2023 and, in our annual report 2023/24 we recommended again that the report should conclude on the adequacy and effectiveness of the work of the PAC and provide assurance that it has fulfilled its remit. This was accepted with a completion date of August 2024.</p>	 <p>Merits attention</p>	Annual report to be presented to PAC in May 2025 to review activity of 2024/25 and confirm PAC has fulfilled its remit. This will support the Assurance report provided to IJB, scheduled to be presented to IJB at August meeting. These annual reports will be incorporated into PAC and IJB workplans.	Chief Finance Officer	August 2025

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	<p>The November 2024 GAP update to the PAC showed this action as completed with the second annual report submitted in December 2024.</p> <p>However, the PAC Annual Report submitted to the IJB in December 2024 still does not offer this assurance, with the purpose of the report being described as “an overview of the activities of the PAC over 2023/24”.</p>				
13	<p>Involvement and Engagement Plan</p> <p>Various involvement and engagement pieces of work have been presented to the IJB e.g. the Carers Involvement Framework 2024 (finalised in August 2024) and Engage Dundee Cost of Living Crisis Survey (considered in June 2024). The revised Integration Scheme para 10.4 states that <i>“the Parties will support the Integration Joint Board to prepare and review an Involvement and Engagement Plan by providing appropriate resources and support. The Plan will be aligned to relevant national standards.”</i></p> <p>There is currently no overall IJB Involvement and Engagement Plan.</p>	 Merits attention	<p>Due to staffing pressures, the production of a separate Involvement and Engagement Plan cannot be prioritised during 2025/26. The approach to involvement and engagement will be considered as part for the statutory review of the IJB’s Strategic Commissioning Plan.</p>	Head of Strategic Services	N/A

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Updated Position on Previous ICE / Annual Report Actions

Source	Rec.	Assessment of Risk	Description	Original target date	Current Status	Conclusion
D03/22 Annual Report 2020/21	3	Moderate	Review of standing orders including remit of PAC to refer to their receiving assurances from the Clinical & Care Governance Group. Workplan for the PAC should set out how all areas of their work will be completed with clear links to assurance flows Financial regulations to be reviewed separately	Oct 2021 (Fin Regs) March 2022 (S/O)	2022/23 Standing Orders reviewed June 22 with no amendments. PAC remit does not refer to C&CG Review of financial regulation planned for 23/24 2023/24 The Standing Orders were reviewed in Dec 2023 with an update to the ToR of the PAC. This does now explicitly reference the PACs role to “receive assurances in relation to Clinical Care & Professional Governance through the consideration of a report presented to each meeting of the PAC by the Clinical Director” Financial regulations have not yet been reviewed. 2024/25 Updated Financial Regulations were noted and adopted by the IJB in June 2024.	Action - Complete
D03/22 Annual Report 2020/21	4	Significant	Adopt pan-Tayside solutions to LHSA, corporate support and hosted services	March 2022	2022/23 IS reviewed and updated; discussions have taken place in relation to lead partner (previously hosted) arrangements including governance and reporting. LHSA unlikely to make progress with National Care Service arrangements being developed. Partner	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

					<p>bodies have not been prescriptive around corporate support arrangements</p> <p>2023/24</p> <p>No further progress</p> <p>2024/25</p> <p>Bi-monthly meetings are in place to discuss key risks and strategic priorities. Financial summary of Lead Partner services included in monthly finance report to HSCP managers. Internal Audit of Lead Partner arrangements is scheduled in 2025.</p> <p>There has been little progress with LHSA.</p>	
D03/22 Annual Report 2020/21	6	Moderate	IJB Assurance Plan, including assurances required to be provided by partners	December 2021	<p>2022/23</p> <p>Due to resourcing capacity the IJB has been unable to progress the connection between risk and performance and ultimately an overarching IJB assurance report. The IJB continues to receive assurance in many ways from partners, but arrangements will be progressed during 2023/24 to further request assurances from partner bodies following clarification of responsibilities reflected in the updated Integration Scheme.</p> <p>2023/24</p> <p>No further developments: this was unable to be progressed during 2023/24 as planned</p>	Action - Ongoing

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					2024/25 Findings of internal audit reports conducted by Dundee City Council and NHS Tayside with relevance to the IJB are now summarised and reported to PAC. Further work is to be progressed in relation to FTF Assurance Principles over the next year. Development work with Angus and Perth & Kinross IJB's is underway for lead partner services assurances.	
D03/23 Annual Report 2021/22	2	Significant	Consideration of how the IJB receives assurances and monitors progress against actions in the Strategic Commissioning Plan.	December 2022	2022/23 Following the approval of the new Strategic Commissioning Plan which reflects the IJBs high level priorities, a delivery plan will be published. This will, in effect, be the HSCP's response to how the priorities will be delivered within front line services. The reporting of the delivery of this plan alongside the wider performance indicators will provide the necessary assurances to the IJB that priorities are being delivered 2023/24 The new Strategic Commissioning Plan was published in summer 2023 and was to be accompanied by a Resource & Performance Framework and an Annual Delivery Plan. This was, in effect, to be the HSCP's response to how the priorities will be delivered within frontline services. The reporting of the delivery of the plan, alongside wider performance indicators, would provide the necessary assurances to the IJB that	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

					<p>priorities are being delivered. This has not been actioned in-year.</p> <p>2024/25</p> <p>A delivery plan covering October 2024 – March 2026 was endorsed by the IJB in October 2024. Future versions of the plan will align to financial years. This will be monitored via the Senior Management Team and the Strategic Planning Advisory Group, with exception reporting to the IJB where required.</p> <p>The Strategic Planning Advisory Group advised that work was required to update the action lists associated with each strategic priority in the commissioning plan; an addendum was published, and actions will be monitored by the Strategic Planning Advisory Group.</p> <p>Due to resource issues, the Resource and Performance framework have not been progressed.</p>	
D03/23 Annual Report 2021/22	4	Significant	The IJB to receive relevant, reliable, and sufficient assurances against its strategic risks especially high scoring ones (risk appetite still to be established) either through adapting existing reporting processes or through specific deep dive assurance report. Some assurances may have to come from other organisations e.g. partner bodies.	December 2022	<p>2022/23</p> <p>To be adopted through assessing against planned substantive service specific reports to be taken to IJB during the year. Ensure a high-quality risk assurance statement included as standard in reporting.</p> <p>Due to service capacity unable to take this recommendation forward as</p>	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

					<p>planned. Will be picked up during 2023/24.</p> <p>2023/24</p> <p>The service capacity issues did not ease during 2023/24, and this continues to be an ongoing action.</p> <p>2024/25</p> <p>Development session focused on risk was delivered. Risk appetite survey of IJB members has been developed and was supposed to be finalised for issuing in January 2025 however this deadline was not met. Meantime, routine reporting against strategic risk register remains embedded as part of the IJB meeting cycle.</p>	
D03/23 Annual Report 2021/22	5	Moderate	Consideration as to how clinical and care governance arrangements feed into the formation of IJB directions	December 2022	<p>2022/23</p> <p>Issues of clinical and care governance were to be considered where relevant in the issuing of Directions.</p> <p>A new Directions Policy was presented at the April 2023 meeting. The policy makes no reference to clinical and care governance.</p> <p>2023/24</p> <p>No further movement on this action</p> <p>2024/25</p> <p>An IJB Directions policy has been agreed and is being implemented. At the next review of that policy the interface with CCPG will be considered and relevant amendments recommended to the IJB.</p>	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

D03/23 Annual Report 2021/22	6	Significant	Detailed monitoring of savings initiatives	As required	<p>2022/23 2022/23 budget was balanced without the need for savings, but a savings plan has been agreed for 2023/24. Financial monitoring arrangements this year will include savings monitoring.</p> <p>2023/24 Reports did not include specific monitoring of savings initiatives, and this has been covered within our report</p> <p>2024/25 Further strengthening of reporting on savings and transformation will be made in the 2025/26 budget setting process. Additional opportunities to enhance reporting through the implementation of the Delivery Plan.</p>	Action - Ongoing
D03/23 Annual Report 2021/22	7	Merits Attention	Reporting of progress in delivering the Risk Management Action Plan should set out progress against individual actions to allow for clear monitoring of maturity assessment	November 2022	<p>2022/23 Following the Internal Audit Review of the Governance Action Plan this will be reconsidered alongside the consolidation and reporting of other reviews.</p> <p>2023/24 At the time of our Annual Report in June 2023 we reported that, following the Internal Audit Review of the Governance Action Plan, this would be reconsidered alongside the consolidation and reporting of other reviews. Since this work has not yet been finalised, this action is considered ongoing.</p>	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

					2024/25 Following a risk management development session in November 2024 consideration will be given as to how these individual actions are subsequently reported to the IJB.	
D03/23 Annual Report 2021/22	9	Merits Attention	Output from internal monitoring and quality assurance process for care services should be overtly included within CCPG reports and their quality assessed through triangulation with results of external inspections.	Ongoing	2022/23 No further developments this year; arrangements in place are still deemed to be as effective as they can be. Further investment has been made by the Scottish Government to Health Boards through additional assurance responsibilities to the Executive Directors of Nursing to support care home oversight which will provide additional support and guidance to the care home sector. 2024/25 CCPG forums and reporting includes consideration of quality monitoring for care services, including both internal and external scrutiny approaches. Exception reporting is included within this approach. This is then reflected within reports to the IJB as appropriate.	Action - Complete
D03/24 Annual Report 2022/23	1	Significant	Monitoring of the implementation of the Strategic Commissioning Framework and of the development and implementation of the supporting Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework is fundamental. Financial monitoring	December 2023	2023/24 A first year Annual Delivery Plan was not produced and there has been no further update on the Resource and Performance Frameworks. Updates have not been given to the Board. 2024/25	Action - Ongoing

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Updated Position on Previous ICE / Annual Report Actions

			reports to clearly link to the Strategy Delivery Plan and Resource Framework		<p>A Delivery Plan was produced in October 2024. No progress has been made on the Resource and Performance Frameworks.</p> <p>Financial recovery and budget planning for 2025/26 continues through development sessions and IJB reports. The scale of the financial challenge is recognised and is to be managed alongside strategic and commissioning priorities.</p>	
D03/24 Annual Report 2022/23	2	Moderate	Consider how IJB members can be involved in the development and agreement of the organisation's risk profile. IJB to clearly set out how risk appetite is considered as part of decision making, how risk appetite affects monitoring and escalation process for individual risk and to ensure risk appetite is reflected in target risk scores and how the IJB will understand if the target is being achieved.	December 2023 and April 2024	<p>2023/24</p> <p>At the time of our Annual Report in June 2023 a detailed report on progress was to be provided to the PAC by Dec 2023 and the 2023/24 Risk Management Annual Report would provide further assurance on the effectiveness of these developments. A risk appetite session with IJB members was held in August 2023 and a feedback questionnaire was being developed to identify risk categories, appropriate risk appetite and target scores. Following this, inherent risks and target risk scores were to be revised. Unfortunately, this has not progressed further at this time and therefore the action is ongoing</p> <p>2024/25</p> <p>A risk appetite survey was being developed. This was scheduled for completion by January 2025, but this deadline has not been met.</p>	Action - Ongoing

Section 3

Updated Position on Previous ICE / Annual Report Actions

D03/24 Annual Report 2022/23	3	Significant	PAC Annual Report should clearly highlight lack of progress in implementing agreed governance improvements and their impact on governance arrangements. Focus on prioritising outstanding actions with clearly identified solutions to overcome barriers to progressing outstanding actions	August and September 2023	<p>2023/24</p> <p>The PAC's first Annual Report (2022/23) was considered by the IJB in August 2023. This did include a paragraph drawing the Board's attention to our Annual Report 2022/23 and the issues around the number of outstanding actions. The work being undertaken to streamline the outstanding actions with the Governance Action Plan should assist in focusing attention on the intransigent issues that must be overcome. This action is therefore incomplete at this stage.</p> <p>2024/25</p> <p>The review of the Governance Action Plan is now complete and routine reporting has been reinstated at every PAC meeting.</p>	Action - Complete
D03/25 Annual Report 2023/24	1	Significant	<p>Alongside robust monitoring of agreed governance improvement actions, a clear escalation route should be introduced to allow DIJB to identify remedial action.</p> <p>Consider whether a strategic risk on delivery of key governance improvements is required.</p>	September 2024	<p>2024/25</p> <p>A commitment was made to bring a full update to the September 2024 PAC.</p>	Action - Complete
D03/25 Annual Report 2023/24	2	Significant	Firm timeline for prioritised completion of the resource and performance frameworks and Annual Delivery Plan.	October 2024	<p>2024/25</p> <p>The Delivery Plan for an 18m period Oct 2024 – March 2025 was approved by the IJB in October 2024.</p>	Action - Ongoing

Section 3

Updated Position on Previous ICE / Annual Report Actions

					The resource and performance frameworks have not yet been completed.	
D03/25 Annual Report 2023/24	3	Merits Attention	The Annual Report of the PAC should conclude on the adequacy and effectiveness of its work and provide assurance that it has fulfilled its remit during the year under review.	August 2024	2024/25 An annual report was presented in August 2024, but this did not conclude on the adequacy and effectiveness of the PAC, and it did not provide assurance that it had fulfilled its remit. Therefore, this action must be considered ongoing.	Action - Ongoing
D03/25 Annual Report 2023/24	4	Moderate	Document control front sheets to be included with each statutory document	August 2024	2024/25	Action - Ongoing
D03/25 Annual Report 2023/24	5	Merits Attention	The PAC to receive, review and endorse the Strategic Risk Annual Report before endorsing it for onward submission to the IJB	May 2025	2024/25 Not yet due for completion	Action - Not yet due
D03/25 Annual Report 2023/24	6	Merits Attention	Implement a monitoring process for directions, including requesting progress reports from partners as required.	May 2025	2024/25 Not yet due for completion	Action - Not yet due
D03/25 Annual Report 2023/24	7	Moderate	Committee support to ensure all items for future action are reflected in the Action Planner to ensure follow-up is undertaken.	August 2024	2024/25 DCC Committee Services and HSCP management team work together to ensure actions continue to be captured on the Action Tracker and explore options to monitor follow-up	Action - Complete
D03/25 Annual Report 2023/24	8	Significant	CCPG to monitor attendance of the PGGs at each meeting, and whether reports are provided as required. This analysis to be provided to the	December 2024	2024/25 Attendance at, and provision of reports to the CCPG have been closely	Action - Complete

Section 3





Updated Position on Previous ICE / Annual Report Actions

			PAC in the CCPG Assurance Reports, highlighting any areas of concern.		monitored and data included within the assurance reports to the PAC.	
D03/25 Annual Report 2023/24	9	Moderate	DIJB to consider adopting FTF Assurance Principles across governance groups to provide clarity around the use of assurance levels used within the NHS Tayside Clinical Governance fora.	October 2024	2024/25 Report was to be taken to the IJB in October 2024, but this did not happen.	Action - Ongoing
D03/25 Annual Report 2023/24	10	Moderate	Financial monitoring to be enhanced to allow Board to gauge progress against budgets, especially where brought forward reserves are being used to balance a budget and in savings targets. Financial reports to show actual savings against planned savings and savings to be categorised as recurring or non-recurring.	October 2025	2024/25 Complications around the integrated nature of the budget but looking to enhance monitoring where appropriate. Added complexities surrounding utilisation of in-year reserves for financial monitoring purposes as statutory accounting treatment dictates this is actioned at year end.	Action - Not yet due

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Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non-Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	One
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Ten
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Two



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

City Chambers
DUNDEE
DD1 3BY

10th June, 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, 18th June, 2025 at 10.00 am.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail arlene.hay@dundeecity.gov.uk.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday 16th June, 2025.

Yours faithfully

DAVE BERRY
Chief Officer

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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

(a) The minutes of previous meeting of the Integration Joint Board held on 16th April, 2025 are submitted for approval. - **Page 1**

(b) ACTION TRACKER - **Page 7**

The Action Tracker (DIJB42-2025) for meetings of the Integration Joint Board is submitted for noting and updating accordingly.

4 APPOINTMENTS COMMITTEE MINUTE OF MEETING – 30TH MAY, 2025 - Page 9

The minute of meeting of the Appointments Committee held on 30th May, 2020 is submitted for information and record purposes.

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

(Report No DIJB40-2025 by the Chair of the Performance and Audit Committee, copy attached – for information and record purposes).

6 DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2024/2025

(Report No DIJB37-2025 by the Chief Finance Officer, copy attached – TO FOLLOW).

7 UNAUDITED ANNUAL ACCOUNTS 2024-25 - Page 13

(Report No DIJB41-2024 by the Chief Finance Officer, copy attached – for decision).

8 FINANCIAL MONITORING POSITION AS AT MARCH 2025 - Page 81

(Report No DIJB38-2025 by the Chief Finance Officer, copy attached – for decision).

9 DUNDEE INTEGRATION JOINT BOARD BUDGET UPDATE 2025/26 - Page 93

(Report No DIJB39-2025 by the Chief Finance Officer, copy attached – for decision).

10 FAIRNESS LEADERSHIP PANEL REPORT 2025 - Page 115

(Report No DIJB33-2025 by the Chief Officer, copy attached – for decision).

11 HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – STATUTORY ANNUAL REPORT - Page 153

(Report No DIJB35–2025 by the Chief Officer, copy attached – for decision).

12 CATEGORY 1 RESPONDER – ANNUAL REPORT 2024/25 - Page 193

(Report No DIJB43-2025 by the Chief Officer, copy attached – for decision).

13 ANNUAL COMPLAINTS AND FEEDBACK REPORT 2024/25 - Page 201

(Report No DIJB36-2025 by the Chief Officer, copy attached – for noting).

14 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2025-28 - Page 207

(Report No DIJB34-2025 by the Chief Officer, copy attached – for decision).

15 MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES - Page 305

A copy of the attendance return (DIJB44-2025) for meetings of the Integration Joint Board held over 2025 is attached for information.

16 IJB DEVELOPMENT SESSIONS

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

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.

17 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held on Wednesday 20th August, 2025 at 10.00am.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Bob Benson
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	David Cheape
Non Executive Member	Colleen Carlton
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Chief Officer	Dave Berry
Acting Chief Finance Officer (Proper Officer)	Christine Jones
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	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
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Andrew Thomson
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(b) CONTACTS – FOR INFORMATION ONLY

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

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



At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 16th April, 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)
Dave BERRY	Acting Chief Officer
Suzie BROWN	Registered Nurse
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

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

Rachel BROWNE	Audit Scotland
Jenny HILL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Sandra MacLEOD	NHS Tayside
Mary O'CONNOR	Audit Scotland
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:-

<u>Member</u>	<u>Role</u>
Christina Cooper	Third Sector Representative
Dr Emma Fletcher	Director of Public Health
Dr David Shaw	Clinical Director
Councillor Siobhan Tolland	Nominated by Dundee City Council (Elected Member)
Dr David Wilson	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTES OF PREVIOUS MEETINGS

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

(b) ACTION TRACKER

The Action Tracker (DIJB25-2025) for meetings of the Integration Joint Board was submitted and noted.

Following questions and answers the Integration Joint Board agreed:-

- (i) that at the request of Councillor McHugh, any actions that were not fully complete, eg reports were to be brought back to the IJB, should remain on the Action Tracker in amber rather than green.

IV LEARNING DISABILITY INPATIENT TRANSITION PROGRAMME UPDATE

There was submitted Report No DIJB27-2025 by the Chief Officer providing an update on progress with the Learning Disability Inpatient Transition Programme led by NHS Tayside.

The Integration Joint Board agreed:-

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

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

- (iii) to note that firm deadlines would be contained in the next update report to the IJB; and
- (iv) to note the assurance given by Sandra MacLeod in relation to progress in dealing with delayed discharges.

V EQUALITY MAINSTREAMING AND EQUALITY OUTCOMES PROGRESS REPORT 2023-2025

There was submitted Report No DIJB22-2025 by the Chief Officer seeking approval of the Dundee Integration Joint Board's Equality Mainstreaming and Equality Outcomes Progress Report 2023-2025.

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to approve the Dundee IJB Equality Mainstreaming and Equality Outcomes Progress Report 2023/2025.

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

- (iii) that the Chief Officer would reflect on how to make it clearer in future reports about how well outcomes were being achieved;
- (iv) to note the request from Raymond Marshall to be invited to any future meetings regarding the MCR Pathway that may take place with Dundee City Council reps; and
- (v) to note the request by IJB members to be kept updated about the MCR Pathway work and the requirement for consideration to be given to how to publicise beyond the IJB.

VI STATUTORY REVIEW OF A CARING DUNDEE 2

There was submitted Report No DIJB32-2025 by the Chief Officer providing an update on the findings of the statutory review of A Caring Dundee 2 carried out by the Dundee Carers Partnership.

The Integration Joint Board agreed:-

- (i) to note the work undertaken by the Dundee Carers Partnership, supported by the Strategic Planning Advisory Group, to progress the statutory review of A Caring Dundee 2;
- (ii) to 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 2025/2026;
- (iii) to approve the recommendation that a revised version of the Short Breaks Service Statement be developed during 2025/2026;
- (iv) to instruct the Chief Officer to provide a final report to the IJB with the revised documents by no later than 31st October 2025; and
- (v) to 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 would remain in place and continue to direct the work of the Partnership.

VII ADULT SUPPORT AND PROTECTION IMPROVEMENT ACTIVITY UPDATE

There was submitted Report No DIJB23-2025 by the Chief Officer informing 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.

The Integration Joint Board agreed:-

- (i) to note the overview of findings from the joint inspection of adult support and protection published in December 2023;
- (ii) to 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; and
- (iii) to note the current priorities and next steps for further improvement, including joint work with other partners via the Protecting People Committees.

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

- (iv) that Jenny Hill would look into whether there had been any ASP campaigns recently or if there were any planned and report back to the Chair.

VIII STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE

There was submitted Report No DIJB24-2025 by the Chief Officer submitting for approval the updated terms of reference for the Dundee Integration Joint Board's Strategic Planning Advisory Group.

The Integration Joint Board agreed to approve the revised terms of reference for the Strategic Planning Advisory Group (as attached as Appendix 1 to the report).

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

- (i) that consideration would be given to how recent Scottish Government guidance in relation to the health system cross boundary working etc could be reflected in the Strategic Planning documents and whether there was a disconnect; and

- (ii) that the Chief Officer would take back to the SPAG for consideration the request from Raymond for Trade Union or Partnership colleagues in health to be represented.

IX DUNDEE CITY IJB STRATEGIC RISK REGISTER ANNUAL REPORT

There was submitted Report No DIJB28-2025 by the Chief Officer providing 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.

The Integration Joint Board agreed:-

- (i) to 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;
- (ii) to 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; and
- (iii) to note the future work planned to further embed Strategic Risk Management in the IJB.

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

- (iv) to note that further development work was required in relation to setting the risk appetite of the IJB and that a Development Session on Assurance and Risk was scheduled to take place on 11th June 2025.

X AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2024/2025

There was submitted Report No DIJB29-2025 by the Chief Finance Officer to note and approve the proposed Dundee Integration Joint Board Annual Audit Plan 2024/2025 as submitted by the IJB's appointed External Auditor (Audit Scotland).

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to approve the proposed Audit Plan for 2024/2025 as submitted by Audit Scotland (attached as Appendix 1 to the report).

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

- (iii) to consider providing any feedback they had on the report to Rachel Browne, Audit Scotland.

XI FINANCIAL MONITORING POSITION AS AT FEBRUARY 2025

There was submitted Report No DIJB26-2025 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 28th February 2025 as outlined in Appendices 1, 2, and 3 of the report; and
- (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 paragraph 4.5 of the report.

XII MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB31-2025 for meetings of the Integration Joint Board held to date over 2025.

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

XIII IJB DEVELOPMENT SESSIONS

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

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 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 remotely on Wednesday 18th June, 2025 at 10.00am.

XV VALEDICTORY

Councillor Lynn reported that this was the last meeting for Suzie Brown and Dr Emma Fletcher. On behalf of the IJB he expressed thanks for their contribution and wished them well for the future.

Ken LYNN, Chairperson

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 16TH APRIL, 2025

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	11/12/24	XVII	PROGRAMME OF MEETINGS OF INTEGRATION JOINT BOARD AND PERFORMANCE AND AUDIT COMMITTEE 2025	that a discussion would be arranged about options for a move to hybrid meetings and feedback would be provided.	Chief Officer	March 2025 June 2025	In Progress	The Clerk to the Committee is currently exploring the viability of meeting facilities with the partner bodies.
2	19/02/25	VI	DUNDEE IJB PROPERTY STRATEGY UPDATE	that an update on the digital information that sits under the Property Strategy would be brought to a future IJB meeting.	Head of Health and Community Care	October 2025	In Progress	This has been added to the IJB report tracker as part of the property strategy update to be submitted in October 2025.
3	26/03/25	III	ACCOUNTS COMMISSION – IJB FINANCE BULLETIN 2023/2024	that consideration would be given to bringing a report to a future meeting about how integration was working including governance and accountability.	Chief Officer	October 2025	In Progress	The IJB Development Session on 11 June on Assurance and Risk will include a focus on arrangements for integrated working.
4	26/03/25	IV	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2025/2026	that a report would be brought to a future IJB meeting reflecting on the consultation process.	Chief Officer	October 2025	In Progress	This has been added to the IJB report tracker for August 2025 as part of a wider report on the statutory review of the IJB's Strategic Commissioning Framework and engagement plans for both this and the 2026/27 budget.
5	16/04/25	V	EQUALITY MAINSTREAMING AND EQUALITY OUTCOMES PROGRESS REPORT 2023-2025	that there would be reflection on how to make it clearer in future reports about how well outcomes were being achieved.	Chief Officer	May 2025	Complete	The next mainstreaming report will not be due for a further 2-year period, however feedback has been shared with officers involved in the production of the report and will be incorporated in the future.

6	16/04/25	V	EQUALITY MAINSTREAMING AND EQUALITY OUTCOMES PROGRESS REPORT 2023-2025	that IJB members would be kept updated about the MCR Pathway work and the requirement for consideration to be given to how to publicise beyond the IJB.	Chief Officer		Complete	This example will be considered in relation to inclusion in other public facing reports. An update will be provided to the IJB where there are any further significant developments in this work that relate to the functions of the IJB.
7	16/04/25	VIII	STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE	that consideration would be given to how recent Scottish Government guidance in relation to the health system cross boundary working etc could be reflected in the Strategic Planning documents and whether there was a disconnect.	Chief Officer	May 2025	Complete	This has been noted by the Acting Head of Strategic Services as an element to be considered in the statutory review of the IJB's Strategic Commissioning Plan that will take place during 2025/26.
8	16/04/25	VIII	STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE	that the request from Raymond for Trade Union or Partnership colleagues in health to be represented would taken back to the SPAG for consideration.	Acting Head of Service, Strategic Services	June 2025	In progress	This will be considered by the SPAG at their meeting on 22 May 2025.
9	16/04/25	X	AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2024/25	that consideration would be given to providing any feedback on the report to Rachel Browne, Audit Scotland.	All members		Complete	No further feedback has been received from IJB members. Members are reminded, that alongside Officers, they have an obligation to report emerging risks in relation to finance and governance to Audit.



At a MEETING of the **APPOINTMENTS COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 30th May, 2025.

Present:-

Ken LYNN (<i>Chairperson</i>)	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dorothy McHUGH	Nominated by Dundee City Council (Elected Member)
Bob BENSON	Nominated by Health Board (Non-Executive Member)
Colleen CARLTON	Nominated by Health Board (Non-Executive Member)

Ken LYNN, Chairperson, in the Chair.

Apologies for absence were submitted on behalf of David Cheape, Non Executive Member, NHS Tayside Board.

The Committee resolved under Section 50(A)(4) of the Local Government (Scotland) Act 1973 that the press and public be excluded from the meeting for the undernoted items of business on the grounds that they involved the likely disclosure of exempt information as defined in paragraph 1 of Part I of Schedule 7A of the Act.

I DECLARATION OF INTEREST

There were no declarations of interest.

II APPOINTMENT OF CHIEF OFFICER, DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

The Committee interviewed candidates and following consideration of the content of applications, assessment report and after hearing the officers and an exchange of views, the Committee unanimously agreed to offer the post of Chief Officer, Dundee City Health and Social Care Integration Joint Board to Dave Berry who intimated his acceptance.

Ken LYNN, Chairperson.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 JUNE 2025

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB40-2025

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 21st May 2025.

Overview of Committee Business:

- The Health and Social Care Partnership's Quarter 3 (2024-25) Performance Report was presented and scrutinised by the Committee. The discussion noted ongoing strong performance in Care at Home activity including waiting times for assessment and receipt of packages despite the ongoing increases in demand. Members also raised some queries around falls and readmission activity which were discussed.
- The Clinical, Care and Professional Governance Assurance report was presented to the Committee with a recommendation that the level of assurance provided is Reasonable. Committee noted the updated key Clinical and Care risks, Workforce risks, Adverse Event Management and Feedback.
- Annual Review of 2024-25 report was presented detailing activity undertaken by PAC during the financial year to allow members to undertake a self-assessment review to confirm the activities undertaken were in line with PAC's remit and terms of reference, prior to an assurance report being presented to IJB at a future meeting.
- IJB Directions 2024-25 report was presented to review the Directions issued by the IJB during the last financial year. Under the IJB's Directions Policy, PAC has responsibility for monitoring and maintaining an overview of progress of the implementation of Directions issued in order to provide assurance to IJB. Members noted the Directions issued and progress towards completion of implementation.
- Quarterly Feedback Report for Quarter 4 2024/25 was reviewed and noted a small increase in the number of complaints received as well as an increase in the average number of days to respond, which has been partially due to the nature and complexity of some complaints. Efforts are ongoing to both respond to specific complaints as well as implement service improvements to minimise complaints of a similar nature.
- The IJB's Strategic Risk Register Update report was presented which noted 6 risks that continue to be categorised as High, mainly relating to resourcing (Workforce, Lack of Capital Investment funding, Unable to maintain IJB spend and Restrictions of Public Sector funding) as well as Primary Care Sustainability and potential impact of National Care Service legislation. During discussion, members were also reminded of the upcoming Development Session on Assurance and Risk.
- The Committee received a progress report in relation to the Governance Action Plan, noting that 4 actions have been completed, 4 additional actions had been added following the Workforce Audit and 23 actions remain ongoing.
- PAC also received an update in relation to the 24/25 Internal Audit Plan progress and noted that all aspects of the plan are complete or on target. Summary of 3 Internal Audit reports presented to

partner bodies were also shared as relevant to IJB. Details of the impact and implications of newly introduced Global Internal Audit Standards (GIAS) were also shared with Members.

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

Bob Benson
Chair

21 May 2025



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 JUNE 2025

REPORT ON: UNAUDITED ANNUAL ACCOUNTS 2024-25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB41-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to present the Integration Joint Board's Unaudited Annual Statement of Accounts 2024-25.

2.0 RECOMMENDATIONS

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

- 2.1 Considers and agrees the content of the Unaudited Final Accounts Funding Variations as outlined in Appendix 1
- 2.2 Approves the Draft Dundee Integration Joint Board Annual Corporate Governance Statement as outlined in Appendix 2
- 2.3 Notes the Integration Joint Board's Unaudited Annual Statement of Accounts 2024/25 as outlined in Appendix 3
- 2.4 Note additional sustainability funding received from NHS Tayside (from Scottish Government allocation) and approves earmarking this within IJB Reserves to support whole-system and financial pressures in 2025/26, as detailed in 3.3.
- 2.5 Instructs the Chief Finance Officer to submit the Unaudited Accounts to the IJB's external auditors (Audit Scotland) by the 30 June 2025 to enable the audit process to commence.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The Unaudited Annual Accounts Statement of Accounts for the year end 31 March 2025 highlights that the IJB made an overall deficit of £6,078k in 2024/25. This consists of an operational overspend of £7,216k with a draw-down of reserves balances from other specific ring-fenced funding allocations of £1,821k to cover relevant in-year expenditure plus funding received from NHS Tayside of £2,959k to support sustainability pressures. The deficit position is funded from £4,000k committed reserve balances as part of the 2024/25 Budget plan and £3,216k from General Reserves.
- 3.2 The IJB's final 2024/25 budget for delegated services was approved at the meeting of the IJB held on the 27 March 2024 (Article IV of the minute of the meeting of 27 March 2024 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, including setting aside up to £4,000k of Reserves to support the IJB's financial position during 2024/25.
- 3.3 NHS Tayside passed through a share of Scottish Government allocation funding relating to 'Acute / Whole Systems Pressures' towards the end of 2024/25, with the understanding this will be used to support whole system operational and financial sustainability during 2025/26. This funding totals £2,959k for Dundee IJB and it is recommended this be placed in an earmarked

reserve in the 2024/25 Annual Accounts to be carried forward and utilised as required during 2025/26.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The IJB is required to prepare financial statements for the financial year ending 31 March 2025 following the Code of Practice on Local Authority Accounting in the United Kingdom ("the Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.
- 4.1.2 The IJB is required to follow Local Authority Accounts (Scotland) Regulations 2014. This requires the inclusion of a management commentary and remuneration report and recommends submission of the unaudited accounts by 30 June 2025 to the IJB's external auditors (Audit Scotland).
- 4.1.3 The 2024/25 Annual Accounts comprise: -
- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee Integration Joint Board made an overall deficit of £6,078k in 2024/25 (deficit of £6,155k in 2023/24) on the total income of £357,361k (£336,831k in 2023/24).
 - b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £11,735k (£17,813k in 2023/24). These are held in line with the Dundee City Integration Joint Board's reserves policy. Reserves were applied during the year to cover outstanding liabilities to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board.
 - c) Balance Sheet – In terms of routine business Dundee Integration Joint Board does not hold assets, however the reserves noted above are reflected in the year-end balance sheet.
 - d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.
- 4.1.4 It should be noted that due to a range of technical accounting and other budgetary changes, there is some variation between the original agreed levels of funding from Dundee City Council and NHS Tayside to Dundee IJB as part of the delegated budget. The details of these are set out within the Draft Final Accounts Funding Variations summary as Appendix 1 to this report and it is proposed that the IJB accepts these changes.
- 4.1.5 The annual accounts document contains a Governance and Assurance Statement which is based on a self-assessment process. The IJB governance arrangements require to be independently assessed by Internal Audit and the Chief Internal Auditor's Annual Internal Audit Report is set out as a separate item on this IJB meeting agenda (DIJB37-2025).
- 4.1.6 Once submitted, Audit Scotland will assess these accounts in line with their Annual Audit Plan for Dundee IJB as approved at the meeting of the Integration Joint Board held on the 16 April 2025 (Article X of the minute of the meeting of 16 April 2025 refers) and produce an independent auditors' report setting out their opinion on the annual statement at the earliest date possible as noted in section 4.1.2 above. The outcome of this will be incorporated into the annual accounts and will subsequently be presented to the IJB for final approval. The unaudited accounts are shown in Appendix 3.
- ## **5.0 POLICY IMPLICATIONS**
- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that through the audit process, Audit Scotland identify areas of concern or material misstatement leading to a qualified audit certificate
Risk Category	Financial/Governance
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	The accounts have been prepared in accordance with good practice principles and statutory requirements by suitably qualified officers
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the nature of the risks, these are deemed to be acceptable

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 26 May 2025

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Appendix 1

Final Accounts – Funding Variations (and Adoption of Specific Presentation)

Extract - Note to Dundee Joint Integration Board regarding variations to the existing Scheme of Integration and the adoption of specific presentation of information within the framework of the International Financial Reporting Standards (IFRS).

Background

The following note provides details of variations to the delegated budget for which approval is sought by the Dundee Integration Joint Board. The adjustments and explanations for these adjustments are outlined below section 1.

In addition, information has been presented within the requirements of the International Financial Reporting Standards (IFRS) and attributable supplementary Local Authority (Scotland) Accounts Advisory Committee (LASAAC). Specific applications of the guidance are outlined in section 2.

Section 1 – Variations to Delegated Budget

Local Authority Variations – The agreed delegated budget 2024/25 provided for a budgeted payment of £110,180k from Dundee City Council to the Dundee City Integration Joint Board to fund the commissioning of services. It is recognised that a number of technical year-end adjustments will result in variations in costs out with the control of the IJB (e.g. adjustments to pension costs).

These year-end adjustments will be a feature of each year end accounts process. Notably they are difficult to quantify at the commencement of the financial year (e.g. pension costs adjustments can vary significantly within a single financial year) and cognisance of these variations requires to be taken of these variations in the Dundee Integration Joint Boards accounts.

The Dundee City Council adjusted funding is outlined below: -

DCC Delegated Funding to Dundee Integration Joint Board (DIJB)	£000
Initial DCC contribution to DIJB	110,180
Additional Pay award	567
Social Work & Social Care Funding	611
Various Council Virements	920
Total Funds provided by Dundee City Council	112,278

NHS Tayside Variations – The agreed delegated budget 2024/25 provided for a budgeted payment of £136,156k from NHS Tayside to the Dundee City Integration Joint Board to fund the commissioning of services.

The NHS Tayside contribution also includes specific Integration funding which was provided by the Scottish Government with NHS Tayside acting as an agent. These monies have been provided to the Dundee Integration Joint Board and those not expended currently sit in the Board's reserves.

The NHS Tayside adjusted funding is summarised below in terms of core service areas: -

NHS Delegated Funding to Dundee Integration Joint Board (DIJB)	£000
Initial NHS Contribution to DIJB	136,156
Additional Pay Award	6,180
Hospital & Community Health Services	12,585
Partnership Funding	0
FHS Drugs Prescribing	448
General Medical Services	33,559
FHS - Cash Limited & Non-Cash Limited	25,384
Net Effect of Hosted Services	8,922
Large Hospital Set Aside	21,850
NHS contribution to DIJB	245,083

Section 2 – Specific application of International Financial Reporting Standards (IFRS)

Netting of Income – The Dundee Integrated Joint Board annual accounts have been prepared on the basis that all operational expenditure is shown net of income as it reflects the actual environment the board is working under. In particular the Dundee Integration Joint Board does not have the legal power to set charges for services provided by either the Council or NHS Tayside. In addition, the IJB cannot pursue an action to recover income from a service recipient. More specifically it reflects the role of the Dundee Integration Joint Board as a net funding vehicle. Audit Scotland has indicated that this is the preferred approach.

To support this position the following text is included on the face of the 2024/25 Annual Accounts

“The Dundee Integration Joint Board’s Comprehensive Income and Expenditure Statement shows the net commissioning expenditure provided to partners to support services. It does not detail income received from service users as this remains the statutory responsibility of the partners.”

Offsetting of Debtors & Creditors – The Dundee Integration Joint Board accounts have been prepared on the basis that the net expenditure from Dundee City Council and NHS Tayside recognises that debtors and creditors in respect of NHS Tayside and Dundee City Council with third parties (other than the Dundee Integration Board) but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB. This essentially requires that when consolidating its accounts, the Dundee Integration Joints Board have consolidated the accrued net expenditure. Therefore, only debtors and creditors between Dundee Integration Joint Board and its two-constituent body are detailed in the IJB’s final accounts. The only exception to this is Audit Scotland audit fees.

Introduction

The Annual Governance Statement explains Dundee City Integration Joint Board's governance arrangements and reports on the effectiveness of the Integration Joint Board's system of internal control.

Scope of Responsibility

Dundee City Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility, the Integration Joint Board has established arrangements for governance which include a system of internal control. The system is intended to manage risk to support the achievement of the Integration Joint Board's policies, aims and objectives. Reliance is also placed on the NHS Tayside (NHST) and Dundee City Council (DCC) systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the Integration Joint Board. Reliance is similarly placed on Angus IJB and Perth & Kinross IJB with respect to Lead Partner Services.

The system can only provide reasonable and not absolute assurance of effectiveness.



The Governance Framework and Internal Control System

Dundee City IJB comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. All formal IJB governance committees continued to be held online throughout the 2024/25 financial year.

The IJB Board membership has seen some changes during 2024/25, including biennial rotation of IJB Chair. Additional support, induction and development sessions from Officers to new members continues to be offered where required.

The main features of the governance framework in existence during 2024/25 were:

- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for, and delivery of, delegated health and social care services is to be achieved reflecting a range of governance systems required to support this arrangement. The current version was reviewed by the statutory partners during 2021/22 and early 2022/23 with a revised scheme submitted to Scottish Ministers for approval at the end of June 2022 and final approval received in November 2022.

- The senior leadership structure of the Health and Social Care Partnership consists of the Chief Officer, Head of Finance and Strategic Services (Chief Finance Officer), two Heads of Service of Health and Community Care Services and professional leads for Nursing, AHP's and Primary Care. Lead support from other profession groups can also be accessed when required. The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.
- During the latter months of 2023/24 and through the whole of 2024/25, interim and contingency arrangements to support and supplement the senior leadership team were put in place to cover a period of absence. Acting Chief Officer, Acting Chief Finance Officer and Acting Head of Service, Strategic Services posts commenced on 17th January 2024, and continued throughout the year. The Acting Chief Officer was appointed to the post of Chief Officer from 2nd June 2025.
- In addition, following the retirement of one of the two Head of Service for Health and Community Care Services during April 2024, an interim replacement commenced in May 2024 and continued throughout the year.
- Formal regular meetings of the senior leadership team including professional leads, as well as regular meetings of extended leadership team.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2024/25.
- The Integration Joint Board met remotely on seven occasions throughout the year to consider its business. Five development sessions were also held in a hybrid format as part of the 2025/26 budget development process. A further six development sessions were held covering a range of governance, risk and strategy topics.
- The Integration Joint Board's Performance and Audit Committee met remotely on four occasions throughout the year to scrutinise the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector.
- The Integration Joint Board reviewed and approved the updated Terms of Reference for Performance and Audit Committee on 11 December 2024.
- Internal Audit arrangements for 2024/25 were approved at the Performance and Audit Committee meeting held on 25 September 2024, including the continuation of the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2024/25 was approved drawing on resources from both organisations.

- Assurances are provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report from the Clinical, Care and Professional Governance Group to each meeting of the Committee.
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.
- Compliance with CIPFA's Financial Management Code

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2024/25 this included the following:

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.
- The provision of regular strategic risk register updates to the Performance and Audit Committee with an annual risk register report presented to the IJB.
- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate. Update reports on progress of the Internal Audit Plan were provided at each Performance and Audit Committee.
- The presentation of the IJB's Annual Performance Report.
- The approval of Best Value Arrangements and Assessment report providing assurance that governance arrangements and activities were in place to demonstrate best practice.
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern, some of which were requested by the committee such as emergency readmission to hospital rates and discharge management on complex and standard delays. A further suite of indicators for Drug and Alcohol and Mental Health Services were adopted by and reported to the Performance and Audit Committee during the financial year.
- A process of formal, regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2024/25.

- The provision of regular budget development reports for 2025/26 to the Integration Joint Board.
- The IJB and Performance and Audit Committee minutes continue to reflect the nature of discussion and further agreed actions in addition to the availability of online access to, and recordings of meetings.
- The continued development of an Action Tracker with updates to each IJB and Performance and Audit Committee meeting to monitor progress of previously agreed actions and to provide assurance that actions were implemented as required.
- The provision of an assurance report from the Chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- Reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the group Chair's Assurance Report to each meeting of the Performance and Audit Committee in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.
- A Directions Policy setting out the process for formulating, approving, issuing and reviewing directions to Dundee City Council and NHS Tayside.
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and supporting subsequent action plans.
- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee. Mapping work to develop revised reporting of outstanding Governance Actions has been completed and the next stage to refine and enhance the recording of these actions to show a clear link between source of required action, progress made and actions being taken continues to be developed.
- Assurance provided around the quality of Social Work Services through the annual Chief Social Work Officer's Annual Report.
- Assurances provided regarding arrangements to support the IJB to discharge its duties as a Category 1 Responder through provision of an annual report to the IJB.
- Reporting of Complaints and Feedback in relation to delegated Health and Social Care services, and continued roll-out of Care Opinion service to enhance capturing of feedback from patients, carers and service users.

- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council as advised through the partner bodies Annual Governance Statements and Annual Internal Audit Reports and relevant internal and external audit reporting.
- The provision of an annual report from the Performance and Audit Committee to the Integration Joint Board meeting on 11 December 2024 in relation to the PAC's activities during the year 2023/24.

Review of Adequacy and Effectiveness

Dundee City Integration Joint Board is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

The review is informed by the work of the HSCP's Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes a "Self-assessment Checklist" as evidence of review of key areas of the Integration Joint Board's internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the individual bodies' management assurances in relation to the soundness of their systems of internal control, including prevention and detection of counter fraud.

The Chief Finance Officer has completed a checklist developed by CIPFA to demonstrate compliance with their Financial Management Code designed to support good practice in financial management and to assist authorities in demonstrating their financial sustainability. Following this, the Chief Finance Officer has concluded compliance with all relevant standards.

Furthermore, in order to support the Chief Financial Officer in ensuring they have fulfilled their duties, a Statement on the Role of the Chief Financial Officer checklist has been completed which notes all relevant requirements have been met.

In preparing the Annual Governance Statement, the Integration Joint Board gave consideration to both NHS Tayside and Dundee City Council's Annual Governance Statements. There were no issues arising which require any further disclosure in the Integration Joint Board's Governance Statement.

Throughout the year, the Performance and Audit Committee has considered a range of issues which cover its core responsibilities in providing the Integration Joint Board with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements. Assurances are provided through the internal audit reviews undertaken throughout the financial year and presented to the Performance and Audit Committee.

The Scottish Government Directorate for Mental Health advised NHS Tayside on the 22nd August 2024 that they proposed to provide enhanced support for Psychological Therapies

which is hosted by Dundee Health and Social Care Partnership in Tayside as lead partner. This was due to an increase in waiting lists and a decrease in performance against the waiting times standard which had decreased from 93.6% in December 2021 to 70.9% in March 2024. The aim of the enhanced support was to achieve a decrease in the number of those waiting over 18 weeks, and improvement in performance against the standard and improvement in the integration of psychological therapies with wider mental health services. The reduction in performance was largely driven by available workforce and pressures on financial resources. In response, a local delivery plan has been developed and submitted to the Scottish Government which includes ongoing recruitment activity to increase the workforce. There has been a gradual improvement in performance to 75.6% for the waiting times standard as at December 2024.

The IJB moved into Financial Recovery in August 2024 following financial monitoring reporting that the projected overspend for 2024/25 would exceed the Financial Plan for the year, and (without action) would have also fully utilised the IJB's General Reserves as well as requiring additional funding from the Partner bodies to cover the gap. The move into Financial Recovery is laid out in the IJB's Scheme of Integration. The plan implemented measures and actions needed to deliver in-year financial recovery and ongoing financial sustainability. The Year End financial position showed signs of improved financial performance during the remainder of the year as a result of implemented controls.

A national report from the Accounts Commission titled "Integration Joint Boards' Finance Bulletin 2023/24" was published in March 2025 highlighting the precarious financial conditions faced by IJB's across the country as a result of increasing demand, complexity of care and workforce difficulties and characterised by overspending, depletion of reserves and reliance on one-off savings. As a result of local financial challenges alongside the national financial context, strategic risk assessment was increased accordingly.

The IJB approved a number of Transformation reports during 2024/25 to reflect changing demands, reprioritisation of resources and new ways of working. These include cessation of Practical Support Service, revised model of care at MacKinnon Centre, and release of Transformation funding to support developments within Palliative Care Services, ADHD services and Frailty Pathway.

Legislation to introduce a National Care Service (Scotland) continued to progress through the Parliamentary process during 2024/25. Amended proposals were published in January 2025. There remains a degree of uncertainty about future arrangements for the IJB and timing for implementation of planned changes.

During 2024/25 the IJB's Performance and Audit Committee was presented with Internal Audit report D06/24, relating to the Workforce, which was outstanding from the 2023/24 Audit Programme. The audit assessed the arrangements in place to consider the design and operation of the controls related to the development of the Workforce plan. The review provided limited assurance and highlighted findings relating to limited modelling of demand to support effective planning for future workforce requirements and limited effectiveness of Workforce Strategic Risk Register to support management actions or assess controls to mitigate risks.

The Internal Control Evaluation D05/24 was combined with D03/25 Annual Report and was issued in June 2024. Governance and Assurance (D04/24) was completed in November 2024 following an update to the Governance Action Plan.

As part of the 2024/25 Internal Audit Plan, the Internal Control Evaluation (D03/25) and Annual Report (D04/25) are scheduled to be issued in June 2025. Fieldwork is ongoing for Lead Partner Services report (D05/25).

The IJB consolidated its development work around risk management through continuous reviews of the IJB's Strategic Risk Register at each meeting of the Performance and Audit Committee. This led to identification of new risks, review of emerging and escalating risks from wider political, financial and strategic implications through horizon scanning and the removal of other risks no longer considered relevant or subsumed within other risks. Development sessions were undertaken during 2024/25 with further sessions planned during 2025/26 to develop the IJB's assessment of its risk appetite. The IJB's High risk areas are Staff Resource; Lack of Capital Investment in Health and Social Care Integrated Community Facilities (including Primary Care); Unable to Maintain IJB Spend; and Restrictions on Public Sector Funding

The Tayside Risk Management Group, consisting of risk management leads from the three Tayside IJB's, the corresponding local authorities and NHS Tayside and chaired by Dundee IJB's Acting Chief Officer continued to meet during the year to streamline risk reporting arrangements, share risk intelligence and develop best practice.

Following on from the agreement of the revised Integration Scheme in December 2022, the IJB has developed and adopted a Directions Policy which will enhance the governance, transparency and accountability between the IJB, Dundee City Council and NHS Tayside by clarifying responsibilities and relationships and support the IJB in exercising its legal powers to ensure the IJB's Strategic Commissioning Plan is delivered. This was approved by the IJB in April 2023. An Annual Review of 2024/25 Directions issued by the IJB to provide assurance that these have been issued and implemented appropriately was undertaken by PAC on 21 May 2025.

Following receipt of a report from the Equality and Human Rights Commission (EHRC) with regard to compliance with the Public Sector Equality Duty, the IJB reviewed its arrangements and implemented a range of improvements to ensure compliance with the duties. This included improvements to the Integrated Impact Assessment reporting within formal IJB and PAC reports, more accessible public access to these assessments on the IJB's website and the provision of a development session for IJB members and workshop for IJB report authors to ensure full understanding of the requirements of the duties. Following feedback from authors and IJB members, some of the format and content was reviewed and updated in April 2024 with the refreshed version being used from 2024/25. The EHRC undertook a further audit of IJB practice in early 2025 and have confirmed to the Chief Officer that Dundee IJB was found to be in compliance with all elements of the Public Sector Equality Duty that were audited.

In January 2023 the Alcohol and Drug Partnership published their Strategic Framework 2023-2028: Working Together to Prevent Harm and Support Recovery, along with a supporting two-year delivery plan. This plan was developed to provide a single, prioritised framework that addresses national policy priorities and local needs. Importantly, the revised framework also extends to cover alcohol related harm, as well as drugs. The strategic framework sets out the Alcohol and Drug Partnership's (ADP) vision that "People in Dundee thrive within safe, nurturing and inclusive communities, supported by accessible and effective alcohol and drug services that focus on prevention, protection, harm-reduction, resilience and recovery." The overarching 5-year Strategic Framework is supported by a Two-Year Delivery Plan (2023-2025) and Investment and Commissioning Plan (2023-2025). A progress report on Year One of the Delivery Plan was published during 2024/25.

Dundee ADP also oversees the ongoing local implementation of national Medication Assisted Treatment (MAT) Standards. The 3rd annual benchmarking report was published in summer 2024, covering progress to April 2024. Dundee has continued to make good progress each year, with grading of Green for MAT1-5 and Provisional Green for MAT6-9 in 23/24.







The Protecting People Annual Report 2023-24 was published in November 2024 providing an update on the collaborative multi-agency work undertaken across Dundee in developing an effective partnership response to the needs of at risk children and adults.


Dundee City Integration Joint Board complies in full with “The Role of the Head of Internal Audit in Public Organisations” (CIPFA) and operates in accordance with “Public Sector Internal Audit Standards” (CIPFA). The Chief Internal Auditor reports directly to the Performance and Audit Committee with the right of access to the Chief Finance Officer, Chief Officer and Chair of the Performance and Audit Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the Performance & Audit Committee.




The Chief Internal Auditor has carried out a review of the adequacy and effectiveness of the Integration Joint Board’s framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2024/25 presented to the IJB meeting of the 18 June 2025 which supports the outcome of Dundee City IJB’s self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board’s governance arrangements and systems of control for 2024/25.

Continuous Improvement

The following areas for improvement have been identified through the self-assessment process, the Governance Action Plan and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2025/26.

Area for improvement	Lead Officer	Target Completion Date	RAG Status
Reporting on workforce issues including the Integrated Workforce Plan as well as the partnership forum.	Chief Officer	January 2025	
Further development of improved Lead Partner Services arrangements around risk and performance management for lead partner services.	Chief Finance Officer	December 2024–September 2025	
Ongoing development of performance report information into a delivery plan framework to ensure the HSCP fulfils its remit in delivering the direction of travel within the IJB’s Strategic Commissioning Framework.	Chief Finance Officer	October 2025	
Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division including an IJB assurance plan to ensure assurance on all IJB risks including from partner bodies. Continue to provide an annual report from the PAC to the IJB to provide assurance that it has met its remit.	Chief Officer	December 2024	
Update the Board and PAC on progress in delivering against the remaining actions in the risk maturity action plan following adoption of Tayside IJB’s Risk Management Framework.	Chief Finance Officer	January 2025–September 2025	
Work to fully implement the actions in the Integrated Workforce Plan. Strive towards ensuring that the DH&SCP culture becomes fully embedded. Engage staff in developing and maintaining the partnership culture as well as sharing and embedding the guiding principles.	Lead Allied Health Professional/ Head of Service Health & Community	January 2025	

	Care / Chief Finance Officer		
Review attendance at groups based on agreed principles. Attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities	Chief Officer	March 2025 September 2025	
Review best practice guidance document to ensure the operation of all groups conforms to the various principles detailed in the Governance Mapping report.	Chief Finance Officer	December 2024	
Review and implement the recommendations from the Internal Audit Review of Performance Management arrangements	Chief Finance Officer	May 2025 September 2025	
Review and further develop Strategic Plan Performance Measures for implementation of the IJB's Strategic Plan	Chief Finance Officer	December 2024 December 2025	
Review and implement the recommendations from the Internal Audit Review of Viability of External Providers	Chief Finance Officer	December 2024	
Completion of mapping and progress towards resolution of outstanding items on Governance Action Plan	Chief Finance Officer	November 2024	
Annual Strategic Risk Register report to be considered by PAC for review and endorsement prior to submission to IJB	Chief Finance Officer	May 2025	
Annual report to PAC detailing Directions issued, in line with Directions policy (including progress reports from the partners where appropriate)	Chief Officer	May 2025	
Review and adoption of FTF's Assurance Principles across governance groups of IJB	Chief Officer	October 2025	
Further enhancement of Financial Monitoring reports to provide details of financial performance against plan and progress towards delivery of savings targets	Chief Finance Officer	October 2025	

Risk Assessment		Definition
Green		On track or complete
Amber		In progress with minor delay
Red		Not on track (reason to be provided)

Conclusion and Opinion on Assurance

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of Dundee City Integration Joint Board's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Ken Lynn
Chair
Dundee City Integration Joint Board

Dave Berry
Chief Officer
Dundee City Integration Joint Board

Date:

Dundee City Integration Joint Board

Annual Accounts

Unaudited
2024-25

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Dundee City Integration Joint Board

Unaudited Annual Accounts 2024-25

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Introduction

The Public Bodies (Joint Working) (Scotland) Act 2014 was passed by the Scottish Parliament on 25 February 2014 and received Royal Assent in April 2014. This established the framework for the integration of health and adult social care in Scotland, to be governed by Integration Authorities with responsibility for the strategic planning of the functions delegated to it and for ensuring the delivery of its functions through the locally agreed operational arrangements.

Following approval from Dundee City Council and NHS Tayside, the Dundee Integration Scheme, the formal legal partnership agreement between the two parent organisations, was submitted to the Scottish Ministers in August 2015. On 3 October 2015 Scottish Ministers legally established Dundee's Integration Joint Board as a body corporate by virtue of the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Amendment (No 3) Order 2015. The Integration Scheme was subsequently reviewed by the statutory partners and approved by the Scottish Government in November 2022.

Dundee City Integration Joint Board (IJB) formally became responsible for the operational governance and oversight of delegated health and social care functions with effect from 1 April 2016, and through the Chief Officer is responsible for the operational management of integrated services excluding delegated acute services. The Integration Joint Board directs Dundee City Council and NHS Tayside to deliver these services in accordance with the Strategic Plan through Dundee Health and Social Care Partnership (DHSCP). The services delegated to Dundee City IJB by NHS Tayside and Dundee City Council are listed in the [Dundee Integration Scheme](#).

This publication contains the financial statements for Dundee City Integration Joint Board for the year ended 31 March 2025. The Management Commentary highlights the key activities carried out to date and looks forward, outlining the anticipated financial outlook for the future and the challenges and risks facing health and social care services over the medium term.

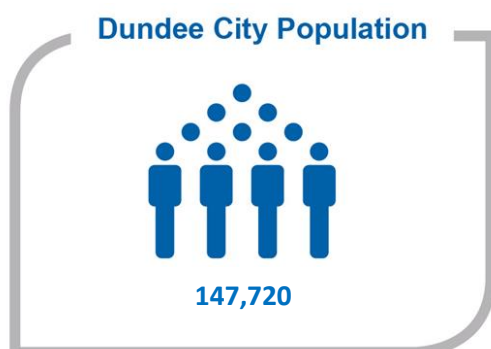
Role and Remit of Dundee City Integration Joint Board

Dundee City Integration Joint Board has responsibility for planning and providing defined health care and social care services for the residents of Dundee encompassing an area of 60 square kilometres and a population of around 148,000. These services are provided in line with the Integration Joint Board's Strategic Commissioning Framework 2023-2033 which can be found here: [Planning for Excellence in Health and Social Care | Dundee Health and Social Care Partnership \(dundeehscp.com\)](#)

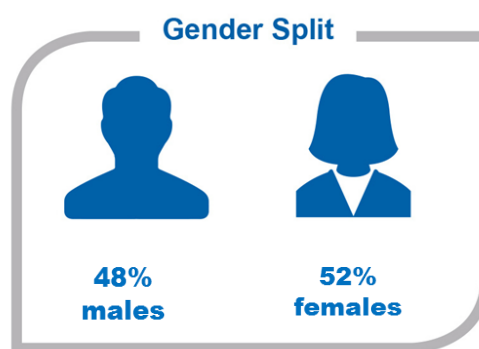
Population, health and deprivation impact directly on demand for health and social care services and can often result in higher support levels being required. Dundee has high levels of inequalities within the city with significant variances across locality areas, driven by high levels of deprivation and resultant impact on higher prevalence levels of health and multiple long-term conditions. In addition to frailty and ill-health which is prevalent in the ageing population, many younger adults in Dundee are experiencing health conditions earlier in life as a result of deprivation and associated impact of drug and alcohol use and mental health issues. These factors highlight the scale of the challenges Dundee City Integration Joint Board faces over the coming years.

A full profile of Dundee City is set out in the [Strategic Needs Assessment](#). Some of the key characteristics are presented below. All these characteristics have an impact on the demand for services commissioned by the Dundee City IJB, both now and in the future.

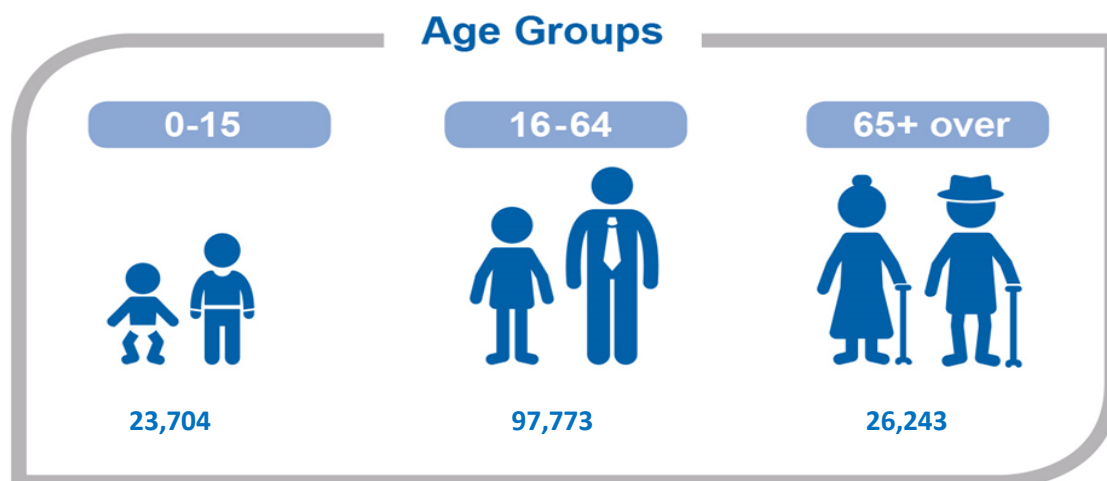
POPULATION PROFILE AND PROJECTIONS



(Source: [National Records of Scotland](#), 2022)



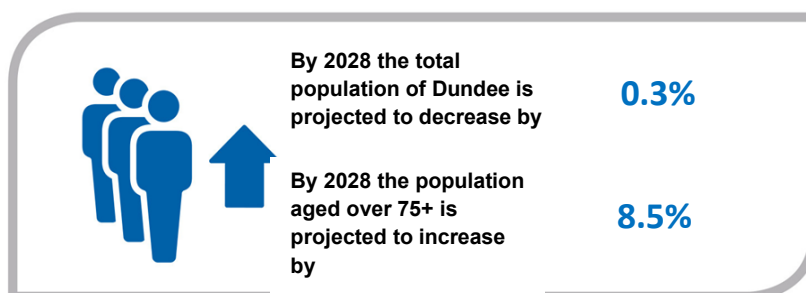
(Source: [National Records of Scotland](#), 2022)



(Source: [National Records of Scotland](#), 2022)

Projected Population

Like other parts of Scotland, Dundee is expected to see a significant rise in the number of older people with an increase of **8.5%** in those over 75 anticipated over the next 20 years.



Life Expectancy

Dundee **males have the third lowest** life expectancy in Scotland and Dundee **females have the fifth lowest** life expectancy in Scotland, with factors such as prevalence of substance misuse, mental health problems, smoking, and obesity all contributing to the reduced life expectancy.



Female Life Expectancy at Birth – 79 years
(compared to 81 for a Scottish female, a difference of 2 years)

Male Life Expectancy at Birth – 74.0
(compared to 77.0 years for a Scottish male, a difference of 3 years)

(Source: [NRS Life Expectancy in 2020-22 by Council Area Scotland](#))

Deprivation

Dundee is the **5th** most deprived local authority area in Scotland with just over **36.6%** of the Dundee population living in the **20%** most deprived areas of Scotland.



In Dundee, **six out of eight Dundee LCP areas** are above the Scottish average of **19.5%** and are also above the Dundee average of **36.6%**

(Source: Scottish Index of Multiple Deprivation 2020, Scottish Government)

Drug Use



Dundee has the **4th** highest prevalence of drug use in Scotland. There are an estimated 2,300 persons using drugs (ages 15-64) in Dundee.

1,600 (70%) male and

700 (30%) are female

(Source: *Estimating the Prevalence of Problem Drug Use in Scotland 2015-16*, PHS (published 05/03/2019))

Homelessness



1,100 households assessed as homeless in 2022/23

42% of households have at least one identified support need

(Source: *Homelessness in Scotland 2022 to 2023*, Scottish Government)

Physical Disability



10,590 people in Dundee identified themselves as having a physical disability.

7% of Dundee's population.

(Source: *Census 2011*, scotlandscensus.gov.uk)

Membership of Dundee City Integration Joint Board

The voting membership of Dundee City Integration Joint Board is drawn from three elected members nominated by the Council and three non-executive members nominated by the Health Board.

The table below notes the membership of Dundee City Integration Joint Board in 2024/25:

Voting Members:

Role	Member
Nominated by Tayside Health Board (Chair/Vice Chair)	Beth Hamilton (from 14/12/2023 until 30/04/2024) Bob Benson (from 01/05/2024)
Nominated by Tayside Health Board	Beth Hamilton (from 01/05/2024 to 29/08/2024) Colleen Carlton (from 29/08/2024)
Nominated by Tayside Health Board	David Cheape
Councillor Nominated by Dundee City Council (Vice Chair/Chair)	Councillor Ken Lynn
Councillor Nominated by Dundee City Council	Councillor Dorothy McHugh Baillie Helen Wright (Proxy member)
Councillor Nominated by Dundee City Council	Councillor Siobhan Tolland Councillor Roisin Smith (Proxy member) Councillor Lynne Short (Proxy member)

Non-voting members:

Role	Member
Chief Social Work Officer	Glyn Lloyd (Dundee City Council)
Chief Officer	Vicky Irons (until 16/10/2024) Dave Berry (Acting from 17/01/2024)
Proper Officer Appointed under section 95 (Chief Finance Officer)	Dave Berry Christine Jones (Acting from 17/01/2024)
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Dr David Wilson
Registered nurse who is employed by the Health Board	Susannah Flower
Registered medical practitioner employed by the Health Board and not providing primary medical services	Dr Sanjay Pillai

Staff of the constituent authorities engaged in the provision of services provided under integration functions	Raymond Marshall (NHS Tayside Staff Side Representative) Jim McFarlane (Dundee City Council Trade Union Representative)
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
Third Sector Representative	Christina Cooper
Service user residing in the area of the local authority	Liz Goss (until 23 October 2024) Vacant (from 23 October 2024)
Persons providing unpaid care in the area of the local authority	Martyn Sloan

The Chair of Dundee City Integration Joint Board rotates on a two-yearly basis and entered another rotation during 2024/25. The year began with Beth Hamilton acting as chair until 1 May 2024 when Beth Hamilton left the board and was replaced by Bob Benson who became Chair from that date. Ken Lynn was Vice Chair from the beginning of the year until 23 October 24, when we have entered another rotation with the Chair position transferring to Councillor Ken Lynn and Bob Benson becoming Vice Chair from that date.

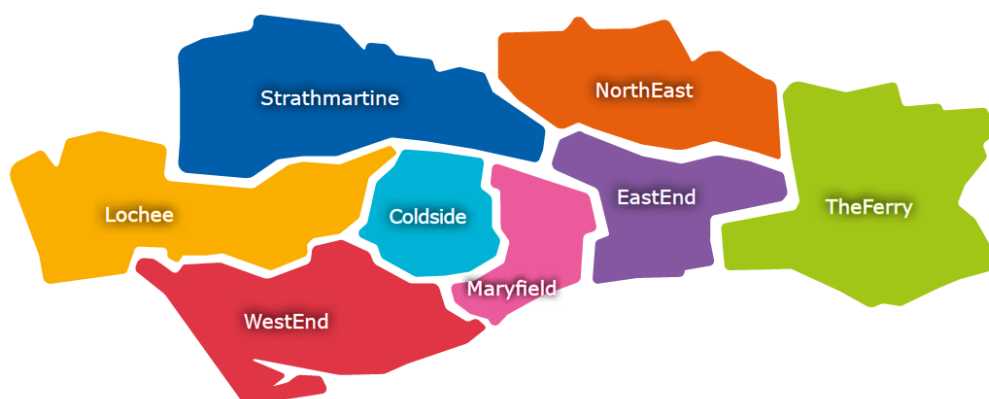
The Chief Officer provides the strategic leadership and direction to Dundee City Integration Joint Board. The Chief Officer is supported by the Head of Finance (as Chief Finance Officer) and Strategic Services. In relation to the Chief Officer's role as Executive Director of Dundee Health and Social Care Partnership, they are also supported by the Head of Finance and Strategic Services in addition to two Heads of Service of Health and Community Care.

Operational Delivery Model

During 2024/25, Dundee Health and Social Care Partnership's operational delivery model continued to embed a model of fully integrated health and social care services to support the delivery of the Dundee City Integration Joint Board's strategic priorities. The overall responsibility for the delivery of operational services falls with two Heads of Service with one focusing on older people's pathways and the other adult services, including mental health and drug and alcohol use. Service managers below this level have responsibility for both council and NHS services as part of their integrated portfolios with a specific focus on service user categories (e.g. older people, mental health).

Dundee Health and Social Care Partnership delivers its services across the city's eight Local Community Planning Partnership Areas, each with its own particular social and demographic profile which require tailored responses to meet their specific health and social care needs. The partnership also provides Tayside-wide health services on behalf of Angus and Perth and Kinross Integration Joint Boards under lead partner arrangements (e.g. palliative care services and psychological therapies) with reciprocal arrangements provided by those other Health and Social Care Partnerships (e.g. GP out of hours, prison healthcare services).

Map of Eight Local Community Planning Partnership Areas



Scrutiny and Performance

The Integration Joint Board's Performance and Audit Committee (PAC) provides committee members an opportunity to better understand the needs of communities. They monitor and scrutinise the performance of delegated services against the delivery of the strategic priorities through a range of performance indicators and benchmarking.

Throughout 2024/25, the Integration Joint Board's Performance and Audit Committee received performance reports which quantified Dundee's health and social care challenges in relation to baseline data. This compared a range of performance indicators, designed to capture the progress made under integration over time. The reports include nationally and locally set indicators, the locality level data helps to assist the Dundee City Integration Joint Board to determine the areas of greatest need and to inform the targeting of resources. Reflected in Table 2 is Dundee's 2024/25 performance measured and compared against a range of national indicators. Further information regarding the performance of Dundee Integration Joint Board can be found within the 2024-25 Annual Performance Report (*Link to be inserted once available*)

The work of the Performance and Audit Committee over the 2024/25 financial year also informs the Annual Governance Statement set out within these annual accounts.

Table 2

National Indicator	Dundee 15/16 (Baseline Year)	Dundee 2022/23	Dundee 2023/24 *	Dundee 2024/25**	Scotland 2024/25**
Emergency admissions rate to hospital per 100,000 people aged 18+	12,168	13,097	14,335	tbc	tbc

Emergency bed days rate per 100,000 people aged 18+	146,192	114,287	110,615	tbc	tbc
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	122	140	147	tbc	tbc
Falls rate per 1,000 population aged 65+	25	33.1	34.6	tbc	tbc
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (Delayed Discharge bed days)	832	802	428	tbc	tbc

*calendar year data

** figures not yet available

Source: [Performance Against National Health and Wellbeing Indicators](#)

Operations for the Year

Some key achievements and developments during 2024/25 are highlighted in the following section.

Discharge without Delay & Care at Home

The primary focus for 2024/25 continues to be ensuring that individuals receive appropriate care, in a timely manner, in the most suitable setting, with the goal of preventing unnecessary hospital admissions and promoting swift discharge when readiness permits. A delayed discharge refers to a hospital inpatient who is clinically ready for discharge from inpatient hospital care and who continues to occupy a hospital bed beyond the ready for discharge date. A common theme amongst all services in 2024/25 was to reduce the number of delayed discharges in Dundee in order to improve health and wellbeing outcomes for the population. The focus on effective discharge management is reflected through the National Health and Wellbeing Outcomes and associated indicators. There are two indicators that relate directly to effective discharge management:

- National Indicator 19: Number of days people spend in hospital when they are ready to be discharged; and,
- National Indicator 22: Percentage of people who are discharged from hospital within 72 hours of being ready.

Within Dundee, key staff work collaboratively with the Tayside Urgent and Unscheduled Care Board in order to deliver on the strategic plan as set out by the National Urgent and Unscheduled Care Collaborative. The focus of this work is to deliver care closer to home for

citizens of Dundee and to minimise hospital inpatient stays wherever appropriate. Throughout 2024/25, the program of work was split across 4 key workstreams:

1. Optimising Access: Aimed at creating clear and seamless communication and referral pathways between community urgent services in order to create alternatives to hospital admission where appropriate.
2. Performance 95 - Improving the flow through the Emergency Department in order to ensure the 4-hour national target is achieved.
3. Community Urgent Care - Linked closely to the Optimising Access workstream, this focuses on improving and expanding the role of Urgent Care services in the community setting. In Dundee this specifically relates to improvement work ongoing within the Dundee Enhanced Care at Home Team (DECAHT).
4. Optimising Flow - A continuation of the Discharge Without Delay work undertaken last year, focussing on supporting every ward area in Tayside to achieve upper quartile length of stay in relation to the national benchmarking data.

As a result of the ongoing improvement work within DHSCP Care at Home services, the bed days lost to non-complex delay has gradually reduced. As at 3rd March 2025, no people waited in hospital and 138 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17th October 2022. By implementing improvement measures aligned to the Discharge Without Delay workstream within the local Urgent & Unscheduled Care Board programme of work, Dundee has successfully and consistently achieved excellent performance in relation to the locally set targets and is consistently performing in the top 3 HSCPs across Scotland.

This involves use of key performance metrics with regular data reports on progress including setting upper quartile length of stay targets of 28 days within our community hospital wards in Royal Victoria Hospital (RVH) and ensuring the Integrated Discharge Team is fully embedded in all key ward areas across the acute and community settings. This provides a means of effectively managing capacity flow by ensuring patients move onto the most appropriate pathways without delay. Implementation of a Discharge to Assess approach with appropriate social care resource commissioned to support this is also a key factor.

In order to support those living independently in their own home the Dundee & Angus Joint Equipment Store again had a strong year in meeting its KPI's. 44,066 clients are recorded on the system with 2,532 clients being new to the service during the reporting period. 87% of clients received their equipment within 1.7 days from the order being placed and 92% of collections were collected within 0.8 days. The service currently has 174,670 individual pieces of equipment out on loan equating to over £6million in value. 17,360 individual pieces of equipment were recycled and returned to shelf giving a reissue rate of 68% and saving nearly £3million in value if purchased new. Customer satisfaction rates are high with the service being rated as good by 14,022 clients, ok by 14 clients and poor by only 5.

Older People

Local Authority Care Homes have continued to admit and support service users who have multiple and complex needs. As a result, an additional senior has been introduced to each home to allow better support for staff, service users and families. For the workforce, wellbeing ambassadors have now been introduced at each care home to help support and signpost staff to maintain their health and wellbeing. For service users, additional quality assurance processes such as "Resident of the Day" were introduced to ensure their care is reviewed holistically each month. The Care Home Team has had higher than normal staff turnover with

approximately 6 new staff across all disciplines over the past 12 months. Lots of work has been done to make access to registered nurses easier and more straight forward for Care Homes including nurses now having specific times they will spend in their link homes as opposed to ad hoc.

Within the Older People Community Mental Health Teams, a Cognitive Behavioural Therapist (CBT) post has been introduced as part of the strategy to reduce reliance on the nursing and medical team within the service and to offer further psychological support to people over 65. The new post commenced in August 2024 and there has been 6 clinics every week held between Kingsway Care Centre (KCC) and home visits. A total of 162 appointments have been offered since the post commenced and the therapist has seen 29 new patients from the psychology waiting list, 10 of which have already been seen and discharged.

In addition to this, regular weekly Nurse Led Memory Clinics were held at Kingsway Care Centre. This resulted in waiting times being reduced from months to weeks allowing the nurses an opportunity to provide information and reassurance to patients and their families before being seen by the Psychiatrist for a potential dementia diagnosis. The newly qualified Advanced Nurse Practitioners were also able to assist the Psychiatrist and impart diagnosis if appropriate. This means that patients could be seen in a timely manner and a management plan be put in place to help them live well with the diagnosis.

The teams have also been supporting Foundation Apprenticeships throughout the year meaning 5th/6th year school students who have expressed an interest in mental health have come to shadow the teams twice a week during a school term.

The Post Diagnostic Support (PDS) team have successfully completed the Care Co-ordination programme with Health Improvement Scotland (HIS). The programme consisted of quality improvement methodology, supporting robust development of theory of change, required to ensure that people living in Dundee diagnosed with dementia receive high quality post diagnostic support.

The PDS Team also facilitates Cognitive Stimulation Therapy groups which continue to be well attended and received, along with ongoing exercise groups. Groups are held in Community Centres and the Hub at Royal Victoria Hospital as part of community engagement and vision under Reshaping Non-Acute Care. A monthly drop-in session has also been created for anyone with a dementia diagnosis to ensure ongoing support is available once discharged from service.

Adult Mental Health

There continues to be significant challenges in Community Mental Health Teams, with rising referral rates and the provision of adequate levels of staffing due to recruitment challenges. The most significant risk related to the limited availability of psychiatric resources resulting in the Psychological Therapies Service (a Tayside wide service hosted by Dundee) being placed on Enhanced Support by Scottish Government from not meeting the target 18-week referral rate. An 'immediately realistic recruitment plan' and a 'further required investment plan' was developed and shared, with the total required extra investment to meet the target approximating £1.5 million. This was not affordable and a small increase in resource (7 additional posts) was agreed. Recruitment took place in January 2025 and will continue to be monitored.

During 2024-25 priority focus was given to continue to develop new models of care to support mental health and wellbeing in a more timely manner. Funding was approved for use to improve processes around ADHD assessment and treatment and Hope Point has continued to provide 24/7 support for people experiencing emotional distress. An average of 75 new

people each month accessed Hope Point during 2024-25. People cite feeling welcome, heard and understood and thus able to return for support when required.

A significant milestone was the agreed pathway with Police Scotland becoming operational in October 2024. This allows for improved transitions for people requiring support due to distress, who do not meet the threshold for clinical input. In March 2025, Hope Point and DBI partners were awarded 'Policing Partner of the year' at the Tayside Division, Divisional Commander's Annual Awards & Recognition ceremony for "delivering an outstanding level of performance in support of individuals in distress and experiencing mental health concerns".

Hope Point has been influential in a range of forums across the city. In particular, links with drug and alcohol services have been established and improved, ensuring that people experiencing both mental health challenges and substance use can receive timely, compassionate, and non-judgemental support.

The service has continued to promote the support on offer via local networks and online platforms. Significant work has been undertaken with primary care colleagues, resulting in a continued increase of people being sign-posted for support by their GP practice.

Suicide Prevention

Dundee continues to have high rates of suicide in comparison to other areas in Scotland. Suicide prevention has now been fully integrated as part of the remit for the Children at Risk and Adults at Risk Committees within the multi-agency protecting people structure. The Dundee Suicide Prevention Delivery Plan 2024-2026 sets out four priority aims and a series of supporting project actions. The delivery plan will be reviewed regularly, including to take account of emerging data and evidence. The aims have been informed by the four long term outcomes set out in the Creating Hope Together, local stakeholder engagement process, and is aligned to the format of the other Protecting People delivery plans, incorporating actions relating to strategic leadership, strategic planning and improvement, and delivery of key processes.

The plan can be viewed [here](#).

A dedicated Suicide Prevention Co-ordinator post has been established within the multi-agency Protecting People Strategic Support Team (located within the Health and Social Care Partnership structure) to lead this area of work, supported by colleagues across the wider team structure. Alongside other duties the Suicide Prevention Co-ordinator has a lead role in supporting the development, delivery and evaluation of local suicide prevention delivery plans, aligned to both the national strategy and relevant local strategic plans and policies.

Following appointment of the Co-ordinator in April 2024, the following actions have been undertaken to progress the development of the delivery plan:

- Collation and analysis of data gathered from the stakeholder engagement event which took place in January 2024, including a further meeting with facilitators to begin populating the plan.
- Further engagement with key stakeholders including NHS Tayside Public Health, substance use services and various community organisations.
- Liaised with regional and national suicide prevention groups to learn from best practice in other areas.
- Involvement in Protecting People committee restructure development sessions to ensure inclusion of suicide prevention in wider plans.

- Utilised SUPRESE suicide prevention self-evaluation tool to ensure actions are aligned to priority areas in line with international evidence and best practice.

The number of facilitators has been increased to deliver and test a recommended training programme developed by NHS Education for Scotland and Public Health Scotland as part of their Mental Health Improvement and Suicide Prevention Knowledge and Skills Framework. In the last year a new training alliance called Every Life Matters was also established in Dundee to build training capacity across a range of Third Sector organisations and wider partners including Dundee City Council and the University of Dundee. This was funded for 18 months by the NHS Tayside Charitable Foundation to co-produce and pilot the initiative and throughout the year 652 participants received the training.

Drug & Alcohol

Throughout 2024/25 the Alcohol & Drug Partnership (ADP) undertook a comprehensive review of progress achieved against their year 1 (2023/24) delivery plan and subsequently developed a revised year 2 (2024/25) delivery plan. This was approved by the Dundee Chief Officers Group in June 2024 and has guided the work of the ADP throughout 2024/25, as well as continuing to progress a number of areas where progress was made during 2023/24 into the next stage of delivery. Year 2 included a focus on evidencing the impact of MAT standard implementation on people who have drug and alcohol related needs, priority areas from the Scottish Government's National Mission (e.g. access to residential rehabilitation, near-fatal overdose response and assertive outreach). The ADP also committed to ensuring that during year two there was an increased focus on responding to alcohol harms, and on shifting the balance towards prevention approaches.

Other areas of priority within the Year 2 Delivery Plan:

- Gendered and whole-family approaches are now recognised as two additional underpinning principles that must be considered across all action commitments.
- A focus on responding to ongoing and historical trauma, with targeted and specific actions around trauma work delivered as part of a broader Protecting People approach.
- Additional actions to prevent drug deaths agreed following the publication of the Tayside drug deaths annual report and the multi-agency event to discuss this report.

Dundee has the second lowest life expectancy in Scotland. Life expectancy varies substantially by deprivation level and the occurrence of morbidity including drug and alcohol use and mental illness. A significant proportion of the difference in life expectancy between Dundee and many other Partnerships can be accounted for by deaths at a young age from drugs, alcohol and suicide.

People in Dundee continue to have fast access to treatment, they have a choice as to the medication prescribed to them, with increasing numbers opting to receive Buprenorphine as their preferred medication and are supported to remain in treatment for as long as required. Independent Advocates (provided through DIAS and funded by the ADP) support individuals during the period they receive MAT and beyond. DDARS has established an assertive outreach team to support those at risk of disengagement from services.

Harm reduction support continues to be provided as part of the implementation of MAT, and 2024/25 focused on increasing BBV and STI testing, as well as immunisation. The implementation of MAT standards is psychologically and trauma informed, with progress made

to ensure the process follows a gendered approach. Frontline staff receive training to ensure they are skilled and supported to deliver the standards. The Multi-agency Consultation Hub (substance use and mental health) continued to progress and work was carried out to establish this process as core business and ensure close links with other high risk review processes.

The Non-Fatal Overdose (NFOD) multi-agency rapid response team continued to meet on a daily basis and provide support to people who have experienced an overdose. There is now formal joint working with A&E with information provided by A&E to the NFOD Co-ordinator. During 2024/25 there was a slight rise in the complexity of the needs of the people experiencing non-fatal overdoses, requiring the involvement of more services (in addition to the specialist substance use services). The three Tayside ADPs jointly agreed to continue funding the Tayside NFOD co-ordinator until end March 2026.

The Alcohol and Drug Partnership (ADP) contracted additional support (managed by the third sector) to progress the development of non-opioid and alcohol pathways. Following a scoping process, models for both pathways were developed and a series of tests of change were run to establish and implement best practice.

Throughout 2024/25 there was also a significant increase in people from Dundee accessing residential rehabilitation treatment. All of these people are supported through the dedicated pathway prior to entering the residential treatment, during their stay and on their return to the community. More women have accessed residential rehabilitation than ever before, and most of those embarking on residential support completed the full treatment. Third sector partners continue to manage the residential rehabilitation pathway, preparing individuals prior to accessing the residential establishment, supporting them and their family during their time at the establishment and providing support back to the community.

Community Treatment & Care Service

HSCP Community Treatment & Care Service is a relatively new model of health care delivery that has been developed in line with Primary Care Improvement Plans as part of a national strategy set out by the General Medical Services (GMS) contract 2018. The CTAC service provides a wide range of treatment room care to those registered with a GP practice in Dundee. Nurse and health care support workers autonomously deliver clinics across 17 clinic locations Dundee city wide. Services include wound care, ear irrigation, phlebotomy, chronic disease monitoring, injection administration, suture removal and leg ulcer management. An existing anticoagulation service is also established within the service.

Throughout 2024/25 service success is aligned to service activity data highlighting the enormity of the service provision:

- Over 61 staff aligned to service recruitment retention figures remain high.
- Over 10,000 calls received each month handled by a dedicated administration team.
- Over 6,500 phlebotomy / chronic disease monitoring reviews conducted each month.
- Over 1,500 wound care appointments per month.
- Over 300 injections administered per month.
- Over 400 leg ulcer review appointments scheduled per month.
- Over 300 ear irrigation appointments scheduled per month.
- Over 600 warfarin reviews.

Transforming Services

Transforming services is key to the Dundee City Integration Joint Board continuing to improve outcomes for service users, whilst managing this in a financially sustainable way. Service redesign opportunities connect to the overarching strategic priorities. Mobile working practices remained popular with applications still being used for non-contact consultations and services such as over the phone or virtual GP appointments.

A summary of the key achievements over 2024/25 is as follows:

- In November 2024 we launched new pages on the NHS Tayside website providing information about mental health and wellbeing support available at GP practices. The website also holds information for people who may be seeking support urgently while in distress. It has an A-Z Directory of services available in Dundee to support mental health and wellbeing. A poster and leaflet campaign is underway to raise awareness of the new web pages and information sessions have taken place in person and across teams for local groups and services to attend.
- Kingsway Care Centre introduced Wellbeing Champions in 2023 and there are now 3 champions. This year they have identified and utilised spaces for wellbeing on the wards, promoted self-care and supported staff on an individual basis. They have an event to celebrate staff as well as looking at improving outdoor spaces that can be used by staff.
- DHSCP Primary Care colleagues are working with the Health Improvement Scotland Collaborative to learn and use quality improvement tools to map and improve patient pathways. The initial project focused on First Contact Physiotherapy and working with 2 practices to improve the patient pathway to give optimal patient and staff outcomes including shorter waiting times and reduced non-attendance.
- The Multi-Agency Consultation Hub (MACH) has been set up to facilitate collaborative decision-making and supporting individuals affected by substance use and mental health.
- The Family Medical Group practice in Douglas is trialling Group Consultations where several patients with similar health needs come together. The practice is also developing lifestyle advice for patients with complex needs.
- An enhanced model of community based palliative care was developed, tested and successfully implemented in Dundee. The model was designed to support palliative and end of life care at home, or in a hospice setting, if people wished to avoid hospital admission. A rapid response, multidisciplinary service was offered to people living in Dundee which provided urgent help with symptom control, holistic support and coordination of care with other community services. This team of specialists included a palliative care doctor, Macmillan nurses, health care support workers, physiotherapists and occupational therapists. An evaluation of the project showed that the majority of people supported by this service died either at home or in Roxburghe House, and only a very small number of people died in hospital.
- Dundee's Recovery Network was established, the Lived Experience Framework developed, and a robust system for gathering evidence from those receiving Medication Assisted Treatment (MAT) established.

Feedback from service users across the Partnership

"The staff at Hope Point saved my life. Amazing people! Amazing Service"

"I thank them sincerely for the care, compassion and support given today."

"Each time I have visited I have witnesses such tender, kind considerate specialised care. I genuinely feel that every time my dad sneezes someone will wipe his nose for him! The nurses preserved as best they could to trim his moustache. His nails are always clean and trimmed and whichever clothes he has on they are always clean and coordinated"
(Kingsway Care Centre)

"I would just like to thank the meals service department on my lovely delicious meals. Also the council and my support worker for arranging this for me. I really appreciate the nutritional meals which I can no longer make for myself. Thank you again, it's going to make such a difference to my overall health."

"I just phoned DHSCP and a human voice greeted me. She was really helpful and there was no stress in getting information on what I needed. I really appreciate not getting an automated service. Well done Dundee, excellent service."

"I had nothing. I had no family here. I has no money. I had no friends because of my husband. My language was not good. I had no nappies for my child. I don't know what I would have done. But I have hope now."

Analysis of Financial Statements 2024/25

The Annual Accounts report the financial performance of Dundee City Integration Joint Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the Dundee City Integration Joint Board for the delivery of its vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom. The 2024/25 Accounts have been prepared in accordance with this Code.

Integration Joint Boards need to account for their spending and income in a way which complies with our legislative responsibilities and supplementary Local Authority (Scotland) Accounts Advisory Committee (LASAAC) guidance.

The 2024/25 Annual Accounts comprise: -

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall deficit of £6,078k in 2024/25 (deficit of £6,155k in 2023/24) on the total income of £357,361k (£336,831k in 2023/24).
- b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £11,735k (£17,813k in 2023/24). These are held in line with the Dundee City Integration Joint Board's reserves policy. Reserves were applied during the year to cover outstanding liabilities to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board.
- c) Balance Sheet – In terms of routine business Dundee City Integration Joint Board does not hold non-current assets.
- d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2024/25 do not include a Cash Flow Statement as Dundee City Integration Joint Board does not hold any cash or cash equivalents.

Financial Position at the End of March 2025

The IJB's delegated budget from Dundee City Council and NHS Tayside developed over the financial year as follows:

	NHS Tayside Funding £000	Dundee City Council Funding £000
Initial Agreed Funding	136,156	110,180
Additional Pay award	6,180	567
Hospital & Community Health Services	12,585	
Partnership Funding	0	
Family Health Services Drugs Prescribing	448	
General Medical Services	33,559	
Family Health Services – Cash and Non-Cash Limited	25,384	
Net Effect of Hosted Services	8,922	
Large Hospital Set Aside	21,850	
Social Work & Social Care Funding		611
Other / Various		920
Revised Partners Funding Contribution	245,083	112,278

The IJB reported a year end underlying operational overspend of £7,216k for 2024/25, arising from an underlying overspend of £5,825k in social care budgets, an underlying underspend of (£2,609k) in health budgets and a planned shortfall within the integrated budget setting process for 2024/25 of £4,000k. This unplanned additional overspend of £3,217k has been covered by the use of Uncommitted Reserve within the Balance Sheet.

Within Dundee City Council delegated services, the teams continue to see a high levels of vacancies as a result of recruitment and retention challenges, which has resulted in use of agency, overtime and sessional staff where necessary with a total of £3,150k spent over 2024/25. Increasing demand for community services, has resulted in increased hours for services such as Care at Home which has seen an overspend of £6,056k. However, it should be recognised that the increased Care at Home activity has had a beneficial impact for in-patient services in Tayside through significant and sustained reductions in Delayed Discharge, as well as reducing unmet need for service users in the community awaiting packages of care and minimising unnecessary hospital admission.

Similarly, the underspend within the NHS delegated service also relates to recruitment and retention issues, with ongoing reliance on supplementary staffing with spend totalling £4,039k on bank, over-time and agency during 2024/25. This issue which has been seen nationally throughout different health boards is being considered by Scottish Government in terms of a response.

The in-year utilisation of Reserves balances within the impact of the overall financial position for integrated services in Dundee for 2024/25 has resulted in the level of reserves held by Dundee City Integration Joint Board decreasing to £11,735k at the year ended 31 March 2025 (£17,813k at the year ended 31 March 2024). This is reflected in the Movement in Reserves Statement.

	Opening Committed Reserves	In-Year Reserves Movement	Closing Committed Reserves @ 31/3/25
	£000	£000	£000
Primary Care	1,858	75	1,933
Mental Health	1,036	(795)	241
Drug & Alcohol	559	367	926
Service Specific	1,452	(1,002)	450
Strategic Developments	3,756	(1,758)	1,998
Revenue Budget Support 24/25	4,000	(4,000)	0
Revenue Budget Support 25/26	0	2,050	2,050
NHST-System Pressure Funding	0	2,959	2,959
Other Staffing	363	(207)	156
Total Committed Reserves	13,024	(2,311)	10,713
Plus Uncommitted Reserves	4,789	(3,767)	1,022
Total Reserves	17,813	(6,078)	11,735

The reserve balance of £11,735k at the year ended 31 March 2025 is greater than the planned level of reserve of 2% of the Dundee City Integration Joint Board's net expenditure as set out within its reserves policy. However, it is important to acknowledge that the majority of these reserves are committed for specific initiatives linked to the funding streams detailed in the above table and are not available for more flexible use.

Achieving long-term financial sustainability and making best use of resources is critical to delivering the Dundee City Integration Joint Board's Strategic Commissioning Framework's priorities at an appropriate pace and scale that matches the population needs. In response to the growing demand for health and social care and financial constraints, the Dundee City IJB recognises that continuous service redesign through transformation, collaborative working and further integration of services is critical.

Key Risks and Uncertainties

Unable to maintain IJB Spend

This year the IJB had to implement a Financial Recovery plan in order to bring the delegated budget into financial balance by the 2024/25 year end. The initial budget for the year set out the cost pressures and funding available with a corresponding resultant gap of £10,687k which is the biggest annual financial savings requirement the IJB has had to make since it was formed in 2016. A savings plan was agreed in addition to agreement to utilise reserves to ensure the IJB had a balanced budget position going into the 2024/25 financial year.

By the October 2025 IJB meeting, it was clear that the financial challenge of meeting increasing demand and increased cost of operations indicated that the IJB were not on track to meet the savings requirement, with a projected operational overspend of £9,005k. Several actions, options and controls were put into place and continue to be implemented across the services with actions being progressed to ensure both a robust understanding of financial drivers and improve the projected financial position to return this back towards Financial Plan. The actions that have been put in place have resulted in an improved position by the end of 2024/25 which has facilitated a reduced reliance on general reserves to cover the unplanned overspend.

However, the IJB has further challenges ahead given the increased cost and demand pressures expected for 2025/26, so it is vital that work continues as effectively and efficiently as possible. A detailed overview of efficiencies and initiatives that will be progressed is set out in the 2025/26 Proposed Budget paper that was approved by the IJB in March 25 ([Proposed Budget 2025/26 DIJB14-2025](#))

The challenges faced by Dundee City IJB are similar to those of other IJBs, as highlighted in the key messages of the Audit Scotland report on IJBs Finance and Performance 2024, published on 25 July 2024 and the Accounts Commission IJB Finance Bulletin 2023/24 published in March 2025. If Dundee City IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan at the required pace and scale.

Staff Resource

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 priorities, operational delivery to support delivery of effective integrated services. As a result, throughout 2024/25 staffing resource has continued to be a key concern being one of the highest scoring risks on the IJB's strategic risk register.

Recruitment challenges continue to exist in a range of roles including nursing, medical staff, allied health professionals, social work and social care staff. This can often be exacerbated by corporate processes in partner bodies leading to delays in recruitment. The delays or inability to recruit also leads to added pressure on the existing workforce and use of bank or agency staff in order to meet demand and/or safe staffing levels.

The IJB Workforce Plan aims to give a whole rounded view of the current situation and ways in which it can be improved over from 2022-25. This plan aims to focus on the short-term workforce drivers, focussing on recovery and remobilisation, with an emphasis on improved staff wellbeing and widening recruitment.

Restrictions on Public Sector Funding

Continuing restrictions on public sector funding impact on both Local Authority and NHS budget settlement therefore impacting on the ability to provide sufficient delegates funding required to support services by the IJB. The Scottish Government has highlighted a significant

gap in funding over the next 4 financial years (Financial strategy published in May 2023). This could lead to the IJB failing to meet its aims within anticipated timescales as set out in the Strategic Commissioning Plan.

National Care Service

The National Care Service (Scotland) Bill established the National Care Service with legislation continuing to progress through Scottish Parliament. The general principles passed in Stage 1 will ensure greater transparency in the delivery of health and social care, improve standards, strengthen the role of the workforce and provide better support for unpaid carers. Similar to other bodies, significant concerns have been raised around the content of the bill in terms of scope and financial implications of the legislation. The Scottish Government's decision in January 2025 to remove 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 reform IJBs has been removed but impact of the review on the IJB and its partners may still be significant and may change the service delivery and governance landscape for adult social care. The National Care Service uncertainties continue to pose a risk relating to the potential reform of IJB's in the future and this may impact its ability to implement its Strategic Commissioning Plan.

The Cost of Living Crisis

The higher levels of inflation, fluctuating energy prices and changes to benefits continue to fuel the cost of living crisis into 2024/25, the effects of which were felt by both service users and staff. The crisis has invariably resulted in increased poverty within the city and exacerbated health inequalities that already existed within the population. This, along with the reduced availability of financial resources poses a risk to Dundee Integration Joint Board's strategic delivery aims and continues to be a high priority heading into 2025/26.

Lack of Capital Investment in Community Facilities

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 is a significant risk to the IJB. Scottish Government 2024/25 Capital Investment Resources available to Local Authorities and NHS Boards has been severely restricted leading to minimal likelihood of resources being made available for community facilities

Primary Care Sustainability

Challenges continue to present within Primary Care services, due to recruitment issues, inadequate infrastructure including IT and locations, and inadequate funding to fully implement the Primary Care improvement plan. If there continues to be huge pressure on general practice due to increasing demand and complexity of health needs together with the increase in GP vacancies due to retirement and recruitment and retention issues there may be challenges to meet the health needs of the population.

Viability of External Providers

There remains a risk that our external providers facing financial instability which could lead to collapse of key providers. The increase in cost of service provision, including staffing cost and inflationary increases to goods is already impacting this sector with concerns that a number will not be able to sustain their activities with this likely to be exacerbated into 2025/26 following changes to employer National Insurance contribution rates. There is continuous monitoring into maintaining quality and viability of the services provided by external providers to ensure short/medium term service provision.

Escalation of Property Safety Issues

The IJB 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. Current areas of concern include Kingsway Care Centre and Royal Victoria Hospital where many key services are provided and there has been an escalation of these issues by the Chief Officer.

Capacity of Leadership Team

The capacity of the leadership team has been significantly affected following the retirement of the previous Chief Officer. This continues to be impacted by workload pressures and widespread recruitment challenges. Interim Acting arrangements were implemented throughout 2024/25 to ensure key posts were covered. When the Chief Officer is appointed, the implementation of the new leadership structure on a permanent basis will consolidate and provide clarity to roles.

Data Quality

Data Quality of information within our record systems continues to be a risk that can leave to difficulties in providing statutory government returns and accurate billing for billable services delivered. This can be down to both system set up issues and user error in the workforce, which has been intensified by recent IT changes and staff turnover. The Quality, Data and Intelligence Team are working with operational staff to improve data quality as well as working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems

Increased Bureaucracy

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. Although we are encouraged by the change in approach to the National Care Service Bill by making some structural improvements without the Bill, as we had previously highlighted that we have been this Bill as a further level of bureaucracy.

Changes to IT Systems

There are significant changes coming to IT systems affecting how staff work in an integrated way across NHS Tayside and Dundee City Council system. Moving between systems has caused issues around access for staff, changes to reporting and accessibility of files and data. This has caused challenges for the workforce in the short-term which has been further affected by hybrid working arrangements. Although the ongoing updates to our systems and IT infrastructure are presenting certain challenges, we acknowledge their necessity in ensuring long-term progress and stability.

Information Governance

Capacity and ability to comply with increasing number of Subject Access Requests in Dundee City Council leading to potential action from Information Commissioner. 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, the 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. The Strategic Risk being that we will not comply with Data Protection rules and face action from Information Commissioner.

Conclusion

We are pleased to present the annual accounts for the year ended 31 March 2025 for Dundee City Integration Joint Board. The accounts show that Dundee City Integration Joint Board has faced considerable demand and financial challenges during 2024/25, which has resulted in an operational overspend. Efforts continue to ensure the pressures and priorities are managed in a strategic manner to achieve best value through efficient and effective use of the limited resources.

Going forward, Dundee City Integration Joint Board has a significant financial challenge ahead to deliver the revised Strategic Commissioning Framework 2023-2033 in this climate of growing demand and tighter public finances and resources. This framework recognises the high levels of poverty and associated social issues in the city and that this has been exacerbated following the impact of the Covid-19 pandemic and the cost of living crisis. With life expectancy in the city lower than it was 10 years ago and a growing health inequalities gap across the different city localities the Integration Joint Board continues to work closely with other organisations in the city including Dundee City Council, NHS Tayside, the Police and organisations in the third and independent sectors to address these challenges. Focussing available resources on meeting the priorities set out within the Strategic Commissioning Framework, transforming health and social care service provision and ensuring the public receives best value in the delivery of services will contribute to making a real and lasting difference to people's lives.



Dave Berry CPFA
Chief Officer
Dundee City
Integration Joint Board

Date:



Christine Jones FCCA
Acting Chief Finance Officer
Dundee City
Integration Joint Board

Date:



Ken Lynn
Chair
Dundee City
Integration Joint Board

Date:

Responsibilities of the Dundee City Integration Joint Board

The Dundee City Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the Board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). For this Board, that officer is the Chief Finance Officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014, in accordance with proper accounting practices (section 12 of the Local Government in Scotland Act 2003).
- Approve the Annual Accounts for signature. [Delegated to the Performance and Audit Committee.]

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 18 June 2025.

Signed on behalf of the Dundee City Integration Joint Board

Ken Lynn

Chair

Dundee City Integration Joint Board

Date:

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of Dundee City Integration Joint Board's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom ("the Code of Practice").

In preparing the Annual Accounts, the Chief Finance Officer has:

- selected suitable accounting policies and then applied them consistently;
- made judgements and estimates that were reasonable and prudent;
- complied with legislation;
- complied with the local authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- kept adequate accounting records which were up to date;
- taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board as at 31 March 2025 and the transactions for the year then ended.

Christine Jones FCCA

Acting Chief Finance Officer
Dundee City Integration Joint Board

Date:

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified Integration Joint Board members and staff.

The information in the tables on the following page is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: Integration Joint Board Chair and Vice Chair

The voting members of Dundee City Integration Joint Board are appointed through nomination by Dundee City Council and Tayside NHS Board. Nomination of the Integration Joint Board Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative. The details of the Chair and Vice Chair appointments are shown below:

Name	Post(s) held	Nominated by
B Benson	Chair – From 01 May 2024 Vice-Chair - From 23 October 2024	NHS Tayside
B Hamilton	Chair – From 14 December 2023 to 30 April 2024	NHS Tayside
K Lynn	Vice Chair – From 26 October 2022 Chair – From 23 October 2024	Dundee City Council

Dundee City Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Chair and Vice Chair are remunerated by their relevant Integration Joint Board partner organisation. Dundee City Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. No taxable expenses were paid to the Chair or Vice Chair of the Integration Joint Board in 2024/25.

Dundee City Integration Joint Board does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting Integration Joint Board members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of Dundee City Integration Joint Board

Dundee City Integration Joint Board does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board. Both the Chief Officer and Chief Finance Officer (Acting Chief Officer) of Dundee Integration Joint Board are employed by Dundee City Council and the Acting Chief Finance Officer is employed through NHS Tayside. All are funded by the IJB, and the remuneration and pension benefits of these roles are reported here.

Senior Employees

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the Integration Joint Board has to be appointed and the employing partner has to formally second the officer to the Integration Joint Board. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the Dundee City Integration Joint Board. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total Salary, Fees & Allowances 2023/24 £	Post	Senior Employees	Total Salary, Fees & Allowances 2024/25 £
135,763	Chief Officer to 16 October 24	Vicky Irons ¹	75,767
26,247	Acting Chief Officer from 17 January 2024	Dave Berry ²	135,477
85,548	Chief Finance Officer to 16 January 24	Dave Berry	0
16,284	Acting Chief Finance Officer from 17 January 2024	Christine Jones ³	83,837
263,842		Total	295,081

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the Dundee City Integration Joint Board balance sheet for the Chief Officer or any other officers. The Chief Officer and Acting Chief Officer are members of the Tayside Pension Fund which is a Local Government Pension Scheme (LGPS). The LGPS is a defined benefit statutory scheme, administered in accordance with the Local Government Scheme Regulations 2014. The Chief Officer was previously a member of the NHS Pension Scheme (Scotland) (until 15 February 2021). The Acting Chief Finance Officer is also a member of the NHS Pension Scheme. The scheme is an unfunded multi-employer defined benefit scheme. Details of the LGPS can be found in Dundee City Council's accounts and details of the NHS pension scheme can be found in NHS Tayside's accounts. Both documents are available on their respective websites.

Dundee City Integration Joint Board however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the Integration Joint Board. The following table shows the Dundee City Integration Joint Board's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

¹ V Irons Chief Officer - Retired 16th October 2024. FTE is £140,644.

² D Berry, Chief Finance Officer became Acting Chief Officer. FTE is £135,477.

³ C Jones Acting Chief Finance Officer. FTE is £83,837

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/24 £	For Year to 31/03/25 £		Difference from 31/03/24 £000	As at 31/03/25 £000
Vicky Irons Chief Officer	23,079	11,890	Pension	45.7	47
			Lump Sum	186	268
Dave Berry Acting Chief Officer/Chief Finance Officer (PY)	19,009	21,270	Pension	11	64
			Lump sum	15	85
Christine Jones ⁴ Acting Chief Finance Officer	N/A	18,863	Pension	N/A	18
			Lump Sum	N/A	0
Total	42,088	52,023	Pension	57	175
			Lump Sum	201	353

Pay band information is not separately provided as all staff pay information has been disclosed in the information above.

Exit Packages

There were no exit packages payable during the financial year.

Ken Lynn
Chair
Dundee City Integration Joint Board

Dave Berry
Chief Officer
Dundee City Integration Joint Board

Date:

Date:

⁴ Pension Information is not available for the Acting Chief Finance Officer. At the time of preparing the 2023/24 Accounts Pension information did not include remuneration related to the acting Chief Finance Officer role. Due to the accrued Pension Benefits available being related to a non specific officer role this could not be published.

Introduction

The Annual Governance Statement explains Dundee City Integration Joint Board’s governance arrangements and reports on the effectiveness of the Integration Joint Board’s system of internal control.

Scope of Responsibility

Dundee City Integration Joint Board (IJB) is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility, the Integration Joint Board has established arrangements for governance which include a system of internal control. The system is intended to manage risk to support the achievement of the Integration Joint Board’s policies, aims and objectives. Reliance is also placed on the NHS Tayside (NHST) and Dundee City Council (DCC) systems of internal control that support compliance with both organisations’ policies and promotes achievement of each organisation’s aims and objectives, as well as those of the Integration Joint Board. Reliance is similarly placed on Angus IJB and Perth & Kinross IJB with respect to Lead Partner Services.

The system can only provide reasonable and not absolute assurance of effectiveness.



The Governance Framework and Internal Control System

Dundee City IJB comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. All formal IJB governance committees continued to be held online throughout the 2024/25 financial year.

The IJB Board membership has seen some changes during 2024/25, including biennial rotation of IJB Chair. Additional support, induction and development sessions from Officers to new members continues to be offered where required.

The main features of the governance framework in existence during 2024/25 were:

- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for, and delivery of, delegated health and social care services is to be achieved reflecting a range of governance systems required to support this arrangement. The current version was reviewed by the statutory partners during 2021/22 and early 2022/23 with a revised scheme submitted to Scottish Ministers for approval at the end of June 2022 and final approval received in November 2022.

- The senior leadership structure of the Health and Social Care Partnership consists of the Chief Officer, Head of Finance and Strategic Services (Chief Finance Officer), two Heads of Service of Health and Community Care Services and professional leads for Nursing, AHP's and Primary Care. Lead support from other profession groups can also be accessed when required. The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.
- During the latter months of 2023/24 and through the whole of 2024/25, interim and contingency arrangements to support and supplement the senior leadership team were put in place to cover a period of absence. Acting Chief Officer, Acting Chief Finance Officer and Acting Head of Service, Strategic Services posts commenced on 17th January 2024, and continued throughout the year. The Acting Chief Officer was appointed to the post of Chief Officer from June 2025.
- In addition, following the retirement of one of the two Head of Service for Health and Community Care Services during April 2024, an interim replacement commenced in May 2024 and continued throughout the year.
- Formal regular meetings of the senior leadership team including professional leads, as well as regular meetings of extended leadership team.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2024/25.
- The Integration Joint Board met remotely on seven occasions throughout the year to consider its business. Five development sessions were also held in a hybrid format as part of the 2025/26 budget development process. A further six development sessions were held covering a range of governance, risk and strategy topics.
- The Integration Joint Board's Performance and Audit Committee met remotely on four occasions throughout the year to scrutinise the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector.
- The Integration Joint Board reviewed and approved the updated Terms of Reference for Performance and Audit Committee on 11 December 2024.
- Internal Audit arrangements for 2024/25 were approved at the Performance and Audit Committee meeting held on 25 September 2024, including the continuation of the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2024/25 was approved drawing on resources from both organisations.
- Assurances are provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report from the Clinical, Care and Professional Governance Group to each meeting of the Committee.

- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.
- Compliance with CIPFA's Financial Management Code

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2024/25 this included the following:

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.
- The provision of regular strategic risk register updates to the Performance and Audit Committee with an annual risk register report presented to the IJB.
- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate. Update reports on progress of the Internal Audit Plan were provided at each Performance and Audit Committee.
- The presentation of the IJB's Annual Performance Report.
- The approval of Best Value Arrangements and Assessment report providing assurance that governance arrangements and activities were in place to demonstrate best practice.
- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern, some of which were requested by the committee such as emergency readmission to hospital rates and discharge management on complex and standard delays. A further suite of indicators for Drug and Alcohol and Mental Health Services were adopted by and reported to the Performance and Audit Committee during the financial year.
- A process of formal, regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2024/25.
- The provision of regular budget development reports for 2025/26 to the Integration Joint Board.
- The IJB and Performance and Audit Committee minutes continue to reflect the nature of discussion and further agreed actions in addition to the availability of online access to, and recordings of meetings.
- The continued development of an Action Tracker with updates to each IJB and Performance and Audit Committee meeting to monitor progress of previously agreed actions and to provide assurance that actions were implemented as required.
- The provision of an assurance report from the Chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- Reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the group Chair's Assurance Report to each meeting of the Performance and

Audit Committee in line with the overarching strategy: Getting It Right for Everyone – A Clinical, Care and Professional Governance Framework with no major issues reported.

- A Directions Policy setting out the process for formulating, approving, issuing and reviewing directions to Dundee City Council and NHS Tayside.
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and supporting subsequent action plans.
- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee. Mapping work to develop revised reporting of outstanding Governance Actions has been completed and the next stage to refine and enhance the recording of these actions to show a clear link between source of required action, progress made and actions being taken continues to be developed.
- Assurance provided around the quality of Social Work Services through the annual Chief Social Work Officer's Annual Report.
- Assurances provided regarding arrangements to support the IJB to discharge its duties as a Category 1 Responder through provision of an annual report to the IJB.
- Reporting of Complaints and Feedback in relation to delegated Health and Social Care services, and continued roll-out of Care Opinion service to enhance capturing of feedback from patients, carers and service users.
- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council as advised through the partner bodies Annual Governance Statements and Annual Internal Audit Reports and relevant internal and external audit reporting.
- The provision of an annual report from the Performance and Audit Committee to the Integration Joint Board meeting on 11 December 2024 in relation to the PAC's activities during the year 2023/24.

Review of Adequacy and Effectiveness

Dundee City Integration Joint Board is required to conduct, at least annually, a review of the effectiveness of its governance framework including the system of internal control.

The review is informed by the work of the HSCP's Senior Management Team (who have responsibility for the development and maintenance of the internal control framework environment), the work of the internal auditors and the Chief Internal Auditor's annual report, and reports from external auditors and other review agencies and inspectorates.

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes a "Self-assessment Checklist" as evidence of review of key areas of the Integration Joint Board's internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

In addition, the review of the effectiveness of the governance arrangements and systems of internal control within the Health Board and Local Authority partners places reliance upon the

individual bodies' management assurances in relation to the soundness of their systems of internal control, including prevention and detection of counter fraud.

The Chief Finance Officer has completed a checklist developed by CIPFA to demonstrate compliance with their Financial Management Code designed to support good practice in financial management and to assist authorities in demonstrating their financial sustainability. Following this, the Chief Finance Officer has concluded compliance with all relevant standards.

Furthermore, in order to support the Chief Financial Officer in ensuring they have fulfilled their duties, a Statement on the Role of the Chief Financial Officer checklist has been completed which notes all relevant requirements have been met.

In preparing the Annual Governance Statement, the Integration Joint Board gave consideration to both NHS Tayside and Dundee City Council's Annual Governance Statements. There were no issues arising which require any further disclosure in the Integration Joint Board's Governance Statement.

Throughout the year, the Performance and Audit Committee has considered a range of issues which cover its core responsibilities in providing the Integration Joint Board with independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of the financial reporting and governance arrangements. Assurances are provided through the internal audit reviews undertaken throughout the financial year and presented to the Performance and Audit Committee.

The Scottish Government Directorate for Mental Health advised NHS Tayside on the 22nd August 2024 that they proposed to provide enhanced support for Psychological Therapies which is hosted by Dundee Health and Social Care Partnership in Tayside as lead partner. This was due to an increase in waiting lists and a decrease in performance against the waiting times standard which had decreased from 93.6% in December 2021 to 70.9% in March 2024. The aim of the enhanced support was to achieve a decrease in the number of those waiting over 18 weeks, and improvement in performance against the standard and improvement in the integration of psychological therapies with wider mental health services. The reduction in performance was largely driven by available workforce and pressures on financial resources. In response, a local delivery plan has been developed and submitted to the Scottish Government which includes ongoing recruitment activity to increase the workforce. There has been a gradual improvement in performance to 75.6% for the waiting times standard as at December 2024.

The IJB moved into Financial Recovery in August 2024 following financial monitoring reporting that the projected overspend for 2024/25 would exceed the Financial Plan for the year, and (without action) would have also fully utilised the IJB's General Reserves as well as requiring additional funding from the Partner bodies to cover the gap. The move into Financial Recovery is laid out in the IJB's Scheme of Integration. The plan implemented measures and actions needed to deliver in-year financial recovery and ongoing financial sustainability. The Year End financial position showed signs of improved financial performance during the remainder of the year as a result of implemented controls.

A national report from the Accounts Commission titled "Integration Joint Boards' Finance Bulletin 2023/24" was published in March 2025 highlighting the precarious financial conditions faced by IJB's across the country as a result of increasing demand, complexity of care and workforce difficulties and characterised by overspending, depletion of reserves and reliance on one-off savings. As a result of local financial challenges alongside the national financial context, strategic risk assessment was increased accordingly.

The IJB approved a number of Transformation reports during 2024/25 to reflect changing demands, reprioritisation of resources and new ways of working. These include cessation of Practical Support Service, revised model of care at MacKinnon Centre, and release of Transformation funding to support developments within Palliative Care Services, ADHD services and Frailty Pathway.

Legislation to introduce a National Care Service (Scotland) continued to progress through the Parliamentary process during 2024/25. Amended proposals were published in January 2025. There remains a degree of uncertainty about future arrangements for the IJB and timing for implementation of planned changes.

During 2024/25 the IJB's Performance and Audit Committee was presented with Internal Audit report D06/24, relating to the Workforce, which was outstanding from the 2023/24 Audit Programme. The audit assessed the arrangements in place to consider the design and operation of the controls related to the development of the Workforce plan. The review provided limited assurance and highlighted findings relating to limited modelling of demand to support effective planning for future workforce requirements and limited effectiveness of Workforce Strategic Risk Register to support management actions or assess controls to mitigate risks.

The Internal Control Evaluation D05/24 was combined with D03/25 Annual Report and was issued in June 2024. Governance and Assurance (D04/24) was completed in November 2024 following an update to the Governance Action Plan.

As part of the 2024/25 Internal Audit Plan, the Internal Control Evaluation (D03/25) and Annual Report (D04/25) are scheduled to be issued in June 2025. Fieldwork is ongoing for Lead Partner Services report (D05/25).

The IJB consolidated its development work around risk management through continuous reviews of the IJB's Strategic Risk Register at each meeting of the Performance and Audit Committee. This led to identification of new risks, review of emerging and escalating risks from wider political, financial and strategic implications through horizon scanning and the removal of other risks no longer considered relevant or subsumed within other risks. Development sessions were undertaken during 2024/25 with further sessions planned during 2025/26 to develop the IJB's assessment of its risk appetite. The IJB's High risk areas are Staff Resource; Lack of Capital Investment in Health and Social Care Integrated Community Facilities (including Primary Care); Unable to Maintain IJB Spend; and Restrictions on Public Sector Funding

The Tayside Risk Management Group, consisting of risk management leads from the three Tayside IJB's, the corresponding local authorities and NHS Tayside and chaired by Dundee IJB's Chief Officer continued to meet during the year to streamline risk reporting arrangements, share risk intelligence and develop best practice.

Following on from the agreement of the revised Integration Scheme in December 2022, the IJB has developed and adopted a Directions Policy which will enhance the governance, transparency and accountability between the IJB, Dundee City Council and NHS Tayside by clarifying responsibilities and relationships and support the IJB in exercising its legal powers to ensure the IJB's Strategic Commissioning Plan is delivered. This was approved by the IJB in April 2023. An Annual Review of 2024/25 Directions issued by the IJB to provide assurance that these have been issued and implemented appropriately was undertaken by PAC on 21 May 2025.

Following receipt of a report from the Equality and Human Rights Commission (EHRC) with regard to compliance with the Public Sector Equality Duty, the IJB reviewed its arrangements

and implemented a range of improvements to ensure compliance with the duties. This included improvements to the Integrated Impact Assessment reporting within formal IJB and PAC reports, more accessible public access to these assessments on the IJB's website and the provision of a development session for IJB members and workshop for IJB report authors to ensure full understanding of the requirements of the duties. Following feedback from authors and IJB members, some of the format and content was reviewed and updated in April 2024 with the refreshed version being used from 2024/25. The EHRC undertook a further audit of IJB practice in early 2025 and have confirmed to the Chief Officer that Dundee IJB was found to be in compliance with all elements of the Public Sector Equality Duty that were audited.

In January 2023 the Alcohol and Drug Partnership published their Strategic Framework 2023-2028: Working Together to Prevent Harm and Support Recovery, along with a supporting two-year delivery plan. This plan was developed to provide a single, prioritised framework that addresses national policy priorities and local needs. Importantly, the revised framework also extends to cover alcohol related harm, as well as drugs. The strategic framework sets out the Alcohol and Drug Partnership's (ADP) vision that "People in Dundee thrive within safe, nurturing and inclusive communities, supported by accessible and effective alcohol and drug services that focus on prevention, protection, harm-reduction, resilience and recovery." The overarching 5-year Strategic Framework is supported by a Two-Year Delivery Plan (2023-2025) and Investment and Commissioning Plan (2023-2025). A progress report on Year One of the Delivery Plan was published during 2024/25.

Dundee ADP also oversees the ongoing local implementation of national Medication Assisted Treatment (MAT) Standards. The 3rd annual benchmarking report was published in summer 2024, covering progress to April 2024. Dundee has continued to make good progress each year, with grading of Green for MAT1-5 and Provisional Green for MAT6-9 in 23/24.











The Protecting People Annual Report 2023-24 was published in November 2024 providing an update on the collaborative multi-agency work undertaken across Dundee in developing an effective partnership response to the needs of at risk children and adults.







Dundee City Integration Joint Board complies in full with "The Role of the Head of Internal Audit in Public Organisations" (CIPFA) and operates in accordance with "Public Sector Internal Audit Standards" (CIPFA). The Chief Internal Auditor reports directly to the Performance and Audit Committee with the right of access to the Chief Finance Officer, Chief Officer and Chair of the Performance and Audit Committee on any matter. The annual programme of internal audit work is based on a strategic risk assessment, and is approved by the Performance & Audit Committee.




The Chief Internal Auditor has carried out a review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2024/25 presented to the IJB meeting of the 18 June 2025 which supports the outcome of Dundee City IJB's self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board's governance arrangements and systems of control for 2024/25.

Continuous Improvement

The following areas for improvement have been identified through the self-assessment process, the Governance Action Plan and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2025/26.

Area for improvement	Lead Officer	Target Completion Date	RAG Status
Reporting on workforce issues including the Integrated Workforce Plan as well as the partnership forum.	Chief Officer	January 2025	
Further development of improved Lead Partner Services arrangements around risk and performance management for lead partner services.	Chief Finance Officer	December 2024–September 2025	
Ongoing development of performance report information into a delivery plan framework to ensure the HSCP fulfils its remit in delivering the direction of travel within the IJB's Strategic Commissioning Framework.	Chief Finance Officer	October 2025	
Further development of governance arrangements considering agreed governance principles and updated advice from the Scottish Government Health & Social care Division including an IJB assurance plan to ensure assurance on all IJB risks including from partner bodies. Continue to provide an annual report from the PAC to the IJB to provide assurance that it has met its remit.	Chief Officer	December 2024	
Update the Board and PAC on progress in delivering against the remaining actions in the risk maturity action plan following adoption of Tayside IJB's Risk Management Framework.	Chief Finance Officer	January 2025–September 2025	
Work to fully implement the actions in the Integrated Workforce Plan. Strive towards ensuring that the DH&SCP culture becomes fully embedded. Engage staff in developing and maintaining the partnership culture as well as sharing and embedding the guiding principles.	Lead Allied Health Professional/ Head of Service Health & Community Care / Chief Finance Officer	January 2025	
Review attendance at groups based on agreed principles. Attendance at partner groups should be based on a consideration of whether this is necessary to provide assurance to allow the partner body to fulfil their agreed responsibilities in line with their accountabilities	Chief Officer	March 2025–September 2025	
Review best practice guidance document to ensure the operation of all groups conforms to the various principles detailed in the Governance Mapping report.	Chief Finance Officer	December 2024	
Review and implement the recommendations from the Internal Audit Review of Performance Management arrangements	Chief Finance Officer	May 2025–September 2025	
Review and further develop Strategic Plan Performance Measures for implementation of the IJB's Strategic Plan	Chief Finance Officer	December 2024–December 2025	

Review and implement the recommendations from the Internal Audit Review of Viability of External Providers	Chief Finance Officer	December 2024	
Completion of mapping and progress towards resolution of outstanding items on Governance Action Plan	Chief Finance Officer	November 2024	
Annual Strategic Risk Register report to be considered by PAC for review and endorsement prior to submission to IJB	Chief Finance Officer	May 2025	
Annual report to PAC detailing Directions issued, in line with Directions policy (including progress reports from the partners where appropriate)	Chief Officer	May 2025	
Review and adoption of FTF's Assurance Principles across governance groups of IJB	Chief Officer	October 2025	
Further enhancement of Financial Monitoring reports to provide details of financial performance against plan and progress towards delivery of savings targets	Chief Finance Officer	October 2025	

Risk Assessment		Definition
Green		On track or complete
Amber		In progress with minor delay
Red		Not on track (reason to be provided)

Conclusion and Opinion on Assurance

While recognising that improvements are required, as detailed above, it is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of Dundee City Integration Joint Board's governance arrangements.

We consider that the internal control environment provides reasonable and objective assurance that any significant risks impacting on the Integration Joint Board's principal objectives will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to regularly review and improve the internal control environment.

Ken Lynn
Chair
Dundee City Integration Joint Board

Dave Berry
Chief Officer
Dundee City Integration Joint Board

Date:

Date

The Financial Statements: Comprehensive Income & Expenditure Statement

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The Comprehensive Income and Expenditure Statement shows the cost of providing services which are funded by budget requisitions from the partners for the year according to accepted accounting practices.

2023/24	2023/24	2023/24		2024/25	2024/25	2024/25
Gross Expenditure £000	Gross Income £000	Net Expenditure (Income) £000		Gross Expenditure £000	Gross Income £000	Net Expenditure (Income) £000
94,334	0	94,334	Older People Services	103,262	0	103,262
29,665	0	29,665	Mental Health	32,649	0	32,649
43,056	0	43,056	Learning Disability	46,968	0	46,968
11,051	0	11,051	Physical Disability	10,796	0	10,796
10,580	0	10,580	Substance Misuse	10,455	0	10,455
20,180	0	20,180	Community Nurse Services / AHP* / Other Adult Services	20,697	0	20,697
14,808	0	14,808	Community Services (Lead Partner)***	15,496	0	15,496
8,036	0	8,036	Other Services / Support / Management	7,206	0	7,206
34,189	0	34,189	Prescribing	34,986	0	34,986
30,953	0	30,953	General Medical Services (FHS**)	33,362	0	33,362
24,016	0	24,016	FHS – Cash limited & Non-Cash Limited	25,291	0	25,291
320,868	0	320,868	Net Cost of Operational Services during the Year	341,169	0	341,169
407	0	407	IJB Operational Costs	420	0	420
0	0	0	Central Support	0	0	0
21,711	0	21,711	Large Hospital Set Aside	21,850	0	21,850
342,986	0	342,986	Total Cost of Services	363,439	0	363,439
0	(232,498)	(232,498)	Income NHST	0	(245,083)	(245,083)
0	(104,333)	(104,333)	Income DCC	0	(112,278)	(112,278)
342,986	(336,831)	6,155	(Surplus) or Deficit on Provision of Services	363,439	(357,361)	6,078
		6,155	Total Comprehensive Income & Expenditure			6,078

Notes

* AHP – Allied Health Professionals

** FHS – Family Health Services

*** Reflects the impact of lead partner services not attributable to specific client groups

Dundee City Integration Joint Board's Comprehensive Income and Expenditure Statement shows the net commissioning expenditure provided to partners to support services. It does not separately detail income received from service users as this remains the statutory responsibility of the partners.

Movement in Reserves Statement

This statement shows the movement in the year on the Dundee City Integration Joint Board's reserves.

Total Reserves 2023/24 £000	Movements in Reserves	General Fund Balance Total Reserves £000
23,968	Opening Balance at 31 March 2024	17,813
(6,155)	Total Comprehensive Income and Expenditure	(6,078)
(6,155)	Increase/(Decrease)	(6,078)
17,813	Closing Balance at 31 March 2025	11,735

The Balance Sheet shows the value as at the Balance Sheet date of the assets and liabilities recognised by Dundee City Integration Joint Board.

31 March 2024 £000		Notes	31 March 2025 £000
17,878	Short Term Debtors	Note 6	11,891
17,878	Current Assets		11,891
(65)	Short Term Creditors	Note 7	(156)
(65)	Current Liabilities		(156)
17,813	Net Assets		11,735
17,813	Usable Reserve: General Fund	Note 8	11,735
17,813	Total Reserves		11,735

The unaudited accounts were issued on 18 June 2025

Christine Jones, FCCA
Acting Chief Finance Officer
Dundee City Integration Joint Board

Date:

1. Significant Accounting Policies

General Principles

The Financial Statements summarise Dundee City Integration Joint Board's transactions for the 2024/25 financial year and its position at the year-end of 31 March 2025. The Dundee City Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25, supported by International Financial Reporting Standards (IFRS), and statutory guidance issued under Section 12 of the Local Government in Scotland Act 2003.

The accounts are prepared on a going concern basis, which assumes that the Dundee City Integration Joint Board will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the Dundee City Integration Joint Board.
- Income is recognised when the Dundee City Integration Joint Board has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

Funding

Dundee City Integration Joint Board is primarily resourced through funding contributions from the statutory funding partners, Dundee City Council and NHS Tayside. Expenditure is incurred as the Integration Joint Board commission's specified health and social care services from the funding partners for the benefit of service recipients in the Dundee City Integration Joint Board area.

Cash and Cash Equivalents

Dundee City Integration Joint Board does not operate a bank account or hold cash. Transactions are settled on behalf of Dundee City Integration Joint Board by the funding partners. Consequently, Dundee City Integration Joint Board does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on Dundee City Integration Joint Board's Balance Sheet.

Employee Benefits

Dundee City Integration Joint Board does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. Dundee City Integration Joint Board therefore does not present a Pensions Liability on its Balance Sheet. Dundee City Integration Joint Board has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Reserves

The Dundee City Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2025 shows the extent of resources which the Dundee City IJB can use in later years to support service provision.

Indemnity Insurance

Dundee City Integration Joint Board has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Tayside and Dundee City Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. Unlike NHS Boards, Dundee City Integration Joint Board does not have any 'shared risk' exposure from participation in Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). Dundee City Integration Joint Board participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

The Dundee City IJB currently has no known or potential claims against it.

2. Critical Judgements and Estimation Uncertainty

Critical Judgements in Applying Accounting Policies

In applying the accounting policies set out in Note 1, the Dundee City Integration Joint Board has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Annual Accounts are:

The value of the Large Hospital "set aside" expenditure reported within the total Integration Joint Board expenditure is £21.850m. This figure for 2024/25 has been agreed with NHS Tayside and will be included in both the NHS Tayside and Dundee City IJB annual accounts. The figure is calculated on the basis of activity and costs extracted from local datasets. In line with national guidance issued, bed day rates were adjusted to reflect a direct cost per occupied bed day, uplifted for inflation. As such, the sum set aside included in the accounts will not reflect actual hospital cost in 2024/25. This is a transitional arrangement for 2024/25 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards and with the Scottish Government. Work continues at a national and local level to refine the methodology for calculating and planning the value of this in the future.

On behalf of all IJBs within the NHS Tayside area, Dundee City IJB acts as the lead partner under hosting arrangements for a range of services including Specialist Palliative Care, Brain Injury, Nutrition and Dietetics, Sexual and Reproductive Health and Psychological Therapies. It commissions services on behalf of the three Tayside IJB's and is responsible for the strategic planning and operational budget of those lead partner services. The Dundee City IJB reclaims the cost of these services using an agreed methodology based around population shares from the other IJB's. Dundee City IJB is not responsible for covering the full cost of any overspends

in these areas, nor do they retain the full benefits of any underspends. The Dundee City IJB will also receive a corresponding charge from the other Tayside IJB's for the services they lead on Dundee's behalf. This arrangement is treated as an agency arrangement.

Assumptions Made About the Future and Other Major Sources of Estimation Uncertainty

The Annual Accounts contain estimated figures that are based on assumptions made by the Dundee City Integration Joint Board about the future or that which are otherwise uncertain. Estimates are made taking into account historical experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates.

3. Events after the Reporting Period

It is considered that there have been no events occurring between 1 April 2025 and the date the accounts were authorised for issue that would have an impact on the 2024/25 financial statements.

4. Expenditure and Income Analysis by Nature

2023/24 Gross Expenditure £000	2023/24 Gross Income £000	2023/24 Net Expenditure (Income) £000	Description	2024/25 Gross Expenditure £000	2024/25 Gross Income £000	2024/25 Net Expenditure (Income) £000
205,797		205,797	Services commissioned from NHS Tayside	214,588		214,588
136,782		136,782	Services commissioned from Dundee City Council	148,431		148,431
374		374	Other IJB Operating Expenditure	386		386
33		33	Auditor Fee: External Audit Work	34		34
	(232,498)	(232,498)	Partners Funding Contributions – NHS Tayside		(245,083)	(245,083)
	(104,333)	(104,333)	Partners Funding Contributions – Dundee City Council		(112,278)	(112,278)
342,986	(336,831)	6,155	(Surplus) or Deficit on the Provision of Services	363,439	(357,361)	6,078

5. Taxation and Non-Specific Grant Income

2023/24 £000	Description	2024/25 £000
(232,498)	Funding Contribution from NHS Tayside	(245,083)
(104,333)	Funding Contribution from Dundee City Council	(112,278)
(336,831)	Taxation and Non-Specific Grant Income	(357,361)

The funding contribution from the NHS Board shown above includes £21.850m in respect of 'set aside' resources relating to acute hospital and other resources (Large Hospital Set Aside). Dundee City Integration Joint Board has responsibility for the strategic planning of the amount set aside based on the local population's consumption of these resources. NHS Tayside has the responsibility to manage the costs of providing these services. The value of the set aside

is calculated on the basis of activity and costs extracted from local datasets. The methodology of calculating future values of the Large Hospital Set Aside is being developed locally and nationally.

6. Debtors

2023/24 £000	Description	2024/25 £000
8,203	NHS Tayside	10,468
9,675	Dundee City Council	1,423
17,878	Total Debtors	11,891

7. Creditors

2023/24 £000	Description	2024/25 £000
22	NHS Tayside	131
43	Other Bodies	23
0	Other Government Bodies	3
0	Dundee City Council	0
65	Total Creditors	156

8. Usable Reserve: General Fund

Dundee City Integration Joint Board holds a general reserve balance in line with its reserves policy for two main purposes:

- To commit, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management with resources to be used in line with the delivery of the IJB's Strategic and Commissioning Plan.
- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the Dundee City Integration Joint Board's risk management framework.

As stated in the IJB's reserves policy, in light of the size and scale of the Integration Joint Board's operations, over the longer term it is considered that it would be an aspiration to achieve a level of general reserves which represent approximately 2% of net expenditure. The value of reserves must be reviewed annually as part of the Integration Joint Board's Budget and Strategic and Commissioning Plan and in light of the financial environment at that time.

Under the IJB's reserves policy, committed reserves relate to specific funds for specific purposes and will only be used for these purposes, often spanning multiple years. Whilst these reserves are fully committed and therefore not free to use, these are regularly monitored. Any change of use, or decisions relating to residual balance will require the approval of the IJB.

The movement reflects the impact of funding for specific initiatives during 2024/25. The committed reserves balance of £10,713k has been committed by the Dundee City Integration

Joint Board through the planned reinvestment of Scottish Government ring fenced funding in line with the conditions of this funding for Primary Care Improvement Plan, Action 15 Mental Health Strategy and Alcohol and Drug Partnership. In addition, Dundee City Integration Joint Board has made decisions to commit reserves for specific purposes such as to support strategic developments and revenue budget support during 2024/25 and 2025/26. A detailed breakdown of these reserves is noted below:

Committed Reserves	Balance at 31-Mar-24 £000	Financial Plan 2024/25 £000	Restated 31-Mar-24 £000	Movement 2024/25 £000	Balance at 31-Mar-25 £000
Mental Health	1,036		1,036	(795)	241
Primary Care	1,858		1,858	75	1,933
Service Specific	1,452		1,452	(1,002)	450
Drug & Alcohol	559		559	367	926
Strategic Developments	1,756	2,000	3,756	(1,758)	1,998
Revenue Budget Support	4,000		4,000	1,950)	2,050
NHST – System Pressures	0		0	2,959	2,959
Other Staffing	363		363	(207)	156
Total Committed Reserves	11,024	2,000	13,024	(2,311)	10,713
Uncommitted Reserves	6,789	(2,000)	4,789	(3,767)	1,022
Total – General Fund Balances	17,813	0	17,813	(6,078)	11,735

9. Related Party Transactions

The Dundee City Integration Joint Board has related party relationships with NHS Tayside and Dundee City Council. In particular the nature of the partnership means that the Dundee City Integration Joint Board may influence, or be influenced by, its partners. The following transactions and balances included in Dundee City Integration Joint Board's accounts are presented to provide additional information on the relationships. Dundee City Integration Joint Board is required to disclose material transactions with related parties – bodies or individuals that have the potential to control or influence Dundee City Integration Joint Board or to be controlled or influenced by Dundee City Integration Joint Board. Related party relationships require to be disclosed where control exists, irrespective of whether there have been transactions between the related parties. Disclosure of these transactions allows readers to assess the extent to which the Dundee City Integration Joint Board may have been constrained in its ability to operate independently or might have secured the ability to limit another party's ability to bargain freely with Dundee City Integration Joint Board.

Dundee City Integration Joint Board Members

Board members of Dundee City Integration Joint Board have direct control over the Board's financial and operating policies. The Dundee City Integration Joint Board membership is detailed on page 6 of these statements. Board members have the responsibility to adhere to a Code of Conduct, which requires them to declare an interest in matters that directly or indirectly may influence, or be thought to influence their judgement or decisions taken during the course of their work. In terms of any relevant parties, board members with declarations of

interest did not take part in any discussion or decisions relating to transactions with these parties.

Officers

Senior Officers have control over Dundee City Integration Joint Board's financial and operating policies. The total remuneration paid to senior officers is shown in the Remuneration Report. Officers have the responsibility to adhere to a Code of Conduct, which requires them to declare an interest in matters that directly or indirectly may influence, or be thought to influence their judgement or decisions taken during the course of their work. In terms of any relevant parties, officers with declarations of interest did not take part in any discussion or decisions relating to transactions with these parties.

Key Management Personnel

The Non-Voting Board members employed by Dundee City Council and recharged to the Dundee City Integration Joint Board include the Chief Officer and the Chief Finance Officer. Details of the remuneration for these post-holders is provided in the Remuneration Report.

Transactions with NHS Tayside

2023/24 £000	Description	2024/25 £000
232,498	Funding Contributions received from the NHS Tayside Board	245,083
(205,797)	Net Expenditure on Services Provided by the NHS Tayside Board	(214,588)
26,701	Net Transactions with NHS Tayside	30,495

NHS Tayside did not charge for any support services provided in the year ended 31 March 2025 (2024: nil)

Balances with NHS Tayside

2023/24 £000	Description	2024/25 £000
8,203	Debtor balances: Amounts due from the NHS Board	10,468
(22)	Creditor balances: Amounts due to the NHS Board	(131)
8,180	Net Balance with the NHS Board	10,337

Transactions with Dundee City Council

2023/24 £000	Description	2024/25 £000
104,333	Funding Contributions received from Dundee City Council	112,278
(137,189)	Net Expenditure on Services Provided by Dundee City Council	(148,851)

(32,856)	Net Transactions with Dundee City Council	(36,573)
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Dundee City Council did not charge for any support services provided in the year ended 31 March 2025 (2024: nil).

The Net Expenditure on Services Provided by Dundee City Council figure includes IJB Operating Expenditure of £420k (2024: £407k).

Balances with Dundee City Council

2023/24 £000	Description	2024/25 £000
9,675	Debtor balances: Amounts due from Dundee City Council	1,423
0	Creditor balances: Amounts due to Dundee City Council	0
9,675	Net Balance with Dundee City Council	1,423

10. Value Added Tax (VAT)

Dundee City IJB is not a taxable person and does not charge or recover VAT on its functions. The VAT treatment of expenditure in the Dundee City IJB's accounts depends on which of the partner agencies is providing the service as these are treated differently for VAT purposes. The services provided to Dundee City IJB by the Chief Officer are outside the scope of VAT as they are undertaken under a special legal regime.

11. Agency Income and Expenditure

On behalf of all Integration Joint Boards within the NHS Tayside area, the Dundee City Integration Joint Board acts as the lead manager for a variety of Community, Older People, Physical Disability, Mental Health and Learning Disability Services. It commissions services on behalf of the other Integration Joint Boards (Perth & Kinross and Angus) and reclaims the costs involved. The payments that are made on behalf of the other Integration Joint Boards, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the Dundee City Integration Joint Board is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

2023/24 (£000)	Description	2024/25 (£000)
16,932	Expenditure on Agency Services	18,221
(16,932)	Reimbursement for Agency Services	(18,221)
0	Net Agency Expenditure Excluded from CIES	0

12. Provisions and Contingent Liabilities

Dundee City Integration Joint Board has currently made no provisions. This does not prohibit Dundee City Integration Joint Board making provisions in the future and will where necessary consider the needs for a provision based on the merits of the incumbent circumstances at a relevant future point.

Contingent Liability

As part of the NHS Scotland Agenda for Change pay deal for 2023/24 it was agreed to look at modernisation of staff terms and conditions. The three commitments were made –

- Implementation of protected learning time
- Review of the working week
- Review of Band 5 nursing profiles

NHS Circular PCS(AFC)2024/3 issued by SG in June 2024 gave clarity on the review of Band 5 nursing roles. To the extent that related costs can be accounted for with an accrual or provision, there remains an unquantifiable contingent liability associated with the Band 5 nursing review at the year end. There is no end date for applications, and data on the likely outcome of reviews is not yet available.

13. Accounting Standards that have been issued but not adopted

There were no material impact on the Integration Joint Board of an accounting standards that have been issued but are not yet adopted in the 2024/25 Code of Practice on Local Authority Accounts in the United Kingdom.

Independent auditor's report to the members of Dundee City Integration Joint Board and the Accounts Commission

The Annual Accounts are subject to audit in accordance with the requirements of Part VII of the Local Government (Scotland) Act 1973.

The Auditor appointed for this purpose by the Accounts Commission for Scotland is:

Rachel Browne

Audit Director

Audit Scotland

4TH Floor

102 West Port

Edinburgh

EH3 9DN

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 JUNE 2025

REPORT ON: FINANCIAL MONITORING POSITION AS AT MARCH 2025

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB38-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the year-end 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 year-end operational financial position for delegated services for the 2024/25 financial year end as at 31st March 2025 as outlined in Appendices 1, 2, and 3 of this report.
- 2.2 Notes the receipt of additional funding from NHS Tayside (from Scottish Government allocations) during 2024/25 to support whole system pressures and sustainability, and notes approval has been sought as part of earlier report on Unaudited Annual Accounts 2024-25 (DIJB41-2025) to earmark this within IJB Reserves to support whole-system and financial pressures in 2025/26.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2025 shows a year end operational overspend of £7,216k (£7,892k projected overspend detailed in previous report DIJB26-2025 Article XI of the minute of meeting of 16th April 2025 refers) – of which £4,000k was anticipated as part of the 2024/25 financial plan however the additional £3,216k 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 held a further £4,789k in General Reserves, which have partially been utilised to fund the unplanned and unanticipated projected overspend, leaving a balance of £1,573k at 31st March 2025.
- 3.4 It should continue to be recognised that as the majority of Reserves have been 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 27th March 2024 (Article IV of the minute of the meeting of 27 March 2024 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 Final 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.

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 £3,366k for the financial year, an improvement from £4,140k projected overspend in the previously reported position.
- 4.3.2 Older People Services contribute a significant portion of this, with an overspend of £3,391k (deterioration from £3,243k). The majority of this continues to be due to Care at Home demands and costs of care packages. It should continue to be recognised 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 continued to be highlighted to colleagues in Scottish Government. Actions were taken through the year to manage and reduce the level of overspend with efforts to ensure maximum efficiency through the autumn and winter to limit any detrimental impact on whole-system pathways, and the focus subsequently switching to reduce the spend in a controlled and managed way through effective use of resources (including technology), assessment processes, turnover of packages and increased waiting times as needed.
- 4.3.3 Learning Disabilities services contribute a further £1,680k overspend to the position (improvement from £1,706k), predominantly linked to staffing related spend (both internal and commissioned services) across complex packages of care, day care and residential care. The overspend 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 an overspend of £374k (deterioration from £238k), predominantly linked to planned interim over-recruitment in Community Nursing Teams (£636k overspend) to help address demand and alleviate pressures on staff while progressing an internal restructuring of the service, which is also anticipated to reduce reliance of bank staff to fill gaps. Community Nursing team managers have been 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 an overspend of £127k (previous £406k) and includes overspends within Specialist Palliative Care Services of £446k and Psychological Therapies of £87k. 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, with this being offset in the year end position through inclusion of additional in-year funding allocations within the service.
- 4.3.6 Other Contractors includes GP Prescribing, General Medical Services and Family Health Services and is showing a combined overspend of £96k (previous £210k). The main change from previous month is in GP Prescribing, which has benefitted from year-end adjustments relating to rebates. A significant portion of this is linked to the costs of operating the 2C GP Practices (£197k). 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 Supplementary spend during the 12 months of 2024/25 totals £7,189k. This includes £1,381k on additional part-time hours and overtime, £1,744k on agency, and £4,064k on bank nursing / sessional staffing. Absence rates for NHS employed staff within HSCP have averaged at 7.27% during the 12 months of 24/25. The working days lost for DCC employed staff within the HSCP during the 12 months was 10.50%.
- 4.3.10 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 year end position is based on 10 months actual data to January 25 and show an anticipated projected underspend of (£280k) 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 £247k – 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. During the year, there was 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 has been 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.

4.4.3 The Dundee IJB share of Tayside In-Patient Mental Health Service delegated budget for 2024/25 is £14,500k. The Dundee share of operational overspend was £1,558k and has been funded from resources in Health and Community Care Services. The key drivers of the overspend continues to be reliance on locum medical staff (with associated high cost) and additional staffing costs in both Learning Disability and Mental Health wards associated with staff absence and complexity of patients.

4.5 Actions to resolve Financial Gap

4.5.1 Through the year 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.

4.5.5 As a result of actions taken, the 2024/25 Financial position improved from the peak projected overspend of £9,005k as at August 2024 (report DIJB61-2024, Article IX of the minute of meeting of 23 October 2024 refers), to the reported full year position of £7,216k overspend as at March 2025.

4.6 Reserves Position

4.6.1 The IJB's reserves position was reduced at the year ended 31st 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 21st August 2024 refers), the Reserves breakdown has been restated.

4.6.2 Following year-end movements to Reserves based on relevant expenditure and movements during 2024/25, the breakdown of Closing Reserves for the financial year is noted below in Table 1 :

Table 1

Reserve Purpose	Closing Reserves @ 31/3/24 (restated)	Closing Reserves* @ 31/3/25
	£k	£k
Mental Health	1,036	241

Primary Care	1,859	1,933
Drug & Alcohol	559	926
Strategic Developments	3,756	1,998
Revenue Budget Support	4,000	2,050
Service Specific	1,452	450
NHST – system pressures**	0	2,959
Other Staffing	362	156
Total committed	13,024	10,713
General	4,789	1,022
TOTAL RESERVES	17,813	11,735

* Includes adjustments following decisions made at IJB meeting on 26th March 2025.

** Subject to IJB agreement as detailed in recommendation 2.2 of this report

- 4.6.3 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.
- 4.6.4 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.
- 4.6.5 IJB Reserves have been bolstered at the financial year end following receipt from NHS Tayside of a pass-through of additional Scottish Government funding in recognition of system and financial pressures. This funding totals £2,959k and is proposed to be set aside in an Earmarked Reserve to support the 2025/26 financial plan (as detailed in separate Unaudited Annual Accounts 2024-25 report DIJB41-2025).

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

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 26 May 2025

		Appendix 1
DUNDEE INTEGRATED JOINT BOARD		
HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2024/25		Mar-25
	Partnership Total	
	Net Budget £,000	Year End Overspend / (Underspend) £,000
Older Peoples Services	78,637	3,391
Mental Health	13,795	274
Learning Disability	36,859	1,680
Physical Disabilities	8,733	(515)
Drug and Alcohol Recovery Service	6,686	(196)
Community Nurse Services/AHP/Other Adult	19,324	374
Lead Partner Services	29,826	127
Other Dundee Services / Support / Mgmt	40,667	(443)
Centrally Managed Budgets	665	(1,324)
Total Health and Community Care Services	235,192	3,366
Prescribing & Other FHS Prescribing	35,267	(280)
General Medical Services	33,564	470
FHS - Cash Limited & Non Cash Limited	25,384	(93)
Large Hospital Set Aside	21,850	0
In-Patient Mental Health	14,500	0
Total	365,757	3,462
Net Effect of Lead Partner Services*	(5,478)	(247)
Financial Plan Gap (integrated budget)	(4,000)	4,000
Grand Total	356,279	7,216
*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	
		Mar-25	
		Partnership Total	
		Annual Budget £,000	Year End Overspend / (Underspend) £,000
1			
	Psych Of Old Age (In Pat)	5,846	-711
	Older People Serv. - Ecs	287	-28
	Older Peoples Serv. -Community	1,267	22
	Ijb Medicine for Elderly	7,124	-55
	Medical (P.O.A)	916	230
	Psy Of Old Age - Community	3,078	-236
	Medical (MFE)	2,653	-145
	Care at Home	29,508	4,733
	Care Homes	29,743	597
	Day Services	1,300	-194
	Respite	540	-412
	Accommodation with Support	1,194	5
	Other	-4,818	-415
	Older Peoples Services	78,637	3,391
2			
	Community Mental Health Team	4,891	-13
	Tayside Adult Autism Consultancy Team	385	-8
	Care at Home	1,152	9
	Care Homes	643	415
	Day Services	65	0
	Respite	-3	50
	Accommodation with Support	5,818	197
	Other	844	-376
	Mental Health	13,795	274
3			
	Learning Disability (Dundee)	1,770	-76
	Care at Home	-320	497
	Care Homes	3,321	428
	Day Services	9,802	654
	Respite	480	-100
	Accommodation with Support	23,975	482
	Other	-2,169	-206
	Learning Disability	36,859	1,680
4			
	Care at Home	1,101	254
	Care Homes	2,238	-739
	Day Services	76	-3
	Respite	-43	41
	Accommodation with Support	813	65
	Other	4,548	-133
	Physical Disabilities	8,733	-515
5			
	Dundee Drug Alcohol Recovery	5,190	12
	Care at Home	0	0
	Care Homes	380	291
	Day Services	70	1
	Respite	0	0
	Accommodation with Support	350	-134
	Other	696	-367
	Drug and Alcohol Recovery Service	6,686	-196

		Partnership Total	
		Annual Budget £,000	Year End Overspend / (Underspend) £,000
6			
	A.H.P.S Admin	541	-24
	Physio + Occupational Therapy	8,305	-306
	Nursing Services (Adult)	9,723	636
	Community Supplies - Adult	344	72
	Anticoagulation	504	-62
	Other Adult Services	-93	58
	Community Nurse Services / AHP / Other Adult Services	19,324	374
7			
	Palliative Care - Dundee	3,758	291
	Palliative Care - Medical	1,868	141
	Palliative Care - Angus	468	30
	Palliative Care - Perth	2,212	-16
	Brain Injury	2,127	15
	Dietetics (Tayside)	5,125	30
	Sexual & Reproductive Health	2,754	-104
	Medical Advisory Service	83	-12
	Homeopathy	43	8
	Tayside Health Arts Trust	85	0
	Psychological Therapies	8,140	87
	Psychotherapy (Tayside)	1,371	-174
	Perinatal Infant Mental Health	879	0
	Learning Disability (Tay Ahp)	912	-168
	Lead Partner Services	29,826	127
8			
	Working Health Services	1	39
	The Corner	708	-47
	Ijb Management	932	-118
	Partnership Funding	28,990	0
	Urgent Care	2,306	-147
	Community Health Team	63	-63
	Health Inclusion	1,498	-189
	Primary Care	1,536	-45
	Support Services / Management Costs	4,634	126
	Other Dundee Services / Support / Mgmt	40,667	-443
	Centrally Managed Budget	665	-1,324
	Total Health and Community Care Services	235,192	3,366
	Other Contractors		
	FHS Drugs Prescribing	34,738	861
	FHS Drugs Prescribing Cost Pressure Investment	1,052	-1,052
	Other FHS Prescribing	-523	-89
	General Medical Services	33,089	273
	Dundee 2c (gms) Services	475	197
	FHS - Cash Limited & Non Cash Limited	25,384	-93
	Large Hospital Set Aside	21,850	0
	Grand H&SCP	351,257	3,462
	Lead Partner Services Recharges Out	-18,183	-38
	Lead Partner Services Recharges In	12,605	-108
	Hosted Recharge Cost Pressure Investment	100	-100
	Hosted Services - Net Impact of Risk Sharing Adjustment	-5,478	-247
	Financial Plan Gap (integrated budget)	-4,000	4,000
	Grand Total	341,779	7,216

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - March 25			
	Annual Budget £000s	Year End Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,278	100	39
Out of Hours	9,830	2,043	805
Tayside Continence Service	1,565	413	163
Locality Pharmacy	3,578	0	0
Speech Therapy (Tayside)	1,710	(76)	(30)
Sub-total	17,961	2,480	977
Apprenticeship Levy & Balance of Savings Target	1,397	(1,332)	(525)
Total Lead Partner Services - Angus	19,358	1,149	453
Lead Partner Services - Perth & Kinross			
Prison Health Services	5,706	(343)	(135)
Public Dental Service	2,984	(725)	(286)
Podiatry (Tayside)	3,844	(303)	(119)
Sub-total	12,534	(1,371)	(540)
Apprenticeship Levy & Balance of Savings Target	100	(53)	(21)
Total Lead Partner Services - Perth&Kinross	12,634	(1,423)	(561)
Total Lead Partner Services from Angus and P&K		12,605	(108)

Dundee IJB - Budget Savings List 2024-25		Appendix 4
Agreed Savings Programme		
Savings / Initiative	2024/25 Value £000	Risk of non-delivery
Recurring Proposals		
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	
Non-Recurring Proposals		
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	
Total Savings / Initiatives	10,687	

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
18 JUNE 2025

REPORT ON: DUNDEE INTEGRATION JOINT BOARD BUDGET UPDATE 2025/26

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB39-2025

1.0 PURPOSE OF REPORT

The purpose of this report is to update Dundee Integration Joint Board on the delegated budget for 2025/26 and implications for the range of investments and interventions to set a balanced budget for Dundee Health and Social Care Partnership for 2025/26.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the improved financial position from 2024/25 which has resulted in an increased level of General Reserves held to support financial planning and contingencies, as detailed in 4.2 of this report.
- 2.2 Notes the receipt of additional funding from NHS Tayside (from Scottish Government allocations) to support whole system pressures and sustainability during 2024/25 leading to an improvement in the IJBs reserves position, as detailed in 4.3 of this report.
- 2.3 Approves the application of these additional reserves to support the IJB's financial position in 2025/26 and approves the revised savings and efficiency plans for 2025-26 as detailed in 4.4, and also in Appendices 1, 2 & 3.
- 2.4 Approves further changes to updated External Commissioning plans, as detailed in 4.5 and Appendix 4
- 2.5 Note that NHS Tayside set its budget on 24 April 2025 and delegated budgets to Dundee IJB are in line with planning assumptions for 2025/26.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Report DIJB69-2024 set out an initial overview of the budget setting process for 2025/26, and the information that was known or indicative at that time (Article XI of the minute of the meeting of the Dundee Integration Joint Board held on 11 December 2024 refers). This was the first in a series of budget development reports to ensure the IJB was fully informed of the financial environment impacting on Dundee City Council, NHS Tayside and ultimately the IJB's delegated budget.

- 4.1.2 In February 2025, a further report was submitted to the IJB, which provided additional detail in relation to Scottish Government's Draft Budget Bill, the anticipated budget settlement proposal from Dundee City Council and the indicative budget information from NHS Tayside (DIJB10-2025, and Article XI of the minute of the meeting of the Dundee Integration Joint Board held on 19 February 2025 refers).
- 4.1.3 The IJB's 2025/26 budget for delegated services was approved at the meeting on the IJB held on 26 March 2025 (Article IV of the minute of the Dundee Integration Joint Board held on 26 March 2025 refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balance budget position going into 2025/26 financial year, based on information available to Officers at that time.

4.2 Year End Position for 2024/25

- 4.2.1 The full year 2024/25 operational financial position for Dundee Health and Social Care Partnership has been finalised, with full details reported in DIJB38-2025 (Financial Monitoring Position) and DIJB41-2025 (Unaudited Annual Accounts), both presented to IJB at meeting of 18 June 2025.
- 4.2.2 As a result of in-year Financial Recovery actions and stabilising demand, expenditure and cost pressures during 2024/25, the year-end operational overspend has been reported at £7,216k – with £4,000k funded from previously earmarked Reserves and £3,216k funding from General Reserves.
- 4.2.3 The Opening balance held in General Reserves for 2024/25 was £4,789k. Utilisation of part of this balance to meet the unplanned overspend in 25/26 has resulted in this Reserve reducing to £1,573k.
- 4.2.4 The IJB has already approved use of £550k from General Reserve to support cost pressures during 2025/26 – leaving an uncommitted balance of £1,023k in General Reserve

4.3 Whole System Pressures funding from NHS Tayside

- 4.3.1 During late 2024/25, Health Boards received additional funding from the Scottish Government to support ongoing system pressures.
- 4.3.2 In recognition of the whole-system collaborative working that is required to address and alleviate pressures, NHS Tayside have passed a share of this funding to the 3 Tayside IJB's to support whole-system demand pressures and sustainability during 2025/26.
- 4.3.3 The share of pass-through of funding to Dundee IJB has been calculated against 3 elements –
- Unfunded 2025/26 budget gap relating to 40% Employer's National Insurance Contribution (£671k)
 - Tayside-wide cost pressures associated with Lead Partner services (£788k)
 - Sustainability funding to support existing unscheduled care performance and patient flow through the system (£1,500k)
- 4.3.4 The value of additional funding received is £2,959k, and it is proposed that this is set aside in an earmarked reserve primarily for use against cost pressures in 2025/26. It is recognised that this funding is currently one-off and therefore non-recurring.

4.4 Revised Savings and Efficiencies Proposals

- 4.4.1 As a result of improved 2024/25 year-end financial position, some amendments to the 2025/26 Budget setting plans are now proposed, with the updated Savings and Efficiency Proposals detailed in Appendices 1 2, and 3.
- 4.4.2 The key changes (highlighted yellow in the Appendices) are-
- Planned utilisation of ring-fenced reserves of £2,171k to support in-year whole-system demand and cost pressures
 - A significant reduction of £2,549k to the required operational efficiency target – from 1.5% (£3,056k) to 0.25% (£507k)
 - Further planned use of IJB General Reserves of £379k – while still retaining a modest balance of £645k in General Reserves to support any unexpected pressures that emerge during 2025/26.

- 4.4.3 A summary of the updated Balanced Budget is noted in Table 1 below, with a breakdown of this information provided in Appendices 1, 2 & 3

Table 1

	£000
IJB Delegated Budget Anticipated Cost Pressures	(27,170)
Dundee City Council Budget Uplift (inc Scottish Government funding)	4,190
NHS Tayside Budget Uplift	5,433
Anticipated Funding Shortfall	(17,548)
Operational Efficiencies and Management Actions	4,404
Non-Recurring Initiatives	1,207
Recurring Savings Proposals	7,338
Non-Recurring Use of IJB Reserves	4,600
Total - Proposed Actions to Address the Shortfall	17,548

4.5 Third Party Commissioned Services

- 4.5.1 Appendix 7 of DIJB14-2025 provided a list of Externally Commissioned Services which Officers had reviewed with proposals to reduce or withdraw from existing contracts, after taking into consideration factors such as strategic fit, performance, outputs, outcomes, finance, governance and overall impact to the organisation.
- 4.5.2 The Budget plan identified a target of £1m recurring savings to be identified from an overall commissioned services spend of £51m (excluding Care at Home services and Care Home placements).
- 4.5.3 The approved plan has already identified £382k reduction in 2024/25 (full-year effect of £431k)
- 4.5.4 Officers across operational services have continued to review contract arrangements and a further reduction is proposed, and a further reduction to the level of service commissioned from third-party service providers is detailed in Appendix 4.
- 4.5.5 The IJB is asked to approve withdrawal from this commissioned service.
- 4.5.6 HSCP Officers and Contract leads continue to work to identify further opportunities to close the remaining financial gap in 2025/26.

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 in Appendix 5 to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 5 = 25 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable savings, efficiencies and transformation programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget. Application of IJB's reserves
Residual Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme)
Planned Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Approval recommendation	Although the risk levels remain high, the development of a savings plan and availability of reserves will reduce the risk level.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 4 June 2025

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB39-2025
2	Date Direction issued by Integration Joint Board	18 June 2025
3	Date from which direction takes effect	18 June 2025
4	Direction to:	NHS Tayside & Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes – amendment to DIJB14-2025
6	Functions covered by direction	All delegated services.
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report. Further Directions will be issued by Dundee Integration Joint Board during 2025/26 as to the future provision of these services.
8	Budget allocated by Integration Joint Board to carry out direction	Overall delegated resources
9	Performance monitoring arrangements	Through regular financial monitoring reports to Dundee Integration Joint Board.
10	Date direction will be reviewed	March 2025

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Appendix 1

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP		
REVENUE BUDGET 2025/26 - UPDATED		
		Total Delegated Budget Cost Pressures
Cost Pressures & Investments 2025/26		£000
Non-recurring savings 2024/25		5,793
Investment to support 2024/25 Emerging budget pressures		4,142
Provision for Estimated Staff Pay increases		3,436
Employer National Insurance cost pressure (directly employed staff)		2,647
Increase to Commissioned Third Party Services (including Real Living Wage, NCHC and FPC Uplift)		4,592
eNIC - Commissioned Third Party services additional cost		2,063
Primary Care Prescribing growth		1,452
Complex Care Transition Provision		1,000
Provision for Demographic Pressures		2,046
Total Cost Pressures		27,171
Funding Increases:		
Additional Scottish Government Funding (Passed through Dundee City Council)		3,655
Dundee City Council		535
NHS Tayside		5,433
Total Anticipated Additional Funding		9,622
Net Anticipated Residual Funding Shortfall		17,548

**Dundee Integration Joint Board Budget – Operational Efficiencies and Management Actions
2025/26**

	Efficiency / Management Action - UPDATED	2025/26 Value £000
	Recurring Actions	
1)	Dundee City Council Review of Charges – Additional Income	374
2)	Additional Community Alarm Charge to DCC Housing	34
3)	Removal of long-term vacant posts (staff slippage / vacancy factor)	1,300
4)	Joint commissioning of POA beds with neighbouring IJB	971
5)	Review and reduction of High-Cost care packages and additional 1:1 support spend	200
6)	Maximising opportunities through alternative funding	200
7)	Reduction in supplementary staffing spend (3% target)	225
8)	Review and reduction of Senior Management Structure	500
9)	Administration efficiency review	100
10)	Benefits from Pharmacy transformation work within NHS Tayside Workstream	500
	Total Recurring Operational Efficiency Initiatives	4,404
	Non-Recurring Proposals	
11)	Further 0.25% operational efficiency target	507
12)	Management of natural staff turnover / vacancy management	200
13)	Restructuring of funding to ADP	500
	Total Non-Recurring Initiatives	1,207
	Total Operational Efficiencies and Non-Recurring Initiatives	5,610

Dundee Integration Joint Board Budget – Savings Proposals 2025/26

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

Updated Proposals in relation to 2025/26 Third-Party Commissioned Contract Values

Having progressed further work on the review process, officers propose that the following amendment to contractual amendments with third party commissioned providers is implemented from 2025/26 onwards

Hillcrest (Dundee Futures Project) was commissioned as a social inclusion, homelessness prevention and pre-employability project based in Dundee. The project supported individual and group activities to share and develop personal skills, as well as tenancy and employability support. Through the 3 months from October to December 2024, the level of activity is reported at 98 – with 51 contacts receiving one-to-one support and 47 attending activities and groups. There has been clear evidence the project has worked to tackle social isolation but no clear evidence of the early intervention to prevent homelessness. Alternative supports are available through Employability services and Welfare Rights (Council Advice Services) to continue to support the cohort of people who had been attending the project. Following initial discussions between Contract Officers and Project Leads, Hillcrest commenced the process to end the service. Alternative provision and options via peer-led activities to continue some group activities (walking, cooking, gardening, IT skills, etc) remain available. The IJB are now asked to ratify the proposal to withdraw from this service.

2024/25 contract value was £81k per annum, with an anticipated saving of c.£50k in 2024/25. This will bring total savings to £432k in 2025/26 (and £512k full-year effect).

An updated Integrated Impact Assessment to reflect the additional proposal, alongside previously agreed proposals, is included in Appendix 5.

Provider /Contract / Service	2024/25 Contract Value	Proposed 2025/26 reduction
Hillcrest (Dundee Futures Project)	£81k	£60k part year (£81k full year)
Previously approved – Appendix 7A of DIJB14-2025		
Provider /Contract / Service	2024/25 Contract Value	Agreed 2025/26 reduction
Hillcrest Homes – reduction in void costs and associated utilities due to reduced demand.	n/a	£15k full year
Dundee Carers Centre - reduction in overall level of service.	£1,243k	£53k part year (4.3% of contract value) (£70k full year)
Scottish Action for Mental Health - adjustment to funding to reflect 2024/25 underspend.	£810k	£50k full year (6.2% of contract value)
Church of Scotland / Crossreach Axis - termination of contract (with notice) due to duplication in service provision and assessment of return on investment.	£71k	£53k part year (75% of contract value) (£71k full year)
The Inclusion Group – Alternative Day Support Service – targeted reduction in Day Service provision.	£1,102	£50k full year (4.5% of contract value)
Dundee Volunteer and Voluntary Action – contract for Dial-op and Technology Enabled Care will not be renewed for 2025/26.	£872k	£81k full year (9.3% of contract value)
Royal Voluntary Service – Home from Hospital – termination of contract (with notice) due to assessment of return on investment.	£54k	£40k part year (75% of contract value) (£54k full year)
Capability Scotland - adjustment to funding to reflect 2024/25 service demand.	£201k	£40k full year (20% of contract value)
TOTAL REDUCTION TO BE APPLIED IN 2025/26		£442k
FULL YEAR REDUCTION TO BE APPLIED FROM 2026/27		£512k

Dundee Integration Joint Board Integrated Impact Assessment

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

Document Title	Dundee Integration Joint Board Budget Update 2025/26		
Type of document	Policy		Plan
Date of this Pre-Integrated Impact Assessment Screening	02 May 2025		
Date of last IIA (if this is an update)	13 March 2025 – DIJB14-2025		
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates			
The purpose of this report is to update Dundee Integration Joint Board on the delegated budget for 2025/26 and implications for the range of investments and interventions to set a balanced budget for Dundee Health and Social Care Partnership for 2025/26.			
Lead Officer/Document Author (Name, Job Title/Role, Email)			
Christine Jones, Acting Chief Finance Officer, christine.jones58@nhs.scot			
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)			
Christine Jones, Acting Chief Finance Officer, christine.jones58@nhs.scot			
Job Title of colleagues or name of groups who contributed to pre-screening and IIA			
<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>			
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	Yes	No	
A document or proposal that requires the IJB to take a decision	X		
A major Strategy/Plan, Policy or Action Plan	X		
An area or partnership-wide Plan		X	
A Plan/Programme/Strategy that sets the framework for future development consents		X	
The setting up of a body such as a Commission or Working Group		X	
An update to an existing Plan (when additional actions are described and planned)		X	

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA must</u> be completed	Y	N
Individuals who have Equality Act Protected Characteristics i.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn	X	
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	X	

Dundee Integration Joint Board Integrated Impact Assessment

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>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>			
From information provided in Step 1 (Pre-screening) Is an IIA needed?		Y	X
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)		N	
Anticipated Date of IJB	18 June 2025	IJB Report Number	DIJB39-2025 (and follow on from DIJB14-2025 main report and Appendix 7A)
Date IIA completed	04 June 2025		

Dundee Integration Joint Board Integrated Impact Assessment

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)

This IIA assesses the potential impacts of proposed amendments to the IJB's 2025/26 budget; it is therefore a review and update to the IIAs completed for DIJB14-2025 and should be read in conjunction with the IIA accompanying that report (available on the HSCP website).

The IIA completed for DIJB14-2025 assessed the impact of removing demographic growth investment as being negative across a range of protected equality groups and fairness groups. Whilst some mitigation was identified to reduce the potential impact (including advanced planning for seasonal spikes in demand, the use of performance data and management of excess demand via assessment of need) it was recognised that this might not provide full mitigation of negative impacts. The proposal in DIJB39-2025 to utilise £2,171k ring-fenced reserves to support in-year whole system demand and cost pressures and an additional £379k General Reserves to support unexpected pressures provides further mitigation to support the HSCP to manage the impacts of increased demand arising from demographic growth. Whilst the overall impact of removing demographic growth investment remains negative the current proposals significantly strengthen mitigations available.

The proposal to further reduce third party commissioned services, specifically Hillcrest (Dundee Futures Project), has potential negative impacts for people who have a disability, as well as for a number of fairness groups (primarily mental health, homelessness and drugs and alcohol). The proposal also has potential negative impacts on earning and employment matters for project staff. Alternative service provision is available via both public and third sector services, including in terms of employability, welfare rights and homelessness, for the approximately 100 people who use the service each year.

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
May 2025	<p>Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals.</p> <p>This includes review of the IJB's Strategic Needs Assessment.</p> <p>Additional statistical information regarding current profile of service use.</p>	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Acting Chief Finance Officer / Acting Head of Service, Strategic Services
January 2025 – May 2025	<p>Review of list of contracts with external providers for adult health and social care services.</p> <p>Strategic assessment information for contracted services.</p> <p>Information from contract monitoring returns for contracted services.</p>	Social Care Contracts Team and Contract Leads	Acting Head of Service, Strategy and Performance

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.

Dundee Integration Joint Board Integrated Impact Assessment

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		<p><u>Remove Demographic growth investment – negative (further mitigation)</u></p> <p>The proposal to utilise £2,171k ring-fenced reserves to support in-year whole system demand and cost pressures and an additional £379k General Reserves to support unexpected pressures provides further mitigation to support the HSCP to manage the impacts of increased demand arising from demographic growth. Whilst the overall impact of removing demographic growth investment remains negative the current proposals significantly strengthen mitigations available.</p>
No Impact		
Negative	X	
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive		<p><u>Remove Demographic growth investment – negative (further mitigation)</u></p> <p>The proposal to utilise £2,171k ring-fenced reserves to support in-year whole system demand and cost pressures and an additional £379k General Reserves to support unexpected pressures provides further mitigation to support the HSCP to manage the impacts of increased demand arising from demographic growth. Whilst the overall impact of removing demographic growth investment remains negative the current proposals significantly strengthen mitigations available.</p> <p><u>Reduction to funding for listed providers – negative (partial mitigation)</u></p> <p>The proposal to cease to commission the Hillcrest (Dundee Futures Project). Overall, the project supports approximately 100 people each year, around half on an individual basis and half via group activities. Alternative supports are available through Employability services and Welfare Rights (Council Advice Services) and via peer-led activities to continue some group activities (walking, cooking, gardening, IT skills, etc) to continue to support the cohort of people who had been attending the project.</p>
No Impact		
Negative	X	
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		<p>At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by people who have undergone gender re-assignment and therefore the impact of the proposals on them as a specific group is not able to be accurately assessed at this time.</p>
No Impact		
Negative		
Not Known	X	
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		<p>None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		<p>None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		<p>Due to differences in life expectancy a greater proportion of older people are female. Please see section on Age (above).</p>
No impact		
Negative	X	<p>A high proportion of unpaid carers (73%) are female. Please see section on Carers (below).</p>
Not known		

Dundee Integration Joint Board Integrated Impact Assessment

		<p><u>Remove Demographic growth investment – negative (further mitigation)</u></p> <p>The proposal to utilise £2,171k ring-fenced reserves to support in-year whole system demand and cost pressures and an additional £379k General Reserves to support unexpected pressures provides further mitigation to support the HSCP to manage the impacts of increased demand arising from demographic growth. Whilst the overall impact of removing demographic growth investment remains negative the current proposals significantly strengthen mitigations available.</p>
Religion & Belief		Explanation, assessment and potential mitigations
Positive		<p>None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		<p>There is not sufficient data available to assess the demand for and use of delegated health and social care services by black and ethnic minority people, and therefore the impact of the proposals on them as a specific group is not able to be accurately assessed at this time.</p>
No Impact		
Negative		
Not Known	X	<p><u>Remove Demographic growth investment – not known (further mitigation)</u></p> <p>For both Black and minority ethnic groups and white Eastern European / white other groups the IJB Budget Consultation found people reported that this saving option would have a slightly higher average impact on them than the average for the whole survey sample.</p> <p>The proposal to utilise £2,171k ring-fenced reserves to support in-year whole system demand and cost pressures and an additional £379k General Reserves to support unexpected pressures provides further mitigation to support the HSCP to manage the impacts of increased demand arising from demographic growth. Whilst the overall impact of removing demographic growth investment remains negative the current proposals significantly strengthen mitigations available.</p>
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		<p>There is not sufficient data available to assess the demand for and use of delegated health and social care services by people of different sexual orientations, and therefore the impact of the budget on them as a specific group is not able to be accurately assessed at this time.</p>
No Impact		
Negative		
Not Known	X	<p><u>Remove Demographic growth investment - not known (further mitigation)</u></p> <p>For people who stated they are bisexual or queer the IJB Budget Consultation found people reported that this saving option would have a slightly higher average impact on them than the average for the whole survey sample.</p> <p>The proposal to utilise £2,171k ring-fenced reserves to support in-year whole system demand and cost pressures and an additional £379k General Reserves to support unexpected pressures provides further mitigation to support the HSCP to manage the impacts of increased demand arising from demographic growth. Whilst the overall impact of removing demographic growth investment remains negative the current proposals significantly strengthen mitigations available.</p>
<p>Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.</p>		

Dundee Integration Joint Board Integrated Impact Assessment

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
Strathmartine (Ardler, St. Mary's & Kirkton)			X	
North East (Whitfield, Fintry & Mill O'Mains)			X	
Lochee (Lochee Beechwood, Charleston & Menzieshill)			X	
Coldside (Hilltown, Fairmuir & Coldside)			X	
East End (Mid Craigie, Linlathen & Douglas)			X	
Maryfield (Stobswell & City Centre)			X	
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End			X	
The Ferry			X	
Description of impacts on Fairness- Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<p><u>Remove Demographic growth investment – negative (further mitigation)</u></p> <p>The proposal to utilise £2,171k ring-fenced reserves to support in-year whole system demand and cost pressures and an additional £379k General Reserves to support unexpected pressures provides further mitigation to support the HSCP to manage the impacts of increased demand arising from demographic growth. Whilst the overall impact of removing demographic growth investment remains negative the current proposals significantly strengthen mitigations available.</p>				
<p><u>Reduction to funding for listed providers – negative (partial mitigation)</u></p> <p>As Hillcrest (Dundee Futures Project) provides a city-wide service, the proposal to cease commissioning the project could have negative impacts across all geographical areas. A greater impact would be anticipated in the 6 areas of deprivation given the association between deprivation and higher levels of health and social care needs. Overall, the project supports approximately 100 people each year, around half on an individual basis and half via group activities. Alternative supports are available through Employability services and Welfare Rights (Council Advice Services) and via peer-led activities to continue some group activities (walking, cooking, gardening, IT skills, etc) to continue to support the cohort of people who had been attending the project.</p>				

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

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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		It is known that Care Experienced Young People are more likely to experience poor mental health and wellbeing, to use drugs and alcohol, to be involved in community justice processes and to be homeless or at risk of homelessness. Please see relevant sections below for further information.
No Impact		
Negative	X	
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		Remove Demographic growth investment – negative (further mitigation) The proposal to utilise £2,171k ring-fenced reserves to support in-year whole system demand and cost pressures and an additional £379k General Reserves to support unexpected pressures provides further mitigation to support the HSCP to manage the impacts of increased demand arising from demographic growth. Whilst the overall impact of removing demographic growth investment remains negative the current proposals significantly strengthen mitigations available.
No Impact		
Negative	X	
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive		Please see section for Age (above).
No Impact		
Negative	X	
Not Known		
Serious & Enduring Mental Health Conditions		
Positive		Remove Demographic growth investment – negative (further mitigation) The proposal to utilise £2,171k ring-fenced reserves to support in-year whole system demand and cost pressures and an additional £379k General Reserves to support unexpected pressures provides further mitigation to support the HSCP to manage the impacts of increased demand arising from demographic growth. Whilst the overall impact of removing demographic growth investment remains negative the current proposals significantly strengthen mitigations available. Reduction to funding for listed providers – negative (partial mitigation) The proposal to cease to commission Hillcrest (Dundee Futures Project) might have negative impacts for this group. Overall, the project supports approximately 100 people each year, around half on an individual basis and half via group activities. Alternative supports are available through Employability services and Welfare Rights (Council Advice Services) and via peer-led activities to continue some group activities (walking, cooking, gardening, IT skills, etc) to continue to support the cohort of people who had been attending the project.
No Impact		
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

		See also sections (below) on homelessness, drug and alcohol and offenders as there is known to be greater levels of these health and social care needs within the population of people who have serious and enduring mental health conditions.
Homeless (risks of Homelessness)		
Positive		<u>Reduction to funding for listed providers – negative (partial mitigation)</u> The proposed reduction to Hillcrest (Dundee Futures Project) may have a direct negative impact on those at risk of homelessness through the project's support to individuals seeking tenancy information. Overall, the project supports approximately 100 people each year, around half on an individual basis and half via group activities. Contract monitoring has identified evidence of the project impacting positively on housing support outcomes but not in terms of early intervention to prevent homelessness. Alternative provision continues to be available through Council Advice Services and other organisations funded by the IJB and other public sector partners in relation to homelessness. See also sections on mental health, drug and alcohol and offenders as there is known to be greater levels of these health and social care needs within the homeless / at risk of homeless population.
No Impact		
Negative	X	
Not Known		
Drug and/or Alcohol issues		
Positive		<u>Reduction to funding for listed providers – negative (partial mitigation)</u> The proposal to cease to commission Hillcrest (Dundee Futures Project) might have negative impacts for this group. Overall, the project supports approximately 100 people each year, around half on an individual basis and half via group activities. Alternative supports are available through Employability services and Welfare Rights (Council Advice Services) and via peer-led activities to continue some group activities (walking, cooking, gardening, IT skills, etc) to continue to support the cohort of people who had been attending the project. The Alcohol and Drug Partnership continues to fund a range of alternative specialist services for people impacted by drug and alcohol use.
No Impact		
Negative	X	
Not Known		
Offenders and Former Offenders		
Positive		See sections on mental health, homelessness and drug and alcohol as there is known to be greater levels of these health and care needs amongst people involved in community justice processes.
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

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

Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		None of the proposal are considered to have any direct relevance to this fairness group. Please see Earnings and Employment (below) for related impacts.
No Impact		
Negative	X	
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.

Dundee Integration Joint Board Integrated Impact Assessment

No Impact	X	
Negative		
Not Known		
Earnings & employment -including opportunities, education, training & skills, security of employment, under employment & unemployment		
Positive		<u>Reduction to funding for listed providers – negative (partial mitigation)</u>
No Impact		The proposed reduction to Hillcrest (Dundee Futures Project) may have a direct negative impact on those seeking employability support. Alternative provision continues to be available through Employability Services and other organisation's service provision.
Negative	X	
Not Known		It is known that the project employs 2 members of staff who will be directly impacted by the proposal to cease commissioning the service. Hillcrest has provided assurance that these staff will be supported via the appropriate HR processes.
Connectivity / Internet Access/ Digital Skills		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive		<u>Remove Demographic growth investment – negative (further mitigated)</u>
No Impact		The proposal to utilise £2,171k ring-fenced reserves to support in-year whole system demand and cost pressures and an additional £379k General Reserves to support unexpected pressures provides further mitigation to support the HSCP to manage the impacts of increased demand arising from demographic growth. Whilst the overall impact of removing demographic growth investment remains negative the current proposals significantly strengthen mitigations available.
Negative	X	
Not Known		<u>Reduction to funding for listed providers – negative (partial mitigation)</u> The proposal to cease to commission Hillcrest (Dundee Futures Project) might have negative impacts on health outcomes. Overall, the project supports approximately 100 people each year, around half on an individual basis and half via group activities. Alternative supports are available through Employability services and Welfare Rights (Council Advice Services) and via peer-led activities to continue some group activities (walking, cooking, gardening, IT skills, etc) to continue to support the cohort of people who had been attending the project.
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

Transport (including accessible transport provision and sustainable modes of transport)		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Life expectancy		
Positive		Reduction to funding for listed providers – negative (partial mitigation) As outlined in the section on Health (above) these proposals have some risk of impacting on health outcomes, which could indirectly impact on life expectancy.
No Impact		
Negative	X	
Not Known		
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Sustainable Procurement		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact		
Negative		
Not Known		

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

Strategic Environmental Assessment
Statement 1

Dundee Integration Joint Board Integrated Impact Assessment

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		
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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		No	X	Use the SEA flowchart 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 – 18 JUNE 2025

REPORT ON: FAIRNESS LEADERSHIP PANEL REPORT 2025

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB33-2025

1.0 PURPOSE OF REPORT

- 1.1 To present the latest report from the Dundee Fairness Leadership Panel (FLP) and seek support in implementing its recommendations in collaboration with other community planning partners.

2.0 RECOMMENDATIONS

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

- 2.1 Endorses the report and the recommendations of the Dundee Fairness Leadership Panel (attached as Appendix 1).
- 2.2 Instructs the Chief Officer to ensure that the implementation of recommendations is supported by Dundee Health and Social Care Partnership, including through active participation in the Dundee Partnership's Child Poverty and Income, Attainment and Health Inequalities Strategic Leadership Group.
- 2.3 Instructs the Chief Officer to ensure that the Strategic Planning Advisory Group considers the recommendations as part of their work to review the IJB's Strategic Commissioning Framework during 2025/26.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 MAIN TEXT

- 4.1 The Dundee Fairness Leadership Panel (FLP) was formed in late 2021. It is the main mechanism by which the Dundee Partnership involves those with lived experience of poverty and inequality in work to tackle the causes and consequences of deprivation in Dundee. It plays a significant role in shaping policies and practice across partners in Dundee. Its progress is reported in the Fairness and Child Poverty annual report for the city.
- 4.2 The most recent work of the FLP started as a result of a series of visits to local projects in 2023. The members of the panel agreed to investigate three priorities as the basis for identifying what further action could be taken in Dundee and prioritised the following:
- Mental Health and Isolation;
 - Support to Third Sector Projects who are offering crisis support to tackle poverty; and,

- Fair Housing.

4.3 Subgroups then considered local evidence and met with service providers, strategic leaders and local people to identify gaps in services and support and develop proposed solutions. These were presented and discussed at the annual Dundee Fairness Conference in November 2024.

4.4 The full report on this phase of the Panel's work was published in April and is attached in Appendix 1. Although the IJB and Health and Social Care Partnership has a role in contributing to the response to all of the recommendations made, the three recommendations on mental health and isolation have particular relevance:

- All mental health and wellbeing developments in the city are meaningfully co-created with people with lived experience of poverty and mental health challenges to ensure that people know about developments, they are accessible, and they meet the needs of the community.
- Third sector and community projects are directly informed of and supported to use information about services and resources that can help address poor mental health and its causes so that projects can signpost people in need to relevant support.
- Prioritise and protect local community projects that provide early interventions to improve people's wellbeing, mitigating the negative impacts of the cost-of-living crisis and isolation.

4.5 In addition, as the IJB commissions a significant proportion of adult health and social care services from providers in the third sector, recommendations regarding pressures on third sector projects tackling poverty also provide an opportunity for the IJB to consider further improvements and developments both in terms of commissioning and procurement approaches and workforce planning and wellbeing:

- Ensure that local community projects that are providing direct responses to people in financial crisis have the practical and wellbeing support their volunteers need to be able to continue to provide crucial services.
- Investigate the potential for providing online wellbeing support for projects volunteers and staff based on the Argyll and Bute model or other online resources.
- Refer volunteers to projects that tackle the causes and consequences of poverty in Dundee.
- Write to local and national funders to encourage them to offer longer-term, secure funding to vital community projects.

A number of the concerns identified within the FLP report overlap with those that emerged from the recent IJB Budget Consultation in terms of sustainability of third sector services.

4.6 The IJB and other community planning partners are identified as having a leadership role in implementing its recommendations. Relevant senior managers have been consulted in the framing of these proposed actions. They will be formally integrated into the city's Fairness and Child Poverty Action Report that is scheduled to be presented to the Dundee City Council's City Governance Committee in June 2025. The actions would then be subject to ongoing monitoring and reporting arrangements.

4.7 The Panel's work contributes directly to the City Plan priority to reduce child poverty and inequalities in incomes, education and health. The Child Poverty and Income, Attainment and Health Inequalities Strategic Leadership Group is responsible for the ongoing partnership work on the delivery of change relating to this increasingly important issue. The Panel's report was presented to their meeting in May 2025 for further detailed consideration.

4.8 The work of the panel was recently acknowledged in a research briefing published by the Joseph Rowntree Foundation [Alternative voice: inclusive decision-making empowering Dundee's community](#). It asserted that a key factor in its success is the independence of the Panel. It also noted that each member commits to a shared purpose of improving decisions, strengthening inclusive communication and developing anti-poverty initiatives. They concluded that the Panel's collaborative approach:

- strengthens the relationship between the community and decision-makers;
- changes perceptions between groups of people that are systematically separated;
- supports people who often go unheard to instead shape the political agenda; and,
- provides a clear route to designing better policies for communities.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk Description	The FLP report reflects the ongoing impact of poverty of Dundee's citizens, which is the key focus of the IJB's strategic risk on the Cost of Living Crisis. The FLP report highlights that further improvements are required to mitigate the impact of poverty of people, including those experiencing poor mental health and wellbeing. Failure to adequately address these matters could contribute to poor outcomes and a widening inequality gap for some citizens.
Risk Category	Social, Operational
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 (High Risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • The Mental Health and Wellbeing Strategic Planning Group are currently reviewing and updating their strategic plan, including engagement with stakeholders and people with lived experience. This will provide the opportunity to hear further from people about actions required to incorporate the recommendations and priorities in the FLP report. • No reductions in funding were applied to local community projects providing early intervention mental health and wellbeing supports as part of the 2025/26 IJB budget. • The statutory review of the IJB's Strategic Commissioning Framework will take place during 2025/26 and provides an opportunity to further update and prioritise content to reflect the FLP recommendations. • The Mental Health and Wellbeing Strategic Planning Group are leading a number of developments to enhance the accessibility of information in relation to where to seek help for mental health and wellbeing needs. Work is also ongoing between Suicide Prevention partners to enhance the quantity and quality of public information.
Residual Risk Level	Likelihood 2 x Impact 4 = 8 (Low Risk)
Planned Risk Level	Likelihood 1 x Impact 4 = 4 (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 A large range of organisations and individuals were involved in the preparation of the Fairness Leadership Panel report and these are listed throughout the FLP report in Appendix A. Members of the Dundee Partnership Management Group, the Chief Finance Officer, Heads of Service Health and Community Care, and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None

Dave Berry
Chief Officer

DATE: 15 MAY 2025

Peter Alan
Service Manager (Community Planning), Dundee City Council

Kathryn Sharp
Acting Head of Service, Strategic Services



Dundee Fairness Leadership Panel

Report April 2025

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1. Co-Chairs' Introduction

As the new co-chairs of the Dundee Fairness Leadership Panel, we are delighted to play our part in such an important group in the city.

Our first job here is to pay tribute to the Panel's first co-chairs. Tony Gibson, who passed suddenly last summer, was a towering figure in every way. He was a vigorous and passionate campaigner for social justice who is greatly missed. Much more happily, Cllr. John Alexander moved on to begin a new career. Together with Tony, John provided the Panel with the confidence and direction to establish ourselves as a serious and respected voice in Dundee.



We would like to thank the Panel members for all their hard work and all the people who contributed to our work over the past couple of years. It is essential that the Panel continues to listen to others with lived experience in the city and we have been inspired by the care and commitment we have seen and heard from groups, individuals and services supporting people who are struggling against poverty.

People are starting to notice what we are trying to achieve here in Dundee. The respected Joseph Rowntree Foundation studied our work and produced a briefing called **Alternative voice: inclusive decision-making empowering Dundee's community**. As a result, we recently attended a national conference held in Dundee to highlight our approach and encourage other areas to commit to genuinely listening to and collaborating with local experts from experience.

This new report addresses three important issues that are having an escalating impact on the lives of people struggling because of low incomes – **the rising levels of poor mental health, pressures on community projects who are trying to help, and the need for fairer housing**. We have looked closely and carefully into these and have produced a series of recommendations. We are now calling on everyone in Dundee to play their part in taking these on so that we can change things.

We know that won't be easy. Despite everyone's efforts, commitment and belief that we can make lives better, it feels that the impact of poverty continues to grow. These recommendations probably won't be enough to solve that, but we would invite everyone who reads this report to help us to put them into action as another important contribution to our ongoing fight for a fairer Dundee.

Mark Flynn & Andrew Lorimer
Co-Chairs, Dundee Fairness Leadership Panel
April 2025



2. The Dundee Fairness Leadership Panel

Who we are

The Fairness Leadership Panel is a collective response to poverty/inequality. The Panel is made up of people with lived experience and organisational representatives working together to ensure that people facing disadvantage and vulnerable in our city have a voice.



Panel Members

Alex Roncone; Andrea Calder; Andrew Kirk; Andrew Lorimer; Bishop Andrew Swift; Caroline Adamson; Chris McDonald; Daisy Field; Daniel Burns; David Dorward; Dawn Harris; Eddie Baines; Ethel Davidson; Fiona Morrison; Georgia Cruickshank; Gregory Colgan; John Alexander; Kirsty Craig; Linda Smith; Mark Flynn; Rev Roxanne Campbell; Roger Keech; Ryan Hopkins; Sheila Allan; Siobhan Tolland; Tammie Brown; Terrie Bustard; Tony Gibson; Trudy McLeay.

With a current active membership of 22 people, each Member brings their experience and expertise to our discussions, each is ready to listen and to seek solutions together. We meet 5 times a year, plus host an Annual Conference. In between meetings, short-term working groups meet to look at specific issues or themes. We often invite visitors to the Panel or working group meetings to advise, update and inform us on their particular area.



We work to mitigate the impact of external factors, out with our control, by focussing on where we can bring influence and change. Panel members are not afraid of asking hard questions.

The key tasks of the Panel are to

- Influence the development of crucial fairness strategies,
- Make sure key strategic decisions involve real input from people with lived experience,
- Ensure actions in the Dundee Fairness and Local Child Poverty Action Plan are achievable and delivered, and
- Scrutinise performance and implementation of services.



The input from community representatives, Dundee Fighting for Fairness, is a crucial element that keeps the work of the Fairness Leadership Panel relevant.

Dundee Fighting for Fairness is a diverse group of individuals from various backgrounds and life experiences in the city, united in their efforts for fairness. They've all travelled many different roads to get to this point, but they all have three things in common:

- All have experienced some level of poverty and inequality in our city.
- All are connected with, listening to, and working for different vulnerable groups in our city.
- All are passionate about making changes so that what they've collectively experienced won't repeat itself for others in our city.

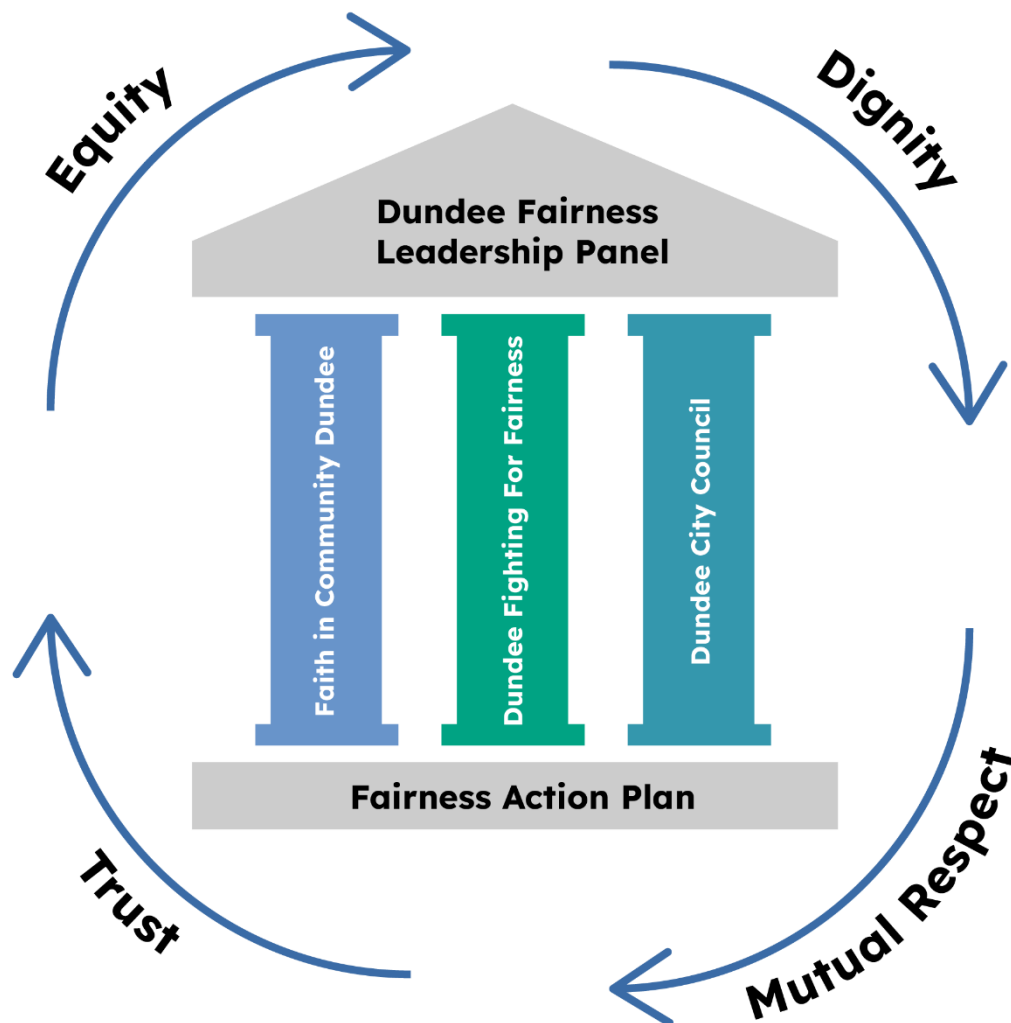
Some of the groups DFFF members are connected with, listening to, working for include:

The Yard Parents Support	Menzieshill Community Hub Local Management Group
Bethany Christian Church Connect Cafe	Menzieshill Food Hub
Child Poverty and Inequalities Strategic Leadership Group	Menzieshill Tenancy Group
Community Guiders Dundee	One Parent Families Scotland
Community Health Advisory Forum	Parents Supporting Parents
Community Health Team – North East	Resolve & Evolve
Dundee Changemakers	Suicide Prevention Team with the Health & Social Care Partnership
Dundee Community Food Network	Taught By Muhamad Cafes (citywide)
Finmill Community Centre	The Chrysalis Project
Fintry Parish Church Community Larder	The MAXwell Centre
Healthy Families Dundee	Together to Thrive
Lifegate Community Café	Whitfield Community Café
Menzieshill Community Gardens	Whitfield Local Management Group



An Independent Assessment - Joseph Rowntree Foundation Report

The Joseph Rowntree Foundation (JRF) has been a generous supporter of the development of the Dundee Fairness Leadership Panel. Over a nine month period, JRF studied the way we work together and produced a briefing called **Alternative voice: inclusive decision-making empowering Dundee's community**. They published a briefing in November 2024 that examined our success and what others might learn from the way we have tried to empower people with lived experience of poverty to play a full part in discussing what should be done about it.



Their briefing recognised the strong and sustainable relationships between Dundee Fighting for Fairness, Dundee City Council and other partners in the city, underpinned and facilitated by Faith in Community Dundee – described as the three structural pillars supporting the Panel. A key factor was seen as the independence of the main Panel players while also committing to our joint purpose of improving decisions, strengthening inclusive communication and developing anti-poverty initiatives. They concluded that our collaborative approach:

- strengthens the relationship between the community and decision-makers
- changes perceptions between groups of people that are systematically separated
- supports people who often go unheard to instead shape the political agenda
- provides a clear route to designing better policies for communities.

“The DFLP starts with the shared belief that this is about a commitment to improving people’s lives and the community everyone lives in. The way to achieve this is to work in partnership, across councils and public services, to put the voices of people who have lived experience of poverty and inequality at the centre of efforts to tackle these issues. This requires involving people who value and believe in this approach. Yet, it remains necessary to establish a structure and principles that can support its function, integrity and sustainability. We must learn from the successes of local initiatives and shift the balance of who makes decisions around poverty and inequality more widely across Scotland.”

**Alternative voice: inclusive decision-making empowering Dundee’s community,
Joseph Rowntree Foundation, 2024**

Priority Fairness Issues for 2023-25

In 2023 Panel Members visited local community projects across the city, asking specific questions about the impact of the ongoing cost of living crisis on attendees and projects.

Members reviewed the feedback and identified common challenges, then asked themselves:

How much influence the Panel has over this issue? How much of a priority is this issue to Dundonians? Through this process the Panel chose 3 areas of focus:

- 1 Mental Health and Isolation**
- 2 Pressures on 3rd Sector Projects Tackling Poverty**
- 3 Fair Housing**



Short-Term Working Groups

The Panel broke into 3 short-term working groups and between February 2024 and January 2025 investigated deeper into these issues, spending time listening to people in local communities, front line staff and managers within relevant services.

In November 2024 the short-term working groups presented their findings at the Fairness Leadership Panel Annual Conference, to attendees from local communities, third sector groups and organisations, Dundee City Council, Public Health, Health and Social Care Partnership, local businesses, Scottish Government, charitable funders and representatives from national research and anti-poverty organisations.



Feedback from the conference was incorporated into the findings and helped shape the final recommendations.

In the following sections, we outline the key issues, who we spoke to, what we heard and the final recommendations for each of the 3 priorities.

3. Mental Health and Isolation



What was the issue?

In our visits in 2023, projects shared with us that there had been a rise of people that have never really struggled with their mental health before and don't have the coping strategies needed to move forward. They also said that since Covid, it's been hard to get people to re-connect or engage because they feel anxious, and they end up excluding themselves.

Projects highlighted that one of the things that keeps people isolated and struggling with their mental health is not knowing what help is available to them; so rather than accessing early interventions, they end up at crisis point.

"Isolation is one of the biggest challenges people are facing that come to our project and workers have noticed an increase in the numbers of volunteers speaking about poverty, the Cost-of-Living crisis, and the subsequent impact on their mental health. The staff are struggling with their mental health too."

The Mental Health and Isolation working group's remit was to further investigate the isolation and poor mental health of people attending community projects and the staff/volunteers leading projects, particularly in disadvantaged areas.



Who did we speak to?

To help us understand more about these concerns, we spoke to:

The senior service manager of Hope Point and the manager of the local Distress Brief Intervention team to get an idea of what it's been like for services.

We visited projects in 3 of the most deprived areas in Dundee who are trying to support people with their wellbeing.

We met with clinicians from the Dundee Health and Social Care Partnership to discuss how mental health support can be made more accessible in Dundee.





What did we learn?

There are too many barriers that prevent people from connecting to services, and people are struggling to get the help they need when they need it because of overly complex systems.

"It is a human right to have an adequate and simplified route to mental health support when people need it."

Consultation and co-creation with lived experience should not be an afterthought or a check box, it should be a priority. It might take longer, but meaningful results will happen.

Community projects specifically asked for better support and training on where to signpost people who are struggling with their mental health and wellbeing. The third/ community sector is at the front line of dealing with the Mental Health Crisis, and many projects are saying they don't feel confident in how to support and signpost people who are struggling.

"More and more people are struggling with their wellbeing and we only really know of Hope Point and Carseview. We need to know what else it out there and how to connect people."

We were told that the community is asking for more face-to-face support. They pointed out that if everything is online or over the phone it often increases the feeling of isolation.

Online can be a starting point, but as much as possible online information should signpost people to opportunities where in-person connections are made, and support is given.

The community wants the city to prioritise community spaces because they provide vital support.

"A city wouldn't close an A&E because it provides vital, life-saving services. These places are our A&E, and they shouldn't be closed."

Towards the end of our research, we noticed that work needs done to identify and address the intersection between poverty and poor mental health and wellbeing in children and young people, specifically in education and healthcare settings.

We also noticed a correlation between people at higher risk of struggling with their mental health/wellbeing and people who are experiencing poverty. People in recovery, the elderly, different ethnicities, and people with disabilities have all been raised to us as struggling to access appropriate mental health and wellbeing support.



Since we were unable to do further investigation into these issue with the appropriate partners, we were not able to develop recommendations in response. However, we wanted to highlight our concern for the mental health and wellbeing of the children and young people and vulnerable communities of Dundee.

Fairness Leadership Panel Priority Recommendations

The Mental Health and Isolation Short-Term Working Group developed, sense checked and finalised the following recommendations:

Mental Health & Isolation			
	Recommendation	Responsible/Lead Organisation(s)	Deadline
a	All Mental Health and Wellbeing developments in the city are meaningfully co-created with people with lived experience of poverty and mental health challenges to ensure that people know about developments, they are accessible, and they meet the needs of the community.	<ul style="list-style-type: none"> • Mental Health and Wellbeing Strategic Planning and Commissioning Group • Mental Health in Primary Care Strategic Planning Group • All Dundee Partnership partners 	March 2026 onwards
b	Third sector and community projects are directly informed of and supported to use information about services and resources that can help address poor mental health and its causes so that projects can signpost people in need to relevant support.	<ul style="list-style-type: none"> • Mental Health and Wellbeing Strategic Planning and Commissioning Group • All Dundee Partnership partners • Dundee Third Sector Interface 	March 2026 onwards
c	Prioritise and protect local community projects that provide early interventions to improve people's wellbeing, mitigating the negative impacts of the cost-of-living crisis and isolation.	<ul style="list-style-type: none"> • All partners 	August 2025 onwards



4. Pressures on 3rd Sector Projects Tackling Poverty



What was the issue?

In our visits in 2023 projects overwhelmingly shared with us about the impact the increased demand on the third sector was having on their staff and volunteers. Staff and volunteers told us stories about supporting some of the most vulnerable people in our city and all the ways that affects their capacity to support people.

“More and more is being asked of us, but we have fewer and fewer resources to fill these needs. Our people are burning out.”



Who did we speak to?

To help us understand more about these pressures and identify solutions that might help, we spoke to:

Managers from Dundee Volunteer and Voluntary Action at the start and end of our work.

Volunteers from 8 different local third sector organisations and grass root projects.
Managers/directors from 14 different local third sector organisations and grass root projects.

Managers of the Dundee Women's Rape & Sexual Abuse Centre and the Chief Executive Officer of the Argyll and Bute Third Sector Interface as they were both highlighted to us to be examples of good practice in supporting staff and volunteers.

We also spoke to the Grant Manager for Northwood Charitable Trust as funding concerns had been raised by both staff and volunteers.





What did we learn?

Challenges the staff and volunteers of local third sector organisations and grass root projects are facing:

The support that staff need has greatly increased because of the rising pressures in meeting the complex needs of people attending projects.

"The complexity of what we're asking from our staff, and even our volunteer sometimes, has become undervalued – someone who is hired to be a housing officer is actually a: mental health worker, social worker, bodyguard, money advice worker, etc etc."

Volunteers are needing more support than ever before, they also have more complex/ challenging needs.

There aren't enough volunteers which can be stressful if people are sick or on holiday
More people are attending these projects with very complex issues that takes much more time to support.

An increasing level of pressure and expectation being put on projects despite not having capacity to meet the demands.

"Staff and volunteers are struggling with their mental health and burnout and we're still expecting them to do the work and support very vulnerable people – they can't afford to eat right, get therapy, exercise, etc but we're asking them to care for people with really complex needs."

An insecure funding landscape.

Lack of support for local third sector staff and volunteers.

Lack of support for managers/directors of small, local projects



Staff and volunteers of local third sector organisations and grass root projects said these things would help:

- Mental Health & Wellbeing support for the Third Sector so staff and volunteers can access things like counselling or support with subjects like addiction or mental health issues.
- We need more volunteers.
- Better support for managers/directors.
- Capacity building for third sector organisations. For example: better access to advice, training, staff support, mental health & wellbeing support, etc.
- Better understanding and trust from funders.
- We need alternative sources of finance.

Fairness Leadership Panel Priority Recommendations

The Pressures on 3rd Sector Projects Tackling Poverty Short-Term Working Group developed, sense checked and finalised the following recommendations:

Support to Third Sector Projects who are offering crisis support to tackle poverty

	Recommendation	Responsible/Lead Organisation(s)	Deadline
a	Ensure that local community projects that are providing direct responses to people in financial crisis have the practical and wellbeing support their volunteers need to be able to continue to provide crucial local services.	Dundee Third Sector Interface/other relevant partners	March 2026
b	Investigate the potential for providing online wellbeing support for project volunteers and staff based on the Argyll and Bute TSI model or other online resources.	Dundee Third Sector Interface/ Fairness Leadership Panel	September 2025
c	Refer volunteers to projects that tackle the causes and consequences of poverty in Dundee.	Dundee Volunteer and Voluntary Action / local projects	August 2025 onwards
d	Write to local and national funders to encourage them to offer longer-term, secure funding to vital community projects.	Dundee Partnership/Dundee Fighting for Fairness	July 2025



5. Fair Housing



What was the issue?

In our visits to community projects in 2023, we heard about the challenge of the closure of the East and West District Housing office for face-to-face drop-in support.

People told us about communication issues – for example, tenants would submit forms and not know if they have been received or processed.

And unsurprisingly, people were struggling with heating their homes.

We also heard some really awful stories about conditions in private tenancies.

“Private repairs are poor, damp is painted over rather than stripped back and fixed.”

The Fair Housing working group’s remit was to further understand the issues experienced by people in social and private rented housing. During 2024 the group gathered more feedback, focussing on:

- **Social rented tenants** – what are the main issues facing social rented tenants.
- **Private Tenants** – understanding their rights and how to get support.



Who did we speak to?

To help us understand more about the issues people are facing, we spoke to

- 5 local community groups from across Dundee
- Dundee Law
- Dundee Citizens Advice Bureau
- Dundee City Council’s Private Landlord Support Officer
- Dundee City Council’s Service Manager - Housing (Neighbourhood Services)
- Frontline housing staff from Hillcrest Housing Association
- We conducted an online questionnaire for third sector and council housing staff
- We also looked at the following reports:
 - Linlathen and Stobswell Pathfinder Reports
 - The Engage Dundee Report
 - The Council’s Dundee Fairness and Child Poverty Annual Report.

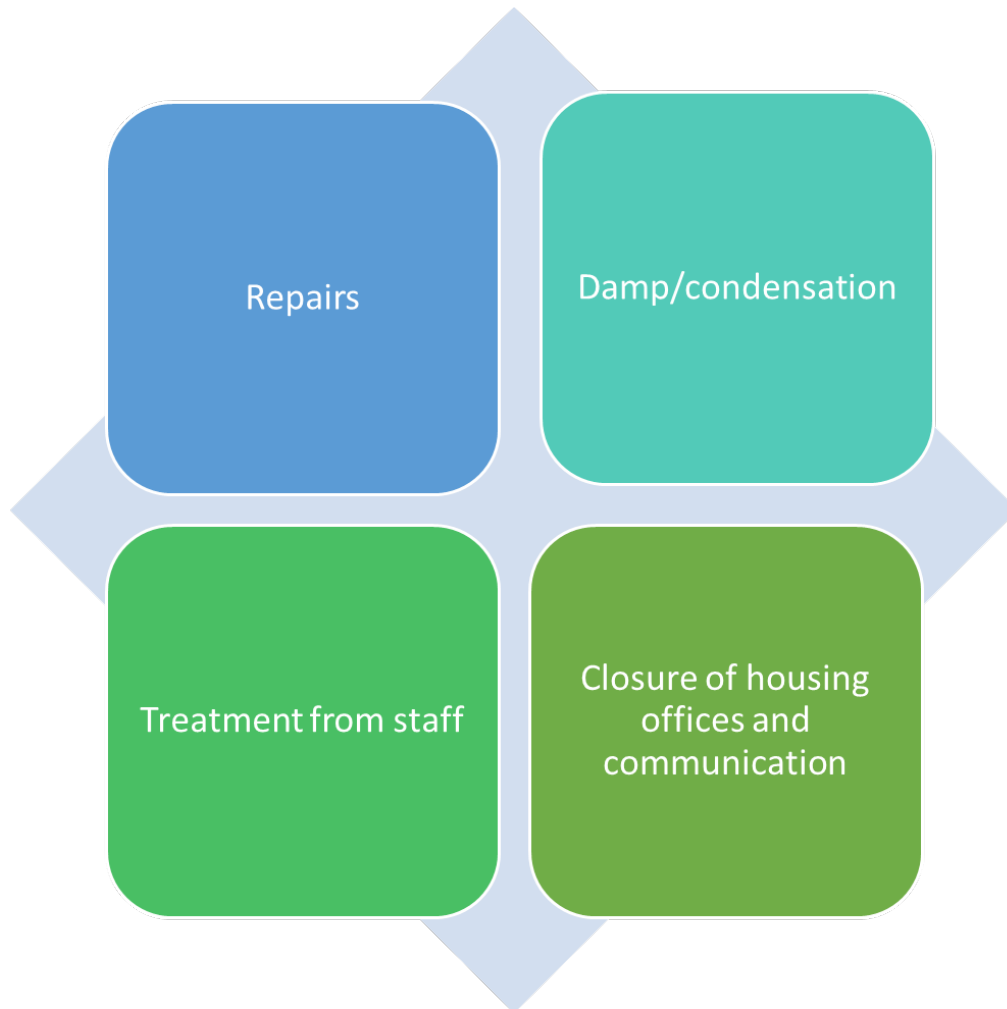




What did we learn?

Repairs: people identified issues with repairs being logged on the system, confusion about the criteria for emergency repairs and length of time for repairs to be completed, and communication on the day of repairs.

Damp/Condensation: tenants said advice given was unhelpful, some felt the blame was being put on them.



Treatment from Staff: people were clear that some staff are helpful and good to talk to. However, a number of people said that it really depended on who you spoke to. There were stories of issues with staff, especially when reporting repairs, emergency repairs or damp/mould.

The closure of East/West Housing offices: a number of people highlighted problems with dropping off keys/forms/letters in the West of Dundee, needing to go into the city centre or to Pitkerro Road.



Additional issues identified by third sector staff:

- Long waiting times for a social housing
- Anti-social behaviour
- Treatment of people with complex needs
- Sub-standard properties

Dundee Law and Dundee Citizens Advice Bureau had seen a number of clients regarding issues with their private tenancy, primarily damp and mould, repairs and maintenance, rent. They also said most people do not know their rights as tenants.

We also heard that third sector staff often saw disrepair in private tenancies, especially damp, which is all too frequently blamed on the tenant. They felt this could be true in some cases but it is rarely properly investigated.

"I think Shelter is amazing when it comes to advice. They have a live chat and a phone line and have been super helpful."

There were also a number of specific issues raised by tenants, two examples being the language used in letters and tenants receiving the log number when they log a repair. These have been shared with the Council's Housing team and are being addressed, with continued input from Dundee Federation of Tenants Associations.

There was considerable feedback about lack of suitable accommodation and long waiting lists for Council tenancies. We recognise this is something we have little influence over however feedback gathered will be used when Council and Housing Association representatives attend national meetings.

As the majority of the feedback was regarding social rented housing and specifically Council housing, we met with the Council's Head of Housing and Construction Services and members of those teams; the Private Landlord Support Officer; and the Council's Service Manager for Customer Services and IT. We also met with Dundee Federation of Tenants Associations on a number of occasions.



The Housing Short-Term Working Group developed, sense checked and finalised the following recommendations:

Fairness Leadership Panel Priority Recommendations

The Fair Housing Short-Term Working Group developed, sense checked and finalised the following recommendations:

Fair Housing			
	Recommendation	Responsible/Lead Organisation(s)	Deadline
a	Develop a 'Dundee Standard' of training for front line staff (phone and in person), for social housing providers, taking on board some of the principles of trauma informed practice, mental health approaches, and diversity/inclusion. For example, training on the use of the language line.	Dundee City Council Hillcrest Housing Association	March 2026
b	Dundee City Council create within their website a single place for housing information, in understandable language, easy to 'search' and involving tenants in this process.	Dundee City Council	September 2025
c	Dundee City Council create a secure drop-off point in Lochee for tenants to leave keys, letters, forms etc.	Dundee City Council	September 2025
d	Social housing providers increase tenant engagement in service design/ development and review. For example, further tenant involvement in the development of the Dundee City Council Tenants Portal.	Dundee City Council Hillcrest Housing Association	March 2026, ongoing.
e	Develop a 'Dundee Standard' of damp/ condensation guidance for social housing providers, ensuring a consistent approach to quality advice and information to all tenants.	Dundee City Council Hillcrest Housing Association	March 2026
f	Using different communication methods, deliver a Dundee wide publicity campaign to make private tenants aware of their rights; and to raise awareness of tenants and landlords' responsibilities.	Dundee CAB Dundee Law Shelter Dundee Dundee City Council	October 2025



6. What Happens Next



As a result of our detailed discussions with so many stakeholders, we are confident that we are recommending meaningful and deliverable actions. To make sure that these are implemented, we will:

- **publish the report** and make sure that people in Dundee hear about it and have the chance to support us.
- **present it to the Council, the Dundee Partnership and other decision-making bodies** who can help us to drive action forward.
- **call for our recommendations to be accepted and included** in the Dundee Fairness Action Plan for 2025/26.
- **monitor progress** on the actions at the annual Fairness Leadership Panel Conference.
- **send it to senior politicians** at the Scottish and UK Parliaments and seek an opportunity to meet with the Scottish Government's Cabinet Secretary for Social Justice.



7. Thank you to the many partners involved in process:

Argyll and Bute TSI
 Brooksbank Centre
 Creative Dundee
 Douglas Food Cupboard
 Dundee Bairns
 Dundee Carer's Centre
 Dundee Citizens Advice Bureau
 Dundee City Council
 Dundee DBI
 Dundee Deaf Links
 Dundee Federation of Tenants Association
 Dundee Fighting for Fairness
 Dundee Independent Advocacy Service
 Dundee Law
 DVVA
 Health and Social Care Partnership
 Hillcrest Housing Association
 Hilltown community centre
 Hilltown food larder
 Hindu and Muslim Leaders
 HomeStart Dundee
 Hope Point
 Hot Chocolate Trust
 Kirkton What Matters 2 U Group
 Menzieshill community action group
 Menzieshill food hub and community garden
 Menzieshill Tenants Association
 Northwood Charitable Trust
 Positive Steps
 Rock Solid
 Scrapantics
 The Maxwell Centre
 Third sector partners
 Transition Dundee
 WRASAC

...and to the many members of local communities across Dundee who shared their experiences and ideas.





Dundee Fairness
Leadership Panel

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Dundee Integration Joint Board Integrated Impact Assessment

Document Title	Dundee Fairness Leadership Panel Report 2025					
Type of document	Policy		Plan		Other- describe	Report from expert panel
Date of this Pre-Integrated Impact Assessment Screening					15 May 2025	
Date of last IIA (if this is an update)			n/a			
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
To present the latest report from the Dundee Fairness Leadership Panel (FLP) and seek support in implementing its recommendations in collaboration with other community planning partners.						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Dundee Fairness Leadership Panel						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Kathryn Sharp, Acting Head of Strategic Services, kathryn.sharp@dundeecity.gov.uk						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Peter Allan, Service Manager (Community Planning), peter.allan@dundeecity.gov.uk						
<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>						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					X	
A major Strategy/Plan, Policy or Action Plan						
An area or partnership-wide Plan						
A Plan/Programme/Strategy that sets the framework for future development consents						
The setting up of a body such as a Commission or Working Group						
An update to an existing Plan (when additional actions are described and planned)						

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: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn	X	

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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>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>										
From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	X								
<p>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)</p> <table border="1"> <tr> <td>Anticipated Date of IJB</td> <td>18 June 2025</td> <td>IJB Report Number</td> <td>DIJB33-2025</td> </tr> <tr> <td>Date IIA completed</td> <td colspan="3">15 May 2025 (based on information submitted to Dundee City Council City Governance Committee on 21 April 2025)</td> </tr> </table>			Anticipated Date of IJB	18 June 2025	IJB Report Number	DIJB33-2025	Date IIA completed	15 May 2025 (based on information submitted to Dundee City Council City Governance Committee on 21 April 2025)		
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Date IIA completed	15 May 2025 (based on information submitted to Dundee City Council City Governance Committee on 21 April 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)

Dundee Integration Joint Board Integrated Impact Assessment

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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
21 May 2025	Integrated Impact Assessment undertaken by Dundee City Council to support the submission of the Fairness Leadership Panel Report to their City Governance Committee. The information in this IIA is based on that provided to Dundee City Council		Service Manager (Community Planning) Dundee City Council

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

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Dundee Integration Joint Board Integrated Impact Assessment

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	The report includes a focus on reducing social isolation and recommendations related to this. Further improvement to services and supports that reduce social isolation are likely to have a greater positive impact on older people.
No Impact		
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive	X	The report includes a focus on improving services for people with poor mental health and wellbeing and who are socially isolated. People with disabilities are disproportionately impacted by these needs and are therefore more likely to experience positive benefits as result of the recommendations made and subsequent actions taken.
No Impact		
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		The recommendations made within the report and likely subsequent actions are not considered to have either a positive or negative impact on this protected characteristic.
No Impact	X	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		The recommendations made within the report and likely subsequent actions are not considered to have either a positive or negative impact on this protected characteristic.
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		The recommendations made within the report and likely subsequent actions are not considered to have either a positive or negative impact on this protected characteristic.
No Impact	X	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		The recommendations made within the report and likely subsequent actions are not considered to have either a positive or negative impact on this protected characteristic.
No impact		
Negative		
Not known		
Religion & Belief		Explanation, assessment and potential mitigations
Positive		The recommendations made within the report and likely subsequent actions are not considered to have either a positive or negative impact on this protected characteristic.
No Impact	X	
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		The recommendations made within the report and likely subsequent actions are not considered to have either a positive or negative impact on this protected characteristic.
No Impact	X	
Negative		
Not Known		
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		The recommendations made within the report and likely subsequent actions are not considered to have either a positive or negative impact on this protected characteristic.
No Impact	X	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		

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Dundee Integration Joint Board Integrated Impact Assessment

Describe any Children's Rights impacts not covered elsewhere in this record.

n/a

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

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)	X			
North East (Whitfield, Fintry & Mill O'Mains)	X			
Lochee (Lochee Beechwood, Charleston & Menzieshill)	X			
Coldside (Hilltown, Fairmuir & Coldside)	X			
East End (Mid Craigie, Linlathen & Douglas)	X			
Maryfield (Stobswell & City Centre)	X			
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End	X			
The Ferry	X			
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				

Dundee Integration Joint Board Integrated Impact Assessment

Families and households experiencing poverty reside in all areas of the city. The recommendations contained in the report address issues that could impact across all Ward areas, with an anticipated positive impact.

Dundee Integration Joint Board Integrated Impact Assessment

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

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

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

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		There are no recommendations in the report that are considered to impact on this specific 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	It is known from local engagement activity led by the Carers Partnership that many unpaid carers report living in poverty and / or a significant impact on their mental health and wellbeing. The recommendations and subsequent actions are therefore likely to positive impact carers.
No Impact		
Negative		
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive	X	It is known that lone parent households have higher rates of poverty. The recommendations and subsequent actions are therefore likely to positive impact on these families.
No Impact		
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive	X	Amongst families experiencing poverty, there is evidence that impacts are greater for those with children in their early years and where there are a greater number of children. The recommendations and subsequent actions are therefore likely to positive impact on these families.
No Impact		
Negative		
Not Known		
Retirement Pensioner (s)		
Positive	X	The report includes a focus on reducing social isolation and recommendations related to this. Further improvement to services and supports that reduce social isolation are likely to have a greater positive impact on older people.
No Impact		
Negative		
Not Known		
Serious & Enduring Mental Health Conditions		
Positive	X	The report recommendations have a strong focus on improving accessibility and experience of mental health and wellbeing services.
No Impact		
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive	X	Homelessness can have a close relationship to the availability and quality of local housing. The report includes recommendations that will increase the quality of homes and ensure that tenants are aware of their rights. It is also known that rates of poor mental health and wellbeing are greater amongst the population of people who are homeless or who are at risk of becoming homeless.
No Impact		
Negative		
Not Known		
Drug and/or Alcohol issues		
Positive	X	The report recommendations have a strong focus on improving accessibility and experience of mental health and wellbeing services. It is known that a high proportion of people who use drugs and alcohol also experience poor mental health and wellbeing.
No Impact		
Negative		
Not Known		
Offenders and Former Offenders		

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

Dundee Integration Joint Board Integrated Impact Assessment

Positive	<input checked="" type="checkbox"/>	The report recommendations have a strong focus on improving accessibility and experience of mental health and wellbeing services. It is known that a high proportion of people involved in community justice services also experience poor mental health and wellbeing.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

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

Explanation, assessment and any potential mitigations

Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)

Positive	<input checked="" type="checkbox"/>	The report makes recommendations relating to improving the sustainability and accessibility of services supporting people who are experiencing poverty.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.

Positive	<input checked="" type="checkbox"/>	The report's recommendations on damp and condensation aim to have a direct impact on levels of fuel poverty.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Earnings & employment-including opportunities, education, training & skills, security of employment, under employment & unemployment

Positive	<input type="checkbox"/>	There are no recommendations in the report that are considered to impact on this specific factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Connectivity / Internet Access/ Digital Skills

Positive	<input type="checkbox"/>	There are no recommendations in the report that are considered to impact on this specific factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Health (including Mental Health) Specifically consider any impacts to **Child Health**

Positive	<input checked="" type="checkbox"/>	The report recommendations have a strong focus on improving accessibility and experience of mental health and wellbeing services.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Life expectancy

Positive	<input type="checkbox"/>	There are no recommendations in the report that are considered to impact on this specific factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Healthy Weight/Weight Management/Overweight / Obesity

Positive	<input type="checkbox"/>	There are no recommendations in the report that are considered to impact on this specific factor.
No Impact	<input checked="" type="checkbox"/>	

Dundee Integration Joint Board Integrated Impact Assessment

Negative		
Not Known		
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		
No Impact	X	There are no recommendations in the report that are considered to impact on this specific factor.
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		
No Impact	X	There are no recommendations in the report that are considered to impact on this specific factor.
Negative		
Not Known		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		
No Impact	X	There are no recommendations in the report that are considered to impact on this specific factor.
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		
No Impact	X	There are no recommendations in the report that are considered to impact on this specific factor.
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		
No Impact	X	There are no recommendations in the report that are considered to impact on this specific factor.
Negative		
Not Known		
Sustainable Procurement		
Positive		
No Impact	X	There are no recommendations in the report that are considered to impact on this specific factor.
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		
No Impact	X	There are no recommendations in the report that are considered to impact on this specific factor.
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		
No Impact	X	There are no recommendations in the report that are considered to impact on this specific factor.
Negative		
Not Known		

There is a requirement to assess plans that are likely to have significant environmental effects. Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment

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

Dundee Integration Joint Board Integrated Impact 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

☒

No

☐

Statement 2

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

Yes

☐

No

☒

Use the [SEA flowchart](#) to determine whether this plan or proposal requires SEA.

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

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

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

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

End of Impact Assessment Record.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 18 JUNE 2025

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

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB35-2025

1.0 PURPOSE OF REPORT

- 1.1 To seek approval of the Integration Joint Board's first statutory annual report in relation to the Health and Care (Staffing) (Scotland) Act 2019.

2.0 RECOMMENDATIONS

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

- 2.1 Note the requirement on Dundee Integration Joint Board to produce and publish an annual report under Section 3 (6) of the Health and Care (Staffing) (Scotland) Act 2019 by the 30 June 2025 (sections 4.2 and 4.3).
- 2.2 Approve the proposal that the Dundee Integration Joint Board and Dundee City Council produce and publish a joint annual report covering all aspects of social care and social work services (including early years services and housing support services) (section 4.4).
- 2.3 Approve the content of the draft annual report (attached as Appendix 1) as this relates to the functions of the IJB. Noting the content within the report that relates to the functions of Dundee City Council will be considered at their City Governance Committee on 23 June 2025.
- 2.4 Note the planned approach to publication of the report following its approval by both the IJB and Dundee City Council (section 4.6).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 MAIN TEXT

- 4.1 The Health and Care (Staffing) (Scotland) Act 2019 (the 2019 Act) establishes a statutory framework for ensuring appropriate staffing levels in health and care services in Scotland. It aims to enable safe and high-quality care and improved outcomes for service users and to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns. The 2019 Act came into force on 1 April 2024. Further information about the 2019 Act is available at: [Health and Care \(Staffing\) \(Scotland\) Act 2019: overview - gov.scot](https://www.healthcare.scot/act-2019-overview)
- 4.2 Section 3 (2) of the 2019 Act focuses on the duties of integration authorities and local authorities in terms of "...planning or securing the provision of a care service from another person under a

contract, agreement or other arrangements...” setting out that these public bodies must have regard to the guiding principles for health and care staffing (set out in Section 1 of the Act), the duty on care service providers to ensure appropriate staffing and appropriate training for staff and the duty to have regard to relevant guidance issued by Scottish Ministers. Section 3 (6) requires both integration authorities and local authorities to publish information on the steps they have taken to comply with Section 3(2) and ongoing risks affecting their ability to comply in an annual report at the end of each financial year. The first annual report must be published by 30 June 2025.

- 4.3 The Scottish Government has published statutory guidance to support the implementation of the 2019 Act ([Health and Care \(Staffing\) \(Scotland\) Act 2019: draft statutory guidance for consultation](#)). This clarifies that the reporting requirements applies only to:

- The planning or securing of services from a third party.
- Only care services listed under section 47 (1) of the Public Services Reform (Scotland) Act 2010.
- Relevant services planned for and secured only during the reporting period (for this year, 2024/25) – including all new, renewed or renegotiated agreements.
- The planning and securing stages only; there is no requirement under the 2019 Act for ongoing monitoring or scrutiny of third-party providers.

No further guidance has been made available regarding the expected content or format of reports, other than a basic template issued by the Scottish Government for the 2024/25 reporting year. The Care Inspectorate, in response to feedback from the sector, has provided a helpful FAQ document. Officers from both the Dundee Health and Social Care Partnership and Dundee City Council will continue to advocate through national networks and professional bodies for enhanced guidance and a more detailed template for future years reports.

- 4.4 In Dundee the responsibilities for the planning and securing of the relevant care services are split between Dundee IJB and Dundee City Council as summarised below:

Services planned for by Dundee IJB	Services planned for by Dundee City Council
<ul style="list-style-type: none"> • a support service (adults only); • a care home service (adults only); • a nurse agency; • an adult placement service; and • a housing support service. 	<ul style="list-style-type: none"> • a support service (children and community justice only); • a care home service (children only); • a school care accommodation service; • a child care agency; • a secure accommodation service; • an offender accommodation service; • an adoption service; • a fostering service; • child minding; • day care of children; and • a housing support service.
Services secured (procured) by Dundee City Council	
<ul style="list-style-type: none"> • a support service; • a care home service; • a school care accommodation service; • a child care agency; • a secure accommodation service; • an offender accommodation service; • an adoption service; • a fostering service; • an adult placement service; • child minding; 	

- day care of children; and
- a housing support service.

In order to provide a coherent overview of activity to plan and secure services has been undertaken inline with the requirements of Section 3(2) of the 2019 Act, it is proposed that Dundee IJB and Dundee City Council publish a joint annual report covering all aspects of social care and social work services (including early years and housing support services). It is intend that this will allow stakeholders, including members of the public, to better understand the full process of planning and securing services within a single document. The draft report is attached as Appendix 1.

4.5 It is widely acknowledged that the duties set out in section 3(2) of the 2019 Act significantly overlap with a range of other legislative provisions, national standards and outcomes and regulation and scrutiny frameworks, for example:

- [National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services](#)
- [Health and Social Care Standards: My support, my life](#)
- Public Bodies (Joint Working) (Scotland) Act 2014
- Equality Act 2010
- Care Inspectorate Quality Frameworks for adult support and protection, care homes for adults and older people, support services, housing support services and nurse agencies (available at: [Quality frameworks and KQ7s](#))
- Care Inspectorate Quality Frameworks for early learning and childcare, childminders, childcare agencies, justice accommodation services, secure accommodation services, care homes for children and young people and children and young people in need of protection (available at: [Quality frameworks and KQ7s](#))

Many of these other provisions pre-date the 2019 Act and have been embedded in strategic planning, commissioning and procurement for social care and social work services for many years. This includes provisions specifically related to staffing levels and quality, which are scrutinised closely in partnership with the Care Inspectorate and the Scottish Social Services Council (SSSC). It should be noted that the Care Inspectorate has not yet developed any staffing tools for social care and social work services (allowed for under Section 12 of the 2019 Act), therefore all staffing ratio requirements currently used in services arise from other pieces of legislation or guidance. For this reason, the annual report, although a new requirement this year, reflects many arrangements that have been in place in both the IJB and the Council for a significant period of time and which members may already be aware of through previous reports and briefings.

4.6 Following approval of the report by both the Dundee IJB and Dundee City Council it will be published on their respective websites and formally submitted to the Scottish Government by the deadline date of 30 June 2025.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk Description	<p>Viability of external providers is an identified risk on the DHSCP Strategic Risk Register, detailing a range of factors that pose a challenge to sustainability, including increased costs of service provision.</p> <p>There is some risk that if the Care Inspectorate were to publish staffing tools for care services (in addition to staffing ratio requirements already in place) that this would result in the requirement for increased staffing levels and associated costs.</p>
Risk Category	Workforce, Financial
Inherent Risk Level	Likelihood 2 x Impact 4 = 8 (High risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • There is no indication that the Care Inspectorate intend to develop staffing tools for Ministerial approval in the short-term. • If staffing tools were to be developed it is very likely that this would include consultation with stakeholders, including the HSCP and individual providers. • Staffing ratios are already utilised within services and form a key aspect of procurement and scrutiny activity. It is unlikely that any new staffing tool would significantly shift the overall requirement for staffing.
Residual Risk Level	Likelihood 2 x Impact 2 = 4 (Moderate risk)
Planned Risk Level	Likelihood 2 x Impact 2 = 4 (Moderate risk)
Approval recommendation	Given the mitigating actions noted above this risk level is deemed to be acceptable.

Risk Description	<p>Increased bureaucracy is an identified risk on the DHSCP Strategic Risk Register, including potential for additional bureaucracy associated with national developments.</p> <p>As the 2019 Act includes significant duplication with other pre-existing legislative, guidance and scrutiny requirements and expectations there is a risk that the new annual report requirement duplicates information already available within other statutory annual reports whilst adding to resource pressures.</p>
Risk Category	Governance
Inherent Risk Level	Likelihood 5 x Impact 2 = 10 (High risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Officers will continue to seek clearer guidance from the Scottish Government regarding the required content and format of future reports. • Officers will continue to advocate that the reporting deadline for the 2019 Act should be aligned to other statutory annual reports for the sector. • Wherever possible/relevant information produced for the 2019 Act report will also be utilised for other statutory reports. • This year's report has been produced with minimal guidance to a standard which evidences that both the IJB and Council have made every effort to comply fully with reporting requirement. If and when more detailed guidance is available it might be possible to further rationalise report contents.
Residual Risk Level	Likelihood 3 x Impact 2 = 6 (Moderate risk)
Planned Risk Level	Likelihood 3 x Impact 2 = 6 (Moderate risk)
Approval recommendation	Given the mitigating actions noted above this risk level is deemed to be acceptable.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None

Dave Berry
Chief Officer

DATE: 15 MAY 2025

Kathryn Sharp
Acting Head of Service, Strategic Services

Laura Menzies
Senior Officer, Social Care Contracts

Michelle Harrow
Service Manager (Housing), Neighbourhood Services, Dundee City Council

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

Lesley Gibb
Education Manager (0-5), Children and Families Service, Dundee City Council

Health and Care (Staffing) (Scotland) Act 2019

Annual Report 2024/25

Name of local authority / integration authority: Dundee Integration Joint Board / Dundee City Council

Report authorised by: Dundee Integration Joint Board and Dundee City Council (City Governance Committee)

Name: Dave Berry / Audrey May

Designation: Chief Officer, Dundee Integration Joint Board / Executive Director, Children and Families Service, Dundee City Council

Date: Publication date will be added once known

Details of where the report will be published: links to website will be added once known

1. Context

1.1 Local Governance Arrangements

The Dundee Integration Joint Board (IJB) was established on 1 April 2016. In Dundee, adult health and social care functions have been delegated to the IJB; a full list of delegated functions can be found at: [Dundee Health And Social Care Integration Scheme 2022](#). Children's health and social care functions have been retained by Dundee City Council and NHS Tayside.

The IJB operates as a separate legal body acting independently of NHS Tayside and Dundee City Council. The IJB is therefore responsible for the planning of adult health and social care services, including planning for services to be secured via a contract, agreement or other arrangements from a third-party service provider. Whilst Dundee City Council is responsible for the planning of children's social care, social work and early years services, including those secured from third party providers. Both Dundee City Council and Dundee IJB are involved in planning of housing support services.

The IJB does not have the authority to enter a contract with a third party to provide a service. Where the IJB plans for the commissioning of a service from a third party it will direct Dundee City Council or NHS Tayside to procure the service, including all required contractual arrangements.

In Dundee a dedicated Social Care Contracts Team supports the commissioning and procurement of all social care services (including adults and children's social care and social work services and early years services) that are planned for by the IJB or by Dundee City Council. The team also supports the commissioning and procurement of housing supports services planned for by the IJB or the Council.

In relation to the services listed under Section 47 (1) of the Public Services Reform (Scotland) (Act) 2010 local arrangements for the planning and procurement of services are summarised below:

Services planned for by Dundee IJB	Services planned for by Dundee City Council
a support service (adults only); a care home service (adults only); a nurse agency; an adult placement service; and a housing support service.	a support service (children and community justice only); a care home service (children only); a school care accommodation service; a child care agency; a secure accommodation service; an offender accommodation service; an adoption service; a fostering service; child minding; day care of children; and a housing support service.
Services secured (procured) by Dundee City Council	
a support service; a care home service; a school care accommodation service; a child care agency; a secure accommodation service; an offender accommodation service;	an adoption service; a fostering service; an adult placement service; child minding; day care of children; and, a housing support service.

Section 3 (6) of the Health and Care (Staffing) (Scotland) Act 2019 requires every local authority and integration authority to publish information annually on the steps they have taken to comply with the requirements of the Act in relation to planning and securing services and any ongoing risks that may affect their ability to comply with these requirements. Dundee IJB and Dundee City Council have agreed to produce an integrated annual report covering all social care and social work services (including early years services and housing support services).

1.2 Local Planning and Commissioning Arrangements

1.2.1 Adult Services

The IJB is responsible for the strategic commissioning of delegated adult health and social care functions. They must publish a strategic commissioning plan and review this plan every three years. The IJB's current strategic framework was published in 2023: [IJB Strategic Commissioning Framework 2023-2033](#). The framework sets out the overall priorities and strategic shifts for adult health and social care services, including for support services, care home services, adult placement services and housing support services.

The Strategic Commissioning Framework is supported by a range of other planning documents, including strategic plans for specific care groups (such as mental health and wellbeing and carers), as well as plans for functions such as property and workforce planning.

In addition, individual operational services within the Dundee Health and Social Care Partnership maintain their own service plans. These set out in further detail areas for delivery and improvement in terms of specific areas of service delivery.

1.2.2 Children and Families Services (including Community Justice)

The Children and Families Service Improvement Plan 2023-27 has been developed in the context of the priorities outlined in the Council Plan and City Plan, alongside existing statutory requirements, policy drivers, research on best practice, demographic trends and a review of recent performance and areas for improvement.

The implementation of this plan is monitored by the Children and Families Service Senior Leadership Team in collaboration with all early learning and childcare settings, primary, secondary and special schools and social work teams. Where progress is dependent upon partner services, including in respect of commissioned services, monitoring will occur in partnership with individual organisations and/or formal partnership groups.

Individual services including commissioned Early Learning and Childcare (ELC) Services (Day Care of Children and Childminding) are required to develop and monitor their own service Improvement Plan which sets out areas for improvement on an annual basis.

1.2.3 Neighbourhood Services

The IJB Strategic Commissioning Framework sets out the overall priorities and strategic directions for our external housing support services, ensuring that these services are person-centred and comply with legislative requirements, thereby reflecting the Guiding Principles of the Health and Care (Staffing) (Scotland) Act 2019.

The Rapid Rehousing Transition Plan (RRTP) supports the strategic commissioning framework and involves collaboration with our Health and Social Care partnership and the third sector

accommodation providers to ensure that individuals experiencing homelessness can access suitable accommodation with the appropriate support to suit their needs.

1.2.4 Commissioning and Procurement

All commissioning and procurement activity for social care services is supported via a specialist Social Care Contracts Team. As part of the implementation of the Strategic Commissioning Cycle the team contribute to strategic planning for and advise on and support all procurement activity. Procurement activity is carried out inline with:

Procurement law framework	Social care procurement / commissioning
Public Contracts (Scotland) Regulations 2015 – sets out a set of light touch rules for procuring services valued at over £663,540.	Social Work (Scotland) Act 1968 – key underlying legislation relevant to social care.
Procurement Reform (Scotland) Act 2014 – sets out rules for procuring services valued at between £50,000 and £663,540.	Social Work (Scotland) Act 1968 – key underlying legislation relevant to social care.
Procurement (Scotland) Regulations 2016 – set out rules for procuring services valued at between £50,000 and £663,540.	Regulation of Care (Scotland) Act 2001 – to improve the standards of social care services.
	Community Care and Health (Scotland) Act 2002 – introduces free personal care for older people and rights for unpaid carers.
	Mental Health (Care and Treatment) (Scotland) Act 2003 – to develop community-based mental health services and involve service users in decisions.
	Adult Support and Protection (Scotland) Act 2007 – gives greater protection to adults at risk of harm or neglect.
	Social Care (Self Directed Support) (Scotland) Act 2013 – key legislation relevant to Self-Directed Support.
	Community Justice (Scotland) Act 2016 – to improve community justice outcomes.
	Carers (Scotland) Act 2016 – to improve support for all carers.
	Local Government in (Scotland) Act 2003 – key legislation relevant to local authorities achieving best value in all that they do.

Reproduced from: Coalition of Care and Support Providers in Scotland: A Brief Guide for procuring Social Care services

Procurement routes and options for social care services (including early years and housing support services) include:

- Competitive tender
- Flexible frameworks / mini competitions
- Outcome-based contract and monitoring
- Public Social Partnerships
- Alliance Contracts
- Participatory budgeting
- Direct awards

All procurement activity is undertaken in line with the legislative framework as well as the relevant provisions within Dundee City Council's Standing Orders. A draft Social Care Procurement Policy has been developed, and it is anticipated that this will be submitted to the relevant bodies for approval during 2025/26; the draft policy fully reflects and incorporates the requirements of the 2019 Act.

Following the conclusion of procurement activity the Social Care Contracts Team, alongside Legal Services, support the process of agreeing contracts and subsequent contract monitoring arrangements. All services are subject to a contract, however the format of this can vary depending on the overall financial value of the award, the nature of the service and the source of funding. The vast majority of contractual arrangements are implemented via a model social care contract, however frameworks and funding agreements might also be used where appropriate.

1.3 Planning and Procurement Activity – 01 April 2024 – 31 March 2025

All social care contracts with providers are reviewed on an annual basis and renewed where contract monitoring outcomes and strategic planning activity supports this. This annual cycle reflects the budgetary cycles followed by both the Dundee IJB and Dundee City Council. In summary for 2024/25 this included:

- 137 social care services with an anticipated total annual value of just under £65 million. Including:
 - 44 services purchased for children's social care, including awards made via the Children and Families Framework (valued at £1 million per annum).
 - 89 services purchased for adult social care.
- 38 Early Learning and Childcare Services (including childminders) contracted to offer funded ELC (valued at £6 million per annum).

In addition to this, Care Home Services are secured via the National Care Home Contract which is administered by Scotland Excel.

2. Compliance - Section 3 (2) of the Health and Care (Staffing) (Scotland) Act 2019:

2.1 Guiding Principles

2.1.1 Adult Social Care and Social Work

The Guiding Principles of the 2019 Act¹ closely reflect the principles that already underpin a wide range of legislation, national standards and outcomes, and regulation and scrutiny frameworks for adult social care and social work services, including:

- [National Health and Wellbeing Outcomes: A framework for improving the planning and delivery of integrated health and social care services](#)
- [Health and Social Care Standards: My support, my life](#)
- Public Bodies (Joint Working) (Scotland) Act 2014
- Equality Act 2010
- Care Inspectorate Quality Frameworks for adult support and protection, care homes for adults and older people, support services, housing support services and nurse agencies (available at: [Quality frameworks and KQ7s](#))

Subsequently these Guiding Principles have also been incorporated into the IJB's Strategic Commissioning Framework and are reflected both in the IJB's ambition for health and social care in Dundee, in the IJB's values and in their Strategic Priorities (and related strategic shifts). This means that the Guiding Principle are central to all Strategic Commissioning activity led by the IJB, including planning for the procurement of services from third party providers.

Ambition for Health and Social Care in Dundee

People in Dundee will have the best possible health and wellbeing.

They 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**.

Figure 1 IJB Ambition for Health and Social Care in Dundee

¹ The Guiding Principles are:

1. Improving standards and outcomes for service users; 2. Taking account of the particular needs, abilities, characteristics and circumstances of different service users; 3. Respecting the dignity and rights of service users; 4. Taking account of the views of staff and service users; 5. Ensuring the wellbeing of staff; 6. Being open with staff and service users about decisions on staffing; 7. Allocating staff efficiently and effectively; and, 8. Promoting multi-disciplinary services as appropriate.

The Integration Joint Board's Values	
Human rights	Making sure that everything we do promotes and protects the human rights of everyone in Dundee.
Equality and fairness	Working in a way that understands the differences between people and communities so that everyone gets the help that they need to have good health and wellbeing.
Whole life	Contributing to good health and wellbeing from birth to death, including supporting people to have a good death. Supporting other public services in their leadership of work to promote good health and wellbeing in the early years and throughout childhood.
Collaborative	Making sure that we listen to and work together with people who use health and social care services, unpaid carers and the workforce.
Innovative	Testing new, improved and better approaches to promoting health and wellbeing.
Compassionate	Making sure that we treat everyone with kindness, compassion and dignity. This includes people who use health and social care services, unpaid carers and the health and social care workforce.
Transparent	Making sure that we communicate clearly with the public about the decisions we make, why we have made them and the impact they have had on health and wellbeing.
Empowering	Working with people and communities to share power, make decisions and support them to access the things they need to meet their own health, wellbeing and social care needs.
Sustainability	Investing in services and supports that make the best use of the money and other resources that the IJB has just now to reduce the future demand on health and social care services. Using evidence about 'what works' to help the IJB to do this. Working in a way that helps to reduce the impact of climate change on the future health and social care needs of people.

Figure 2 IJB Values



Figure 3 IJB Strategic Priorities

Guiding Principles 2 and 3 - All decisions made by the IJB in relation to the planning of health and social care services, including those that result in the purchasing of services from a third-party provider, are subject to Equality Impact Assessment (as required by the Equality Act 2010). Following audit activity undertaken by the Equality and Human Rights Commission in 2022, the IJB has worked throughout 2023 and 2024 to make improvements to the process for and quality of impact assessments (see: [DIJB1-2023.pdf](#)). Improvements made over this period have focused on ensuring that all decisions are supported by an impact assessment, that the quality of impact assessments is sufficient to support the IJB in their decision making and that impact assessments are published in an accessible manner.

Guiding Principle 4 - As required by the Public Bodies (Joint Working) (Scotland) Act 2014 and associated guidance, the IJB's Strategic Commissioning Framework was developed through engagement with people who use health and social care services, unpaid carers, wider communities and the health and social care workforce. More information can be found about this process in the Framework. [IJB Strategic Commissioning Framework 2023-2033](#).

Guiding Principle 4 - During 2024/25 the IJB also undertook a public consultation to inform the 2025/26 budget setting process. This included consultation regarding elements of the budget relating to social care and social work services, including services purchased from the third and independent sector. Further information regarding the budget consultation process and outcomes can be found at: [Dundee IJB Budget Consultation Results 2025/26 | Dundee Health and Social Care Partnership](#).

Guiding Principle 5 – The Dundee IJB and Dundee Health and Social Care Partnership has adopted a whole system approach to supporting staff wellbeing, regardless of employer. This means that members of the workforce employed by Dundee City Council, NHS Tayside and within organisations in the third and independent sector are able to access workforce wellbeing and support resources that have been developed for the Partnership. Workforce wellbeing encompasses a wide range of learning and development opportunities, self-care resources, sign-posting and referral information, and tailored team inputs led by Learning and Organisational Development colleagues.

Guiding Principles 4 -8 - Dundee IJB approved the Dundee Health and Social Care Partnership's first [workforce plan](#) in June 2022 in response to national workforce planning guidance issued by the Scottish Government. In December 2024 the Scottish Government set out the requirement for a further workforce plan submission to be made to them in March 2025. In early 2025, an internal audit of [Dundee IJB Workforce](#) (see page 129) was completed and made recommendations for improvements to the approach used to deliver workforce planning in the Partnership. Taken together, these developments provided an important opportunity to undertake a full update of the Integrated Workforce Plan. Significant progress has been made in revising the workforce plan during the final quarter of 2024/25 and it is anticipated that the updated plan will be submitted to the IJB for approval in June 2025. The revised plan will fully reflect the requirements on the 2019 Act, including the Guiding Principles, and expands the focus on workforce arrangements within third and independent sector providers of health and social care services.

Guiding Principles 5 and 7 – During 2024/25 Dundee IJB’s Strategic Risk Register included two risks with direct relevance to the 2019 Act: Staff Resource and, Viability of External Providers (see page 145 at [ijb160425ag.pdf](#)). Both of these risks reflect the ongoing challenges associated with workforce recruitment, retention and wellbeing in the context of wider financial pressures within the adult health and social care sector. The IJB, via its Performance and Audit Committee, monitors strategic risks on a quarterly basis, and utilised information from the risk register to inform strategic planning and commissioning activity.

2.1.2 Children and Families Services (including Community Justice)

The Guiding Principles of the 2019 Act² closely reflect the principles that already underpin a wide range of legislation, national standards and outcomes, and regulation and scrutiny frameworks for Children and Families services (including Community Justice), including:

- The Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- Children (Care and Justice) (Scotland) Act 2024
- Adoption and Children (Scotland) Act 2007
- Community Justice (Scotland) Act 2016
- Working with children in conflict with the law 2021: standards
- Secure care: pathway and standards
- National Care Standards: Foster Care and Family Placement Services
- Social work services in the criminal justice system: national outcomes and standards
- Care Inspectorate Quality Frameworks for children and young people in need of care and protection, childcare agencies introducing and supplying childcare staff, secure accommodation services, care homes for children and young people and schoolcare accommodation (special residential schools), support services (not care at home), fostering, adoption and adult placement services, (available at: [Quality frameworks and KQ7s](#))

The guiding principles are incorporated into all aspects of commissioning within Children and Families Services (including Community Justice) through regular engagement and discussion with commissioned services to ensure that support and intervention meets the assessed needs of children, young people and their families. The monitoring and overview process around commissioned services focuses on measuring the outcome of intervention, and identification of unmet need, which informs further development of services. The guiding principles support Dundee City Council’s aim in ensuring that children, young people and their families receive the

²The Guiding Principles are:

2. Improving standards and outcomes for service users; 2. Taking account of the particular needs, abilities, characteristics and circumstances of different service users; 3. Respecting the dignity and rights of service users; 4. Taking account of the views of staff and service users; 5. Ensuring the wellbeing of staff; 6. Being open with staff and service users about decisions on staffing; 7. Allocating staff efficiently and effectively; and, 8. Promoting multi-disciplinary services as appropriate.

right support at the right time, and that there is a whole family focus to support, which ensures that the relevant supports are in place.

The guiding principles are evidenced throughout Dundee City Councils strategic plans, including:

- [Tayside Plan for Children, Young People and Families 2023-26](#)
- [Dundee City Plan](#)
- [Dundee Council Plan](#)
- Protecting People Delivery Plans
- [Community Justice Outcome Improvement Plan](#)
- Our Promise Partnership Plan 2023- 2025

Guiding Principle 1 - We Improve standards and outcomes for service users through compliance with our service specific regulations and standards which are at the forefront of our commissioning and monitoring discussions with partner providers. We ensure that the impact of support is reviewed at an individual level through Child's Plans Meetings and this then informs monitoring discussions. Impact and outcomes are measures through regular audit and self-evaluation activity.

Guiding Principle 2 - We take account of the particular needs, abilities, characteristics and circumstances of different service users through regular interrogation of data which ensures we are aware of the emerging patterns of needs and vulnerabilities of our families. Through participation and engagement, we are able to have a better understanding of how our families experiences the supports and this allows us to future plan what services are needed and where, informing monitoring discussions with partner providers in relation to types and levels of service provision.

Guiding Principle 3 - We respect the dignity and rights of service users through ensuring our own and partner compliance in data protection legislation by maintaining the confidentiality of all those using our services. We ensure robust complaint systems are in place, that these are communicated effectively to our families and that we capture and act on any learning arising from complaints. Where appropriate, we actively encourage and support people to obtain legal advice. Families' experiences of services, including complaints are factored into monitoring discussions with providers.

Guiding Principle 4 – We take account of the views of service users through a variety of methods based on what works best for them. Children and their families' views are regularly sought and incorporated into planning within Child Planning Meetings (Team around the Child, LAC Review, Core Group Meetings) through direct contact, use of advocacy and a number of different methods specifically designed to allow children to share their views. We ensure that we consider the views of children who are non-verbal through age or disability. We take account of the views of staff through surveys, focus groups and annual conferences. When considering the

development of new services or reviewing existing services, we ensure the views of frontline staff are collated and incorporated.

Guiding Principle 6 – We are open with staff and service users about decisions on commissioning and staffing, and aim to communicate this effectively both on a regular and bespoke basis. We ensure safer staffing conversations are incorporated into all commissioning and monitoring arrangements and proactively considered whenever a child is being placed outwith the care of their family within placement matching discussions.

Guiding Principle 7 – We allocate staff efficiently and effectively in partnership with commissioned providers through understanding the needs of our families and the services they require to have their needs met. All providers are required to have in place robust recruitment practice, this ensures regular review of desired and essential skills required and ongoing development needs are identified through supervision arrangements.

Guiding Principle 8 - We proactively promote multi-disciplinary services through partnership planning at both strategic and operational level and through our interventions. This happens at the very first point of contact with our service through our Multi-Agency Screening Hub and is evidenced across the continuum of intervention through GIRFEC approaches ranging from Team around the Child Meetings to Child Protection, Looked After Children and Care and Risk Management. Multi-agency data is analysed and used to inform service delivery, and we have a number of initiatives and policies based on partnership approaches which drive and oversee multi agency collaboration and service delivery including:

- Chief Officers Group
- Chief Officer Group for Protecting People
- Children at risk Committee
- Alcohol and Drugs Strategic Group
- Children, Families and Communities Committee
- Local Community Planning Partnership
- Risk and Assurance Board
- Child Poverty Executive Board
- Dundee's Young people Strategic Group
- Our Promise Partnership
- GIRFEC Leadership Group

2.1.3 Early Learning and Childcare

The Guiding Principles of the 2019 Act closely reflect the principles that already underpin a wide range of legislation, national standards and outcomes, and regulation and scrutiny frameworks for Early Learning and Childcare (ELC) services, including:

- [Funding follows the child and the national standard for early learning and childcare providers: operating guidance 2023](#)
- [Care Inspectorate quality framework for daycare of children, childminding and school-aged childcare March 2022](#)
- [How good is our Early Learning and Childcare](#)
- The Education (Scotland) Act 1980

- The Children and Young People (Scotland) Act 2014
- [Health and Social Care Standards: My support, my life](#)

All ELC providers including Local Authority Nurseries and Funded Providers are expected to give ongoing consideration to the guiding principles outlined in the Health and Care (Staffing) (Scotland) Act 2019 as exemplified below:

Improving standards and outcomes for service users. Sources of evidence:

- Meeting the ELC National Standard.
- Developing and implementing an annual Improvement Plan and Standards and Quality report.
- Ongoing, collaborative self-evaluation which seeks or takes account of the view of children, families and staff – regular consultation with families is encouraged.
- Regular and ongoing quality assurance processes/audits which reflect the Care Inspectorate Quality Framework, and How Good is our Early learning and Childcare (HGIOEL&CC).

Taking account of the needs, abilities, characteristics and circumstances of different service users. Sources of evidence:

- Adhering to Care Inspectorate Personal Planning Guidance.
- Having robust planning and evaluation processes in place that reflects the Care Inspectorate Quality Framework and HGIOEL&CC.
- Individual planning, where required / appropriate, taking account of Getting it Right for Every Child (GIRFEC) approach.
- Child protection training takes place annually and at the point of induction to ensure that children are safe and protected.

Respecting the dignity and rights of service users. Sources of evidence:

- Adhering to Care Inspectorate Personal Planning Guidance.
- Ongoing development, review and implementation of establishment level vision, values and aims.

Taking account of the views of staff and service users. Sources of evidence:

- Regular questionnaires, staff surveys and meeting with parents.
- Children's voice is regularly sought in responsive planning, learning journals and Team Around the Child processes.
- Ongoing, collaborative self-evaluation which involves children, families and staff, taking account of the Care Inspectorate Quality Framework and HGIOELCC.
- Families are involved in planning to meet their child's needs through a GIRFEC approach, including Team Around the Child Meetings.

- Settings are encouraged to seek the views of families in a range of ways, including both formal and informal approaches.
- Regular staff meetings and staff development activity supports staff to share their voice and views in a range of ways.

Ensuring the wellbeing of staff. Sources of evidence:

- Staff are supported through an annual appraisals/Quality Conversations/ PRD approach.
- Staff development is relevant to the staff's needs and the service improvement plan, building staff competence and capacity.
- Induction processes refer to the National Induction Resource.
- Ongoing quality assurance/auditing provides staff with feedback to support continuous improvement.
- A range of well-being resources are available for Local Authority staff.

Being open with staff and service users about decisions on staffing. Sources of evidence:

- Handbooks/ foyer displays reflect the staff team and are visible / available to families.
- Changes to the staff team are shared with families through appropriate forms of communication, including newsletters / updates.

Allocating staff efficiently and effectively. Sources of evidence

- Senior leadership teams deploy staff across the setting, taking account of children's needs and staff skills and knowledge.
- A range of posts ensures that children have access to suitably qualified staff .

Promoting multidisciplinary services as appropriate. Sources of evidence:

- Multi – disciplinary working is promoted and supported through a GIRFEC approach, including Team Around the Child Meetings.
- Any referral to another agency is with permission from families.
- Individual planning is in place where required.

2.1.4 Neighbourhood Services

The Health and Social Care Standards set out what is required for support services in Scotland and describe the standard of care a person can expect.

The standards in conjunction with the 5 principles of dignity and respect, compassion, be included, responsive care and support and wellbeing align with the guiding principles in the act.

Support services for people experiencing homelessness are all registered services with the Care Inspectorate and the work they do is already reflected in the care inspectorate standards and inspections.

Where there is not complete alignment through Health and Social Care standards, support contracts incorporate and reflect the Guiding Principles of the 2019 Act both through service specifications constructed for individual services and standard contractual clauses that reflect both the expectations of Dundee City Council from the service provider and references to a range of legislative requirements relevant to the provision of social care.

2.2 Commissioning and Procurement

2.2.1 Social Care, Social Work and Housing Support

All social care services purchased by the Council (either on its own behalf or following direction by the IJB) are subject to a contractual arrangement. For the majority of services model contract specific to social care services is used³, which incorporates:

- **Section A** – Terms and conditions, governance arrangements, including requirement to report significant events, complaints etc.
- **Section B** – Service Specification, applicable to service, details expectations for service, aims and objectives and outcomes.
- **Section C** – Monitoring – outlines roles and responsibilities of monitoring group members, monitoring format, reporting requirements and agreed timescales for monitoring.
- **Section D** – Finance – detailing contract values, payment schedule and financial monitoring template.

As a whole, contracts incorporate and reflect the Guiding Principles of the 2019 Act both through service specifications constructed for individual services and standard contractual clauses that reflect both the expectations of Dundee City Council from the service provider and references to a range of legislative requirements relevant to the provision of social care, social work and early years services. In relation to specific Guiding Principles the 2024/25 model contract key clauses include:

Table 1:

Guiding Principle	Contract Clauses
1. Improving standards and outcomes	A requirement for providers to implement quality assurance systems to ensure

³ Where a framework or funding letter is used as an alternative to the model contract this will include terms and conditions and services specifications that are aligned to the content of the model contract.

Guiding Principle	Contract Clauses
	<p>effective working practices and required standards.</p> <p>A requirement for providers to have in place a recognised form of external accreditation, such as the Good Governance Award.</p> <p>A requirement to regularly review all policies and procedures in line with best practice.</p> <p>Detailed requirements for contract monitoring.</p>
<p>2. Taking account of individual needs, abilities and characteristics</p>	<p>A requirement on providers to have in place clear policy statements and procedures in relation to all aspects of public protection.</p> <p>Requirements to provide information to service users prior to the service commencing and to regularly review care and support plans.</p> <p>Requirements to ensure the provider complies with the Human Rights Act 1998 and Equality Act 2010.</p>
<p>3. Respecting dignity and rights</p>	<p>Requirements in relation to maintaining the confidentiality of people using the service and to comply with data protection legislation.</p> <p>A requirement on providers to have in place a robust complaints procedure.</p> <p>Requirements to ensure the provider complies with the Human Rights Act 1998 and Equality Act 2010.</p>
<p>4. Taking account of the views of staff and people</p>	<p>A requirement on providers to utilise advocacy and interpretation, or other communication supports, where required to enable service users to utilise the service.</p>

Guiding Principle	Contract Clauses
5. Ensuring the wellbeing of staff	<p>A requirement on providers to pay due regard to the Council's Fair Work Charter when employing staff.</p> <p>A requirement on providers to comply with the Scottish Social Services Council Employers' Code of Practice.</p> <p>A requirement on providers to have a clear policy statement and procedures to support them to be a Carer Positive employer.</p> <p>Requirements to have in place appropriate insurances.</p>
6. Being open with staff, individuals and families about staffing	<p>A requirement on providers to ensure compliance with Duty of Candour.</p>
7. Allocating staff effectively and efficiently	<p>Requirements in relation to employment of staff undertaking Regulated Work (PVG).</p> <p>A requirement on providers to ensure sufficient qualified, trained and experienced staffing is in place at all times, and in particular to meet staffing requirements agreed by the Care Inspectorate where applicable.</p> <p>A requirement to utilise agency staff only in exceptional circumstances, and not to utilise volunteers to substitute for employed staff in any circumstance.</p> <p>A requirement on providers to follow safer recruitment practices.</p> <p>A requirement on providers to comply with any requirement for staff to register with the Scottish Social Services Council.</p> <p><i>The model contract will be updated for 2025/26 to include a specific requirement on providers to comply with the 2019 Act.</i></p>

In addition, service specifications for individual services will reflect a person-centred approach to service provision and the principles and approach set out in the national Health and Social Care Standards. This will also incorporate details of the service being purchased (including the nature, size, aims and objectives of the services and number and needs of service users), including the detail of specific staff posts and any expectations relating to the number of service users to be supported / hours of service to be provided aligned to that staffing group. Where services are registered services with the Care Inspectorate this will also reflect the staffing ratios they have set for the relevant service area. This element of the Contract, taken alongside contractual clauses outlined in sections 5 and 7 of Table 1 are integral to meeting the requirements of Section 7 of the 2019 Act.

Although the 2019 Act does not require the IJB and Dundee City Council to evidence ongoing monitoring of safer staffing within contracted services, it is important to note that all services are subject to robust, ongoing contract monitoring arrangements and in addition are subject to registration and scrutiny requirements via both the Care Inspectorate and Scottish Social Services Council. The IJB and Dundee City Council work closely with both of these regulatory bodies and take assurance from the outcome of their scrutiny and inspection activities. As part of the post-contract interface with providers local Provider Forums are in place for Care Home, Care at Home and Learning Disability Services, which are chaired independently from the IJB / HSCP but have multi-agency representation and provide a forum to discuss common experiences, including issues in relation to workforce planning, recruitment, retention and safer staffing. An all-provider email has been established to ensure a mechanism to share national and local information, with an all-provider email box available for all providers to use. Providers are given information about learning and workforce development sessions which are open for them to attend if relevant.

2.2.2 Early Learning and Childcare

Education authorities' functions to secure education for children under school age are provided for in the Education (Scotland) Act 1980. Under section 47(1) of the 2014 Act, an education authority must ensure that the statutory amount of funded early learning and childcare entitlement is made available for each eligible child belonging to its area. The Children and Families Service regularly monitors demand and overall capacity to ensure all eligible children can access their entitlement across the public, private and third sector context.

In order to ensure that the funded entitlement is delivered in high quality ELC settings, a Funding Follows the Child approach was introduced by the Scottish Government alongside the statutory roll-out of the expanded entitlement. Funding Follows the Child ensures the delivery of high quality funded ELC. The approach is 'provider neutral' and is underpinned by a National Standard that all settings – regardless of whether they are in the public, private or third sector, including childminders – have to meet in order to be able to deliver funded ELC.

For families this means that they will be able to access funded ELC with the provider of their choice – in the public, private, or third sector, including childminders – if that provider meets the criteria set out in the National Standard, wishes to deliver the funded entitlement, has a space available, is able to offer the funded hours, and has or is willing to enter into a contract with their local authority to deliver the funded hours.

On a bi-annual basis and once every three plus one plus one years, the Children and Families Service opens an application process for eligible services who wish to deliver the funded entitlement. On application, Services are required to evidence how they meet/ will continue to meet the criteria outlined in the National Standard for ELC for the duration of the contract. The criteria are suitably aligned with the Health and Care (Staffing) (Scotland) Act 2019.

By entering into a commissioned agreement with the local authority to deliver the funded entitlement, funded providers accept the expectations on them to comply with certain requirements. The detailed requirements are agreed with the local authority when entering into the agreement and include:

- a guaranteed standard of high quality ELC for children, including continued compliance with the National Standard criteria;
- ensuring that all funded hours are free at the point of access; and,
- a commitment to pay the real Living Wage to staff delivering the funded entitlement.

At the point of application, Services are required to submit evidence that is assessed for compliance by the Children and Families central team and Social Care Contracts Team before contracts are awarded. The evidence illustrates the Service's compliance with the Health and Care (Staffing) (Scotland) Act 2019. Relevant questions and sources of evidence are outlined below:

Table 2:

Questions	Evidence required
Care Inspectorate quality evaluations good or better on themes that relate to quality of staffing, management and leadership	Copy of most recent Care Inspection report If grade below Good (4) - Copy of Service Improvement Plan including details of when you anticipate re-inspection
All staff included in the ratio and delivering funded provision for 3- and 4-year-olds, and eligible 2-year-olds, will hold the relevant benchmark qualification or be working towards it if within the first 5 years of registration with SSSC	Provide details/ evidence that includes employee name, position held, age group working with, type of contract, SSSC number and registration category, qualification held, requirements to meet registration requirements and date of completion, number of years relevant experience- exemplar grid is contained within eligibility questionnaire

Questions	Evidence required
	Most recent Care Inspectorate Registration
Adult: child ratio for 3- and 4-year-olds is 1:8 as per CI requirements Adult: child ratio for 2-year-olds is 1:5 is as per CI requirements	Staffing Structure grid
All SSSC registered staff are achieving a minimum of 12 hours per year of continuous professional learning	Staff training plan Copy of previous years CPD record for all staff working with funded children
That all new staff delivering the funded entitlement within the last year are familiar with the content of the most up-to-date version of the national induction resource	Confirm yes/ no Upload /provide details/ evidence e.g. Copy of Induction Plan
Care Inspectorate quality evaluations good or better on the theme relating to quality of care of care and support	Copy of most recent Care Inspection report If grade below Good (4) - Copy of your Service Improvement Plan including details of when you anticipate re-inspection
Do you have a framework to support children's learning that is informed by national guidance and is appropriate to support individual children's development and learning focussed on active learning through play?	Please upload/ provide details/ evidence of your framework that takes cognisance of national guidance and supports individual child development and learning focused on active learning through play e.g. Curriculum rationale, vision, values, aims, curriculum guide, learning and teaching policy.
Care Inspectorate quality evaluations are good or better on themes that relate to quality of environment	Copy of most recent Care Inspection report If grade below Good (4) - Copy of your Service Improvement Plan including details of when you anticipate re-inspection
Children have daily access to outdoor play and do they regularly experience outdoor play in a natural environment as part of their funded ELC offer	Please upload/ provide details/ evidence either statement on access to outdoor play or outdoor play policy
The setting uses relevant national self-evaluation frameworks to self-evaluate and systematically identify strengths and areas for improvement	Copy of latest self- evaluation If no, provide details/ evidence of how you identify strengths and areas for improvement
The service has a service improvement plan developed in line with self - evaluation evidence, evidence from Education Scotland and Care Inspectorate scrutiny activities, research and national practice guidance, to continuously improve the quality of provision and outcomes for children and families	Copy of most recent service improvement plan and standards and quality report If no, provide details/ evidence of how you plan for continuously improving quality of your service

Questions	Evidence required
There is open and regular communication with parents and carers	Statement on how you undertake open and regular communication with parent and carers about the work of the setting and how families are meaningfully involved in influencing change
Parents and carers are supported to engage in their child's learning and development	Statement of how parents and carers are supported to engage in their child's learning and development including support for families to help them to engage in a variety of learning opportunities which meet their individual needs
The setting must comply with the duties under the Equality Act 2010 and related Health and Social Care Standards	Copy of your Equalities Policy and/ or Inclusion Policy and Admissions Policy
The setting will be willing to provide appropriate support, including making any reasonable changes to the care and learning environment, to ensure that children's additional support needs do not provide a barrier to them accessing a full range of experiences and meets their individual needs	Copy of your ASN Policy, policies in relation to Staged Intervention (Team Around the Child/ Child's planning) and a statement of how you have/ will participate in the Council's Staged Intervention Process (Team Around the Child/ Child's planning) as required.
Fair work practices	<p>A statement on the Scottish Living Wage and detail your commitment to working towards this wage commitment to the Scottish Living Wage for all staff who are delivering funded early learning and childcare. Documents may include:</p> <ul style="list-style-type: none"> • Policy documents • Induction documentation • Ongoing training and development information • Statement on rates of pay • Terms and conditions of employment contracts • Statements of vision, values and aims

2.3 Ensuring Appropriate Staffing

Information regarding the use of strategic commissioning plans and the model social care contract to ensure that appropriate, suitably qualified and competent staff is in place for third party services is contained within section 2.2 of this report (as required by Section 7 of the 2019 Act).

Procurement processes include an assessment of both quality and costs aspects for the services being purchased, with significantly greater weight given to quality criteria. Method statement templates are used to enable providers to evidence how they will meet the published service specification, including staffing requirements (which can include both staffing levels as

well as quality of staffing and staff support and wellbeing). It is normal practice to assess each method statement to be evaluated using a set scoring criteria, with a quality bar applied to ensure that all providers meet a minimum standard. It is expected that providers will utilise information from scrutiny and inspection processes undertaken by the Care Inspectorate, where this is available, as part of the evidence included in their method statement.

Where a provider is awarded a service or accepted onto a framework following a procurement process due diligence checks are subsequently carried out. This can include discussion and agreement of specific staffing levels where this has not already been agreed at an early stage; this is more commonly required as an Ethical Commissioning approach is implemented where there is a greater focus on outcomes, innovation and creativity and appropriate staffing levels will require to be agreed once the procurement process has identified the model of service delivery to be adopted to provide the desired outcomes within the service specification.

Hope Point Dundee

An example of a commissioning for outcomes approach is the recent tender exercise to secure the support service for Hope Point in Dundee. This was a development which was identified, in terms of need, via a range of strategic planning discussions alongside advocacy from several bereaved affected carers, who were clearly expressing their support and the need for a 24/7 Community Wellbeing Centre Support Service. A Steering Group and Stakeholder Group was established at the onset with consultation co-ordinated via Dundee Volunteer and Voluntary Action who provided a consistent third sector interface. Following several planned and co-ordinated consultation events, a service brief was compiled. With a clear outline of the aims, objectives and aspirations of those consulted, the Steering Group felt the best way to ensure the voice of stakeholders was heard was to use this service brief in the tender exercise. This was also felt to be the best way to encourage creativity and innovation from those bidding. The tender panel also included a “lived experience” representative who was involved at each stage of the process.

On completion of the tender exercise, a formal contract is now in place with the successful provider. The service brief is incorporated into this contract with a caveat that this would be closely monitored and updated in the longer term to capture the development of the service. Robust monitoring is in place and focused discussions take place regarding safe staffing and workforce risk. The service continues to thrive and has exceeded many expectations. At the start of the year, there was a celebration event with stakeholders to mark the progress and the end of the formal stakeholder group.

2.4 Ensuring Appropriate Training

The requirement placed on providers via the model contract to comply with registration requirements set out by the SSSC is integral to ensuring that staff have ongoing access to the relevant training to perform their work (as required by Section 8 of the 2019 Act). In Adult Social

Care Services work has taken place specifically with the Care at Home Sector to implement Fair Work Principles across all contracts (new and renewal) since 2022. Where providers comply with Fair Work principles, including supporting access to training and further qualifications, they are paid for the full care shift. An evaluation of this approach has evidence that the workforce has improved financial security, feel more valued and respected, have improved motivation and morals and reduced anxiety. For services users, reported benefits have included a more personalised service, continuity of care and more rapid access to support leading to reduced inequalities in outcomes.

As the Care Inspectorate has not yet published any staffing tools for the social care, social work or early years sectors there has not been any activity in terms of access to training on staffing tools during 2024/25. However, communication and engagement arrangements with the third and independent sector for adult health and social care have been used to raise awareness of the 2019 Act, the Guiding Principles and key provisions including through provider communications and provider forums.

2.5 Implementation of National Guidance

As at 31 March 2025, no staffing tools have been published for social care, social work or early years services by the Care Inspectorate and no additional guidance relevant to these sectors has been issued by the Scottish Government. The Statutory Guidance has informed the development of the IJB Workforce Plan, Strategic Commissioning Framework 2023-2033 and the content of this Annual Report. Both the Dundee IJB and Dundee City Council will continue to monitor the publication of future guidance and / or staffing tools to ensure ongoing compliance with Section 10 of the 2019 Act in terms of activity to plan and secure relevant services under a contract, agreement or other arrangement.

The Social Care Contracts Team and the Early Years Central Team have a robust interface with the Care Inspectorate, including maintaining oversight of the outcomes of scrutiny and inspection activity in relation to all contracted services. Where outcomes indicate concerns about service quality, including staffing arrangements, this will be addressed in the first instance through contract monitoring arrangements. A collaborative approach is used, working closely with the Care Inspectorate and the Provider to identify required improvement actions, timescales and arrangements for follow-up.

During 2024/25 both the Children and Families Service and Health and Social Care Partnership have continued to consider the implications of the [Setting the Bar](#) report and the recently published [Review of Social Work Governance and Assurance in Scotland](#) in terms of their implications for safe staffing arrangements both in internal services and for the planning and procurement of services from third party providers.

3. Risks and Challenges to Compliance

Having considered the requirements of the 2019 Act, Dundee City Council and Dundee IJB have identified a small number of current and potential future challenges in relation to compliance with the requirements of the Act.

Financial pressures - Both the Council and the IJB recognise the extremely challenging environment for all social care, social work and early learning and childcare providers in relation to wider public sector fiscal pressures. Providers in these sectors incur a very high proportion of costs directly in relation to staffing, at the same time that Councils and IJBs are seeking to manage reducing budgets without impacting on the availability or quality of services available to the public. This affects front-line care delivery, and no additional resources have been provided to support the implementation of the 2019 Act which has introduced additional regulation and the need for more specialised training for staff. Looking forward, there is recognition of the potential fiscal impact on providers if new staffing tools are developed by the Care Inspectorate and approved by Scottish Ministers that identify the need for additional staff.

Workforce challenges – across the social care, social work and early learning and childcare sectors, there are ongoing challenges with staff recruitment and retention. In particular there are ongoing concerns about the lack of attractiveness and financial incentives for social care staff, which exacerbates workforce instability. Whilst there has been a significant focus on workforce wellbeing following the pandemic and improved approach to workforce planning, it is expected that challenges attracting and retaining high quality staff will continue to impact of providers. This creates a direct challenge in maintaining appropriate staffing levels.

Legislative clarity and expectations – both Dundee IJB and Dundee City Council would welcome further specific guidance from the Scottish Government regarding the provisions of the 2019 Act, including reporting requirement. Tailored guidance for social care, social work and early learning and childcare services would be helpful in supporting compliance and should reflect the day-to-day governance arrangements for IJB / HSCP that can add further complexity to implementation. Detailed sector specific guidance on planning, securing and reporting elements would be helpful in supporting future compliance.

Duplication of requirement and reporting – many of the requirements placed on Councils and IJBs in the 2019 Act in relation to social care, social work and early learning and childcare services are already incorporated into other legislative, guidance and scrutiny arrangements for these sectors. There is particular overlap with arrangements for the regulation and inspection of services and the workforce by the Care Inspectorate and the SSSC. Reporting requirements also overlap with the required content of reports such as the Care Inspectorate Annual return for ELC services, IJB's statutory Annual Performance Report and the Chief Social Work Officer's Annual Report. Any opportunity to streamline both implementation and reporting arrangements would allow a more effective and efficient approach to implementation and reporting, as well as making reports on compliance more accessible to members of the public.

Reporting deadline – it would be helpful if the reporting deadline for Annual Reports in relation to the 2019 Act were aligned to reflect those for other statutory annual reports (primarily the IJB Annual Performance Report and CSWO Annual Report). If reporting deadlines were aligned this would allow a more streamlined approach to both the production and publication of reports and also allow the content in relation to the 2019 Act to be reported within the context of wider developments, improvements, pressures and risks. It would also help to rationalise the number of reports, making this more accessible to and transparent to the public.

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

Document Title	Health and Care (Staffing) (Scotland) Act 2019 – Statutory Annual Report					
Type of document	Policy		Plan		Other- describe	X annual report
Date of this Pre-Integrated Impact Assessment Screening				29 May 2025		
Date of last IIA (if this is an update)						
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
To publish information, as required under Section 3(6) of the Health and Care (Staffing) (Scotland) Act 2019, regarding arrangements for planning and securing care services under a contract, agreement or other arrangements in a way that reflects the safer staffing requirements set out within the 2019 Act.						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Kathryn Sharp, Acting Head of Service, Strategic Services, kathryn.sharp@dundeecity.gov.uk						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Kathryn Sharp, Acting Head of Service, Strategic Services, kathryn.sharp@dundeecity.gov.uk						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
<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>						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					X	
A major Strategy/Plan, Policy or Action Plan						X
An area or partnership-wide Plan						X
A Plan/Programme/Strategy that sets the framework for future development consents						X
The setting up of a body such as a Commission or Working Group						X
An update to an existing Plan (when additional actions are described and planned)						X

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA must</u> be completed	Y	N
Individuals who have Equality Act Protected Characteristics i.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn		X
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.		X

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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>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>			
From information provided in Step 1 (Pre-screening) Is an IIA needed?		Y	X
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)		N	
Anticipated Date of IJB	18 June 2025	IJB Report Number	DIJB35-2025
Date IIA completed	30 May 2025		

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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)*

This report reflects the positive impact that Safer Staffing arrangements under the 2019 Act has on a number of protected equality groups and fairness groups. The application of the General Principles contained within the 2019 Act has a particularly positive impact on the quality and impact of services commissioned for vulnerable people within Dundee.

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
30/05/25	Consideration of available evidence regarding the use of commissioned services by protected and fairness groups, and of the impact of safer staffing policy on experiences of care and support.	n/a	Acting Head of Service

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

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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	A large proportion of the planning, commissioning and procurement activity described in the report relates to either services for children and young people or services for older people. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive	X	People who have a disability often receive specialist support services from social work and social care services. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		None of the proposals are 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		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive	X	Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females. Please see section for age (above).
No impact		
Negative		Across Scotland 80% of adult social care staff are female and that over 90% of staff in early years childcare are female. Safer staffing requirements have a positive impact on staff working in social care and early years services in terms of both supporting improvements in quality of care, ensuring appropriate staffing levels and supporting access to training and wellbeing supports.
Not known		
Religion & Belief		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact		
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		

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Describe any Children's Rights impacts not covered elsewhere in this record.

None identified at this time.

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

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

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)		X		
North East (Whitfield, Fintry & Mill O'Mains)		X		
Lochee (Lochee Beechwood, Charleston & Menzieshill)		X		
Coldside (Hilltown, Fairmuir & Coldside)		X		
East End (Mid Craigie, Linlathen & Douglas)		X		
Maryfield (Stobswell & City Centre)		X		
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End		X		
The Ferry		X		
Description of impacts on Fairness- Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				

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	X	The scope of the 2019 Act includes services and supports that directly related to meeting the needs of Care Experienced Children and Young People – both as children and young people and into adulthood. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	X	The application of the General Principles and other requirements within the Act supports the

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Outcome Integration with Local Integrated Impact Assessment		
No Impact		delivery of good quality and safe care and support services for these groups within the population. Through their association with cared for people, this is likely to have a positive impact on the experiences of unpaid carers.
Negative		
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive	X	A large proportion of the planning, commissioning and procurement activity described in the report relates to either services for older people. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Serious & Enduring Mental Health Conditions		
Positive	X	A significant proportion of the planning, commissioning and procurement activity described in the report relates to services for people with mental health and wellbeing needs. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive	X	A proportion of the planning, commissioning and procurement activity described in the report relates to services for people who are homeless or at risk of homelessness. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Drug and/or Alcohol issues		
Positive	X	A proportion of the planning, commissioning and procurement activity described in the report relates to services for people who use drugs and alcohol. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Offenders and Former Offenders		
Positive	X	A proportion of the planning, commissioning and procurement activity described in the report relates to services for people who are being supported in relation to community justice needs. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		

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

Explanation, assessment and any potential mitigations

Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)

Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	X	
Negative		
Not Known		

Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.

Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	X	

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Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Earnings & employment -including opportunities, education, training & skills, security of employment, under employment & unemployment		
Positive	<input checked="" type="checkbox"/>	The requirements of the 2019 Act are likely to have a positive impact in terms of access to training and support for staff within commissioned services. They may also support improved job security and employee experience in terms of provisions in relation to the maintenance of staffing levels and access to wellbeing support.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Connectivity / Internet Access/ Digital Skills		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive	<input checked="" type="checkbox"/>	A significant proportion of the planning, commissioning and procurement activity described in the report relates to services for people who also have physical or mental health needs. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Life expectancy		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Healthy Weight/Weight Management/Overweight / Obesity		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Transport (including accessible transport provision and sustainable modes of transport)		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

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Resource Use		
Energy Efficiency and Consumption		
Positive		None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	X	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	X	
Negative		
Not Known		
Sustainable Procurement		
Positive		None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	X	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	X	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	X	
Negative		
Not Known		

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

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

End of Impact Assessment Record.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 18 JUNE 2025

REPORT ON: CATEGORY 1 RESPONDER – ANNUAL REPORT 2024/25

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB43-2025

1.0 PURPOSE OF REPORT

To present to the IJB an annual report of activity related to its status as a Category One Responder under the Civil Contingencies Act 2004.

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report.
- 2.2 Instruct the Chief Officer to bring forward a further annual report, for the period 2025/26, in twelve-months in addition to any relevant reporting on Category 1 Responder activity made during the year.
- 2.3 Note the current strategic risk will now be removed from the risk register.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Civil Contingencies Act 2004 (the Act) provides the legal basis for emergency preparedness and response across the UK, supplemented by the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 that provide further detail to support the application of the Act in Scotland. The regulations contain details regarding the roles and duties of responders.

The Act pre-dates the creation of Integration Joint Boards. Following a consultation exercise in late 2020 (Article XII of the minute of the Dundee Integration Joint Board held on 27 October 2020 refers) the Scottish Government has now amended the Civil Contingencies Act 2004 to add Integration Joint Boards to the list of Category 1 responders (Part 2, Schedule 1). This amendment came into effect of 17 March 2021.

- 4.1.2 The Act (section 2) sets out the following list of duties for Category 1 responders:

- Assess the risk of emergencies occurring and use this to inform contingency planning.

- Put in place emergency plans.
- Put in place business continuity management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

The duties listed apply to the functions that have been delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014, as well as to any other powers and duties placed on the IJB by other legislative instruments.

- 4.1.3 In October 2022, the IJB approved a Category 1 Responder Action Plan, which included the requirement to provide an annual assurance report to the IJB detailing arrangements for fulfilling Category 1 Responder duties and activity throughout the year (article XVII of the minute if the meeting of the Dundee Integration Joint Board held on 26 October 2022 refers).
- 4.1.4 Given the nature of the duties placed on Category 1 Responders, the majority of activity to fulfil these duties is carried out by Dundee City Council and NHS Tayside working both individually and in co-operation via the Dundee Health and Social Care Partnership. Many of the functions that are critical to fulfilling duties, such as Resilience Planning, Communications, and Workforce Learning and Development are not delegated to the IJB and therefore resources have not been deployed to the Health and Social Care Partnership to support this activity. This annual report therefore reflects the activity undertaken within Dundee City Council, NHS Tayside and jointly through the Health and Social Care Partnership over the last year that contributes to the IJB's fulfilment of their duties as a Category 1 Responder. NHS Tayside Resilience Planning Governance Group and DCC Senior Officer Resilience Group information is included in this report.

4.2 Assessing Risk, Information Sharing and Co-operation

- 4.2.1 During 2024/25 the following arrangements and activities have supported the fulfillment of duties relating to the assessment of risk, information sharing and co-operation:
- Officers from the Health and Social Care Partnership have continued to work with Resilience Officers in NHS Tayside and Dundee City Council and the Tayside Local Resilience Partnership to progress implementation of the IJB's Category 1 Responder duties.
 - The Chief Officer and Head of Service, Health and Community Care have continued to play an active role as members of the Tayside Local Resilience Partnership and associated sub-groups. The current Chair of the Group is the Dundee City Council Chief Executive.
 - The Tayside Local Resilience Partnership Working Group continues to progress the broader resilience agenda. This group is co-chaired through NHS Tayside and Dundee City Council and includes Dundee Health and Social Care Partnership representation. The working group reports to the Tayside Local Resilience Partnership and updates against their workplan on a regular basis.
 - The Head of Health and Community Care for Angus is Chair of the Tayside Local Resilience Partnership Caring for People Group with the Dundee Head of Health and Community Care as co-chair.

- The Chair of the LRP participated in the North of Scotland Resilience Planning Group and contributed to their workplan 2024-26 which focuses on the regional implications for transport, public and animal health, failure of utilities and severe weather.
- The Head of Health and Community Care continues as a member of NHS Tayside Senior Officer Resilience Group (NHST SORG). The purpose of this group is to ensure that NHS Tayside has robust arrangements in place to provide an integrated response in the event of a major incident, internal emergency or business continuity issue, in order to protect the health of and ensure continued provision of healthcare to the population in Tayside. The group has an annual workplan covering work carried out by divisions, including the Health and Social Care Partnerships.
- Dundee City Council Senior Officer Resilience Group (DCC SORG) also includes Health and Social Care Partnership representation, working in partnership with the Service Manager and Resilience Officer within Neighbourhood Services.
- Dundee Health and Social Care Partnership in 2023 stood down the 2 weekly covid related internal Resilience and Business Continuity meetings. In 2024/25 this has been embedded within our Governance and Health & Safety meetings. Short life working groups will be arranged as appropriate for specific areas of planning.
- Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group reporting arrangements include matters of operational resilience within primary governance reporting and onwards to corporate governance forums. The Partnership also continued to participate in the Tayside Care Home Oversight Group, now reconfigured as the Tayside Care Home Collaborative Board and maintains the related local Dundee Forum and weekly huddle. Action is taken to address any concerns raised using both the supportive visits and specialist inputs, working alongside the Care Inspectorate and utilising the Adult Support and Protection Act to instigate large scale enquiries where appropriate.
- Training and exercising continues to be progressed by partners on both a multi and single agency basis. Some examples of particular relevance to the IJB are:
 - Live air exercise testing blue lights response to an airplane crash run concurrently with the DCC Incident Management Centre, testing responses to multiple incidents happening concurrently.
 - North Region Resilience Planning workshops are held on a range of issues but have not ran any in 2024/25.
 - Tayside workstream considering the impact of National Power Outage, this workstream was developed following a tabletop development and event. Wider workshop held in May 2025 for front line managers.
 - Debrief sessions and learning events following significant incidents (including Storm Eowyn).
 - Tayside Local Resilience Partnership is in the process of extending funding of a Resilience Training Officer who has delivered a programme of training for senior managers and staff involved in the delivery of support centres and volunteers. These training sessions commenced with Volunteer Support Centre Training in early April 2024. Training is being developed in 2025 for rest centre managers, and it has been agreed in Dundee that all managers at Integrated Manager / Band 8a and above require to undertake this training, however initially the focus will be on volunteers available to support in the out-of-hours period. NHS colleagues will now also be included in rest centre training to support their operation.
- Through NHS Tayside and Dundee City Council key information has been made available to the Health and Social Care Partnership workforce regarding resilience matters, for example:
 - Information was shared regarding Martyn's Law which aims to improve protective security and organisational preparedness in relation to terrorist

risk and applies to any building where more than 200 people are expected to be present. NHS Tayside has recruited a Security Advisor, due in post at the end of the summer to support planning for implementation of the new requirements.

- All NHS Tayside Business Continuity Plans are available on Staffnet and are up-to-date. Dundee City Council Business Continuity Plans are now also held centrally online for management purposes as well as locally for operational purposes.
- NHS Tayside Business Continuity and Major Incident e-learning modules have been in place since July 2021. Uptake within the partnership has been limited and this was discussed at a resilience session in May with the Extended Management Team.
- NHS Tayside continue to publish a Resilience Planning newsletter via Staffnet on a quarterly basis.

4.2.2 Future plans in these areas of work during 2025/26 include:

- Work to undertake a comprehensive, integrated readiness assessment for the Health and Social Care Partnership covering both emergency planning and business continuity risks will continue to be a priority area of work for the Partnership in 2025/26.

4.3 Emergency Plans and Business Continuity Arrangements

4.3.1 During 2024/25 the following arrangements and activities have supported the fulfillment of duties relating emergency plans and business continuity arrangements:

- Tayside wide National Power Outage workshop held with a range of managers to raise awareness, explore challenges and generate ideas on how to prepare. Teams are already expanding the power outage section in Business Continuity Plans to ensure staff are prepared as best as can be, but information from central and local government regarding communications remain outstanding. Starlink satellite system to link multiple communication devices is currently being considered by Category 1 partners as this can be powered by response vehicles.
- Further progress has been made with partners in revising arrangements for the provision of emergency rest centres. Dundee Health and Social Care Partnership continues to take a lead role in the operation of rest centres when these are required. Training for support staff has recently been completed for members of the workforce to be involved in rest centres and revised guidance for the management and support arrangements for rest centres are in the final stages. This latter work is carried out in partnership with Angus and Perth & Kinross Councils/ Health and Social Care Partnerships to support a mutual aid approach across Tayside. Joint support centre policy and procedures will be signed off imminently, but the recent PVG (Protection of Vulnerable Groups) changes need to be clarified regarding the impact for staff volunteers used in Dundee.
- The Social Care Contracts Team continues to oversee contractual arrangements that include a requirement on all providers to develop and maintain processes and procedures for business continuity, including undertaking regular risk assessments to identify any threats or risks to service provision. Currently contracted providers only confirm they have a plan in place and enhanced management support is in progress to provide capacity to submit their business continuity plans for assurance purposes.
- Work has continued to progress to confirm the current status of emergency plans and business continuity plans:
 - For services carrying out functions delegated by NHS Tayside a structured approach is already in place. Reminders of review dates are issued automatically through electronic systems, with monthly manual monitoring by the Risk and Resilience Planning Team with progress against Key

Performance Indicators reported to the NHS Tayside and Dundee City Council SORGs.

- Community-based social work and social care services have continued to evolve their Winter Plans and embed learning from incidents such as the COVID-19 pandemic Operation Unicorn and recent storms, into ongoing Business Continuity Plans.
- Currently there are 11 BCPs held centrally for DHSCP services, and all remain up to date.
- NHS Tayside has continued to carry out regular tests of the NHS Tayside Alert system throughout the year.
- In 2024/25 Dundee City Council has continued to operate the volunteer direct list, where staff volunteering to support an emergency or planned resilience response can be called to action through an app. Health and Social Care Partnership staff (Dundee City Council employees) are included and have been placed on 1 hour standby for emergency incidents throughout the year. The Partnership continues to see a much broader group of staff volunteering than has previously been the case. The process to consider the updated PVG requirements and how to understand the skills and knowledge of volunteers for the most effective use is currently being reviewed.

4.3.2 Future plans in these areas of work for 2025/6 include:

- Further workshops on National Power Outage will be planned.
- Care home evacuation policy to be updated to include recommendations from the South Grange debrief.
- Continued work with partners across Tayside to roll out learning and development activity to support the implementation of the new rest centre operating procedure. This will include training to be undertaken across the different roles / grades within the Partnership staffing structure.
- Completing an audit of Dundee Health and Social Care Partnership managed services to confirm current status of emergency plans and business continuity plans, with a particular focus on services delivering functions delegated by Dundee City Council. Work is also required with Angus and Perth & Kinross Health and Social Care Partnerships to both provide and obtain assurance regarding the status of Business Continuity Plans for Lead Partner services. Following completion of the audit there will be a requirement to provide support to services where work is needed to bring plans up-to-date, as well as to establish a sustainable approach to monitoring the status of plans, including exercising, on an ongoing basis.

4.4 Public Communications

4.4.1 During 202/25 the following arrangements and activities have supported the fulfillment of duties relating to public communications:

- The Partnership has continued to work alongside the Tayside Local Resilience Partnership and the Communications Teams within Dundee City Council and NHS Tayside to inform and support public communications with regarding the civil protection matters.

4.4.2 Given the advanced status of public communications approaches within both NHS Tayside and Dundee City Council there are no plans for further focused work in this area during 2025/26. Officers from the Partnership will continue to monitor this area through their membership of

wider NHS Tayside and Dundee City Council Groups, the Tayside Local Resilience Partnership and operational response groups associated with specific incidents.

4.5 Category 1 Response Examples

4.5.1 During 2024/25 officers from the Health and Social Care Partnership have been involved in a variety of operational responses to resilience and business continuity incidents. Some examples are provided below:

- Storm Eowyn January 2025– Managers were placed on standby to step up the support centre to support potential evacuees due to potential flooding / storm damage, but was stood down as the worst impact was in Angus and Perth & Kinross. A small number of homes in Dundee were without power for around 2-3 hours with the power outage alert triggering Social Care Response Service to attend for a welfare check. Homes in the Quay area were evacuated due to the roof being unsafe but all occupants found alternative accommodation after a short stay at the local hotel's evacuation centre. Business Continuity Plans for all services were implemented and effective.
- Evacuation of tenement flats associated with a fire in September 2024 – Managers were placed on standby to step up the support centre to support potential evacuees but all tenants found alternative arrangements
- Care home evacuation February 2025 – Due to discolouration of the water supply and a gas of unknown origin, the home was evacuated to another care home and rest centre in Monifieth. Whilst this was under the responsibility of the care home and Angus HSCP to manage, the majority of residents were from Dundee and this incident evidenced good practice in mutual aid to work in partnership to minimise any distress for residents ensuring temporary accommodation was secured the same day.
- Other incidents not directly involving DHSCP as a cat 1 responder but managed under local business continuity plans:
 - June 2024 Fire (3 properties)
 - July bomb threats to care homes, fire multistory building
 - October storm Ashley
 - November storm Bert
 - December storm Darragh
 - March 2025 fire domestic property
- Other incidents with the potential to involve DHSCP
 - August 2024 bomb threat – school
 - March 2025 train fire Dundee Station.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to fully comply with the Category 1 Responder duties.
Risk Category	Governance, Legal
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk scoring 12 (which is a high-risk level)

Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Close co-operation is already in place across the LRP and with the corporate bodies. IJB membership of LRP and sub-groups agreed. • Dedicated Resilience Officers are in place within NHS Tayside and Dundee City Council who are available to provide expert advice and guidance to the Chief Officer and the wider Partnership when required. • Internal resilience structure within Dundee Health and Social Care Partnership in place, including Resilience and Business Continuity Group. • Arrangements in place to seek assurance from contracted providers regarding emergency plans and business continuity plans. • Category 1 Responder Action Plan developed, identifying areas for action and timescales.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk scoring 6 (which is a moderate-risk level)
Planned Risk Level	Likelihood 2 x Impact 2 = Risk scoring 4 (which is a low risk level)
Approval recommendation	It is recommended that the existing risk within the IJB's Strategic Risk Register is updated to reflect the current position, including risk mitigation and scoring and closed as an active risk.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service, Health and Community Care, corporate resilience leads in NHS Tayside and Dundee City Council 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: 19 May 2025

Angela Smith
Head of Health and Community Care

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 18 JUNE 2025

REPORT ON: ANNUAL COMPLAINTS AND FEEDBACK REPORT 2024/25

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB36-2025

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an analysis of complaints and feedback received by the Dundee Health and Social Care Partnership over the past financial year, 2024/2025. This includes complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure, and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the analysis of Dundee Health and Social Care Partnership's complaints performance during 2024/25, improvement actions, service compliments as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 BACKGROUND INFORMATION

- 4.1 From the 01 April 2017 both NHS and social work complaints have been required to follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.
- 4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made.

- 4.3 In 2024/25 a total of 179 complaints were received about services in the Dundee Health and Social Care Partnership. The last three years have seen a downward trend of complaints received by Health & Social Care.

Total number of complaints received by year

	2020/21	2021/22	2022/23	2023/24	2024/25
Number of complaints received	157	217	202	193	179

5.0 Complaint Themes

- 5.1 In 2024/25, the highest proportion of complaints for Health continues to be regarding Mental Health Services.
- 5.2 Mental Health Services thoroughly investigate all complaints and meet weekly with the NHS Tayside Patient Experience Team to ensure that the complaints are being managed appropriately.
- 5.3 Due to the complexity of the Mental Health complaints these can be about service process issues or issues that are specific to the individual making the complaint. Where the complaints are about service process issues, improvements are identified then appropriate actions are taken to improve the service processes.
- 5.4 For Social Work Complaints the most common complaint themes were Failure to meet our service standards and Failure to provide a service. Complaints received are about a range of services.

6.0 Number of Complaints closed at Stages

- 6.1 The number of complaints closed per stage:

	Stage 1	Stage 2	Escalated
Social Work	15	12	1
Health	55	94	8
Total	70	106	9

Complaints closed do not total 100% as some complaint data was missing or were closed as resolved / withdrawn / no consent / transferred.

- 6.2 Wherever possible Dundee Health and Social Care Partnership aim to handle complaints as a Stage 1 complaint where the complaint is handled closely to where and when it is raised. Stage 2 complaints are used for more complex complaints that require a more thorough investigation.
- 6.3 The number of complaints closed per stage represent the results that we would expect to see about the spread of complexity of complaints received.

7.0 Complaint Outcomes at Stages

- 7.1 Complaint outcomes at stage 1 as % of all complaints closed in full at stage 1

	Upheld	Not Upheld	Partially Upheld
Social Work	20%	47%	13%
Health	20%	42%	35%
Total	20%	43%	30%

Stage 1 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing.

- 7.2 The outcomes show that, for both health and social work complaints, around half of complaints are upheld or partly upheld.

7.3 Complaint outcomes at stage 2 as % of all complaints closed in full at stage 2

	Upheld	Not Upheld	Partially Upheld
Social Work	25%	50%	25%
Health	7%	35%	45%
Total	9%	37%	42%

Stage 2 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing.

7.4 Similarly to stage 1 complaints, the total percentage of complaints upheld or partially upheld is around half of all stage 2 complaints received.

7.5 Complaint outcomes at stage 2 as % of all escalated complaints closed in full at stage 2

	Upheld	Not Upheld	Partially Upheld
Social Work	100%	0%	0%
Health	0%	38%	63%
Total	11%	33%	56%

Stage 2 escalated complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / missing

For escalated stage 2 complaints the total percentage of complaints upheld or partially upheld is slightly higher at around 65 %.

7.6 Where complainants remain dissatisfied with the outcome of a Stage 2 complaint, they have the option to refer the complaint to the Scottish Public Services Ombudsman.

7.7 During 2024/25 Dundee Health and Social Care Partnership had four complaints referred to the SPSO. Two of these were Social Work complaints, and two were Health Complaints. None of these complaints were taken forward for further investigation by the SPSO.

8.0 Complaints closed within timescale

8.1 Number of complaints closed within timescales as a % of total complaints by stage

	Stage 1 within 5 working days	Stage 2 within 20 working days	Escalation
Social Work	53%	33%	0%
Health	80%	37%	38%
Total	74%	37%	33%

8.2 Complaints not being closed within timescales is having a significant impact on repeat communication from complainants who are chasing up responses.

8.3 Across stage 1 and escalated complaints, the Partnership are providing fewer responses within timescales which is causing delays and complaints to be escalated. Partnership staff continue to be regularly reminded that where a complaint has been closed at stage 1 in a timeous manner this can prevent it being escalated unnecessarily.

8.4 Dundee Health and Social Care Partnership complaints co-ordinators for services meet weekly with the NHS Tayside Patient Experience Team to discuss ongoing complaints.

9.0 Planned Service Improvements

9.1 Where a complaint is upheld, we identify planned service improvements to reduce the likelihood of similar issues arising again for patients and service users.

9.2 A selection of Planned Service Improvements for Social Work complaints include prompts for address checks; all POA's to be updated regarding Service Users; and, New multi-agency pathways now developed due to complaints.

10.0 Compliments

- 10.1 Dundee Health & Social Care Partnership's compliments are held locally by teams. However, 1 social work compliment was passed along for inclusion within the 2024/25 annual report.
- 10.2 "Through hail, rain or shine, the Carers get to XX. My family wholly appreciate the challenges faced by the Health and Social Care Partnership, funding, resourcing, and sickness/absence. Care is delivered to keep my mother at home and without XX and team from Lochee West End then my XX staying at home would simply not be possible. For that we feel very fortunate, the service delivered is outstanding. There's a great blend of Carers within the team, in all weathers they're out on street getting to their shifts. Any variation or deviation in the service is seamless in a continued time of challenges. The blend of staff affords the opportunity for the team to do what they do best in getting the task of care done timeously.."

11.0 Development of Care Opinion

- 11.1 The Complaint team have been preparing for the launch of Dundee Health and Social Care Partnership services fully utilising Care Opinion. The team also regularly attend network meetings with Care Opinion and other Local Authorities to discuss best practice.
- 11.2 Training dates are being rolled out for staff responders and administrators, and all teams across the partnership have been mapped and appropriate responders identified.

12.0 POLICY IMPLICATIONS

- 12.1 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.

13.0 RISK ASSESSMENT

Risk 1 Description	The risk of not improving our Complaint resolution timescales will increase customer dissatisfaction and non-compliance with our complaint procedure, which may result in improvement recommendations from the SPSO.
Risk Category	Governance
Inherent Risk Level	Likelihood 4 x Impact 3 = 12 (High risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> - Weekly meeting to discuss outstanding complaints - Increased staff awareness of the complaint procedures. - Recruitment of staff member with focus on complaint administration by the DHSCP
Residual Risk Level	Likelihood 3 x Impact 3 = 9 (High risk)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (Moderate Risk)
Approval recommendation	It is recommended to accept the risk levels with the expectation that the mitigating actions make the impacts which are necessary to improve the complaint resolution timescales.

14.0 CONSULTATIONS

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

15.0 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	

16.0 BACKGROUND PAPERS

16.1 None

Dave Berry
Chief Officer

DATE: 20 May 2025

Cheryl Russell
Customer Care & Governance Officer



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 18 JUNE 2025

REPORT ON: DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP WORKFORCE PLAN 2025-28

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB34-2025

1.0 PURPOSE OF REPORT

- 1.1 To seek approval of the Dundee Health and Social Care Partnership Plan 2025-2028.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the work undertaken to fully review and update the Dundee Health and Social Care Partnership Workforce Plan, including incorporating feedback and recommendations from national guidance and recent Audit work (sections 4.1 to 4.6).
- 2.2 Approve the Workforce Plan (attached as Appendix 1).
- 2.3 Instructs the Chief Officer to provide an update report to the IJB on a minimum of an annual basis, setting out progress towards achieving the actions set out within the plan.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 MAIN TEXT

- 4.1 In June 2022 the Dundee IJB approved and published the first Dundee Health and Social Care Partnership Workforce Plan, following the publication of National Workforce Strategy for Health and Social Care in Scotland in March 2022 and Scottish Government issued DL (2022) 09 in April 2022 providing guidance on the completion of the 3 Year Workforce plan 2022-25. The plan set the framework within which a range of activity has been progressed to address the Scottish Government's Five Pillars for workforce planning and development: Plan, Attract, Train, Employ and Nurture. Further update reports were provided to the IJB in December 2023 and October 2024, setting out progress made as well as changes to the wider policy and workforce landscape that had informed any revision to the original action plan supporting the overall Workforce Plan (item X of the minute of the meeting of the Dundee Integration Joint Board held on 13 December 2023 and item XII of the minute of the meeting of the Dundee Integration Joint Board held on 23 October 2024 refer).
- 4.2 An Internal Audit review was completed in January 2025 that considered the design and operation of the controls relating to the development of the workforce plan (article X of the minute of the meeting of the Performance and Audit Committee held on 29 January 2025 refers). The audit opinion from the review was that limited assurance could be placed on

arrangements in place, with significant gaps, weaknesses and non-compliance identified. The main audit findings focused on: developing an approach to modelling service demand to a level that will support effective workforce planning; further developing the risk register and action plan elements of the workforce plan; and, formalising the terms of reference for the Workforce Planning Group.

- 4.3 In December 2024 the Scottish Government set out a requirement for further workforce plan submissions to be made to them in March 2025. Taking account of workload pressures across health and social care systems, a template was provided for submissions, with supporting guidance. Taken alongside the expiration of the original Workforce Plan and the recent audit findings this created an important opportunity to undertake a full review and replacement of the integrated Workforce Plan for the Partnership.
- 4.4 As workforce matters are not a delegated function, the Partnership does not have any dedicated resource or expertise in relation to workforce planning activity. Some support is provided from both NHS Tayside and Dundee City Council, primarily through their participation in the Workforce Planning Group and at the interface within their individual planning requirements. Workforce planning for the integrated health and social care workforce is a complex matter, covering a range of employers and professional groups; this is reflected in the fact that robust workforce planning remains a challenging area for many public sector bodies, including other Health and Social Care Partnership across Scotland. However, workforce planning is critical to ensuring that the IJB can progress and achieve the strategic priorities and shifts set out in the Strategic Commissioning Framework 2023-2033, which recognises that integrated workforce is the single greatest asset available to deliver the strategic plan and identifies Valuing the Workforce as one of the six strategic priorities within the plan.

Strategic Priority: Workforce Valuing the workforce



Supporting the health and social care workforce to keep well, learn and develop.

- 4.5 The process of fully reviewing and replacing the original Workforce Plan has included taking account of:
- Scottish Government guidance, including a self-assessment against the Indicative Content Checklist provided.
 - The findings of the Dundee IJB Workforce Audit and the agreed management response to those findings.
 - Feedback received from the Scottish Government with regards to the first workforce planning submission made in June 2022.
 - An analysis of available data from Dundee City Council and NHS Tayside as the primary employers of the workforce, with more limited analysis of data available from the third and independent sectors.
 - The commitments already made by the IJB within The Plan for Excellence in relation to valuing the workforce.
 - National and international data and research regarding health and social care workforce planning.

- The views and expertise of the workforce themselves, including through representation at Staff Partnership fora.

4.6 The primary routes through which the workforce has been engaged in the review of the plan have been:

- Use of data from the iMatters staff survey, administered to all members of the workforce on an annual basis, and of Dundee City Council Annual Employee Survey (administered to Dundee City Council employed staff only).
- Discussion of the plan at Staff Partnership fora.
- Discussion of the plan at service management teams.
- Participation in the implementation of workforce planning tools and use of data emerging from these exercises.
- Analysis of information gathered during staff engagement exercise relating to organisational change, absence, and workforce wellbeing.

4.7 The proposed Workforce Plan for 2025-2028 is attached as Appendix 1. The revised plan incorporates a number of significant changes in terms of content and format. Contextual information regarding the workforce planning landscape has been rationalised. Data supporting the workforce overview and analysis has been fully updated and has been summarised (with detail available in appendices) to ensure a clearer focus on the key workforce planning challenges. New data has been captured and analysed at service level regarding current workforce pressures, including in relation to gaps identified via the implementation of staffing tools. A new section has been added to incorporate what is currently known in terms of predicted changes to service demand, models of provision and anticipated workforce impacts. Finally, the supporting action plan and risk register have been fully revised to ensure clarity of information and to aid future reporting arrangements.

4.8 When considered against the Scottish Government's self-assessment indicative content checklist these changes have supported a shift from approximately 50% of recommended aspects being addressed in the 2022-25 plan to approximately 75% in the 2025-28 plan. Outstanding challenges that the Workforce Planning Group will continue to consider and seek to progress will require enhanced support from Dundee City Council, NHS Tayside, the Scottish Government and Professional Bodies. Key areas for consideration include:

- Access to workforce data across for Partnership analytical staff and capacity to undertake integrated analysis.
- Modelling of service demand and impact on workforce requirements.
- Improving interfaces with both NHS Tayside and Dundee City Council workforce plans, which at different stages of development and governed by different planning requirements.
- More detailed alignment between the workforce plan and financial plans.
- More precise calculation of future workforce requirements, and the gap between this and the current establishment.

4.9 In the meantime, the first priority of the Workforce Planning Group will be to implement routine reporting against the risk register and action plan associated within the Workforce Plan. This will include sharing summary reports with the Staff Partnership Forum as required and providing an annual update to the IJB, starting at the end of the 25/26 financial year.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk Description	Workforce is an identified risk on the DHSCP Strategic Risk Register and details the consequences of not being able carry out strategic objectives and support the people of Dundee. There is a risk that the Partnership will not be able to further develop the content of the workforce plan to fully meet suggested content set out in the national self-assessment checklist due to limited resources and expertise for integrated planning within the partnership or available through NHS Tayside and Dundee City Council.
Risk Category	Workforce
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> The Partnership will continue to utilise the support available from NHS Tayside and Dundee City Council. Incremental approach taken to developing the plan, prioritising areas for further improvement and development via the Workforce Planning Group. Workforce Planning Group will further explore any external capacity available to support workforce planning activity via national improvement bodies.
Residual Risk Level	Likelihood 3 x Impact 4 = 12 (High risk)
Planned Risk Level	Likelihood 3 x Impact 4 = 12 (High risk)
Approval recommendation	This strategic risk should continue to be monitored via the IJB Strategic Risk Register.

Risk Description	Workforce is an identified risk on the DHSCP Strategic Risk Register and details the consequences of not being able carry out strategic objectives and support the people of Dundee. There is a risk that the Partnership will not be able fully address the risks and challenges outlined in the workforce plan through the planned actions, due to financial sustainability considerations. Whilst the workforce plan indicates that to meet rising demand an increased workforce will be required, budgets and financial plans indicate that workforce numbers must be stabilized or reduced to be able to set a balanced budget. Transformation activity is expected to address some of this gap but is unlikely to close it entirely due to the scale of demographic pressures and rising complexity of need.
Risk Category	Workforce, Financial
Inherent Risk Level	Likelihood 5 x Impact 4 = 20 (Extreme risk)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> The Partnership will continue to deliver the 2025/26 transformation programme. The Partnership will continue to contribute to the national programme of health and social care reform. Through the forthcoming statutory review of the IJB's strategic plan and a focus on added value / clinical value of services recommendations will be made to the IJB regarding prioritisation of services.

	<ul style="list-style-type: none"> Officers will continue to participate in national and professional networks and advocate for increased investment in health and social care services.
Residual Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme risk)
Planned Risk Level	Likelihood 4 x Impact 4 = 16 (Extreme risk)
Approval recommendation	This strategic risk should continue to be monitored via the IJB Strategic Risk Register.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report. Additionally, the Partnership's Senior Management Team and members of the DHSCP Workforce Planning Group, including staff side representatives, were invited to comment.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None

Dave Berry
Chief Officer

DATE: 15 MAY 2025

Jenny Hill
Head of Service, Health and Community Care

Kathryn Sharp
Acting Head of Service, Strategic Services

Lynsey Webster
Lead Officer, Quality, Data and Intelligence



Dundee Health and Social Care Partnership

Integrated Workforce Plan

2025-2028

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1. Introduction

The Dundee Health and Social Care Partnership (DHSCP) Integrated Workforce Plan 2025–2028 sets out a strategic vision for building and sustaining a skilled, resilient, and person-centred workforce across health and social care services. Developed in alignment with the Scottish Government’s National Workforce Strategy for Health and Social Care (2022), this plan reflects our commitment to delivering high-quality, integrated care that meets the evolving needs of Dundee’s population.

At the heart of this plan is a recognition that our workforce is our greatest asset. The plan is structured around five key pillars—Plan, Attract, Train, Employ, and Nurture—each designed to support the development of a sustainable and valued workforce.

An integrated approach to workforce planning is essential in a landscape shaped by demographic change, increasing complexity of care needs, and the ongoing transformation of services. It is also a complex endeavour, that requires specialist capabilities that are not commonly available across the health and social care system. Our workforce planning journey is therefore continuously evolving towards accepted best practice approaches.

The plan outlines our shared priorities and actions to ensure that the right people, with the right skills, are in the right place at the right time. It also highlights our commitment to collaborative planning, data-driven decision-making, and the continuous improvement of workforce practices to support better outcomes for the people of Dundee.

1.1 Aims

The Dundee IJB’s [Plan for Excellence in Health and Social Care in Dundee](#) (2023-2033) sets out six strategic priorities, including a commitment focused on valuing the workforce.

Strategic Priority: **Workforce** Valuing the workforce



Supporting the health and social care workforce to keep well, learn and develop.

The plan also includes a series of short, medium and long-term strategic shifts (or “big changes”) that are intended to provide a pathway towards achieving this strategic priority. Our workforce plan reflects these strategic commitments and aims to enable the Health and Social Care Partnership to:

- Meet future workforce requirements – identify the number and types of health and social care professionals needed to meet future service demands.
- Promote skill development and training – ensure that the workforce has the necessary skills and competencies through access to continuous professional development and training programmes.
- Support recruitment and retention – support strategies to attract and retain skilled professionals in the health and social care sector.
- Develop integrated workforce planning – promote collaboration between health and social care services to create a more cohesive and efficient workforce.
- Support workforce wellbeing – implement measures to support the physical and mental well-being of health and social care workers.
- Adapt to change – ensure the workforce is supported to adapt to changes in technology, policy and service user needs.

1.2 Who We Are

The Dundee Health and Social Care Partnership (‘Partnership’) is responsible for delivering person centred adult health and social care services to the people of Dundee in-line with the ambition and strategic priorities of Dundee Integration Joint Board. The IJB’s ambition for health and social care in Dundee is:

People in Dundee will have the best possible health and wellbeing. They will be supported by 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 or want.*
- *Support people and communities to be healthy and stay healthy throughout their life through prevention and early intervention.*

The Partnership consists of Dundee City Council, NHS Tayside and providers of health and care services from across the third and independent sectors. This includes all adult social care, adult primary health care and unscheduled adult hospital care. Whilst adult social care and primary health care are within the scope of this plan, unscheduled adult hospital care is commissioned from NHS Tayside and is out with the scope of this

plan. Most of these services are provided within Dundee City however there are some lead partner arrangements across Tayside.

The Health and Social Care Partnership workforce is made up of people employed by Dundee City Council and NHS Tayside, as well as the workforce employed in the third and independent sectors. The combined workforce is the single biggest asset available to the Partnership to enable them to provide the services and supports that the IJB has commissioned from them.

1.3 Our Workforce Planning Journey

The first Partnership Workforce Plan was approved by the IJB in June 2022 in response to guidance from Scottish Government. The National Workforce Strategy for Health and Social Care (published March 2021), led to a requirement for Partnership's to develop and submit three-year workforce plans. After this the plan has been refreshed on an annual basis.

In December 2024 the Scottish Government set out the requirement for a further workforce plan submission to be made to them in March 2025. Taking account of workload pressures across health and social care systems, a template was provided for submissions with supporting guidance. In early 2025, an internal audit of [Dundee IJB Workforce](#) (see page 129) was completed and made recommendations for improvements to the approach used to deliver workforce planning in the Partnership. Taken together, these developments provided an important opportunity to undertake a full update of the Integrated Workforce Plan.

The process of review has taken account of:

- Scottish Government guidance, including a self-assessment against the Indicative Content Checklist provided.
- The findings of the Dundee IJB Workforce Audit and the agreed management response to those findings.
- Feedback received from the Scottish Government with regards to the first workforce planning submission made in June 2022.
- An analysis of available data from Dundee City Council and NHS Tayside as the primary employers of the workforce, with more limited analysis of data available from the third and independent sectors.
- The commitments already made by the IJB within The Plan for Excellence in relation to valuing the workforce.
- National and international data and research regarding health and social care workforce planning.

- The views and expertise of the workforce themselves, including through representation at Staff Partnership fora.
- Workforce planning information prepared at service level using the [Six Step Methodology to Integrated Workforce Planning](#).

1.3.1 Engagement

Engagement with the health and social care workforce is guided by Staff Partnership principles.



The primary routes through which the workforce have been engaged in developing the workforce plan are:

- Use of data from the iMatters staff survey, administered to all members of the workforce on an annual basis, and of Dundee City Council Annual Employee Survey (administered to Dundee City Council employed staff only).
- Discussion of the plan at Staff Partnership fora.
- Discussion of the plan at service management teams and completion of workforce planning templates.
- Participation in the implementation of workforce planning tools and use of data emerging from these exercises.
- Analysis of information gathered during staff engagement exercise relating to organisational change, absence, and workforce wellbeing.

2. Workforce Planning Landscape

2.1 Demography

Dundee is Scotland's fourth largest city, with a population of 149,000. The city has an ageing population, with a 9% increase in the 75+ age group expected by 2028, lower than Scotland's 25% average. The working-age population is projected to increase by 2%, slightly below Scotland's 3% projection. Dundee is the 5th most deprived local authority in Scotland, with 36.6% of its population living in the 20% most deprived areas, leading to significant health and social inequalities.

Dundee has the second lowest life expectancy in Scotland at 76.7 years, compared to the national average of 79.1 years. Life expectancy varies by deprivation level, with females in the least deprived areas living nearly eighteen years longer than males in the most deprived areas. Substance use, a major public health issue, disproportionately affects vulnerable and socio-economically deprived individuals, contributing to lower life expectancy.

Dundee has around 18,300 adult carers and 830 young carers among its 20,936 children aged 4-17. Unpaid care is more prevalent among women in their later working years, with 24% of carers reporting an impact on paid employment. This may lead to increased demand for flexible work arrangements to accommodate unpaid caring responsibilities.

You can read more about the demography of Dundee in our [Strategic Needs Assessment](#) ([summary version](#) also available).

2.2 Finance

The Integration Joint Board's 2024/25 budget is approximately £335m of which around £130m (approximately 39%) relates to directly employed staffing costs. Of the remaining budget, £106m (32%) is utilised to commission independent and voluntary sector organisations who also directly employ social care staff to deliver services on behalf of Dundee Health and Social Care Partnership. A further £57m (17%) is also utilised by NHS Independent Contractors who employ staff in GP practices, Dental practices, Opticians and Community Pharmacies.

During the last few years, the Cost-of-Living crisis has placed significant financial pressure on employees, with subsequent national pressure to uplift wages to ease this burden. NHS Agenda for Change staff have received an average of 5.5% increase in 2024/25, Local Authority staff have received an increase of between 3.6-5.8% across the same period, and private and voluntary sector staff providing direct adult social

care have seen their minimum hourly rate increasing from £10.90 (April 2023) to £12.00 (April 2024) (as part of the Scottish Government's National Policy).

Dundee HSCP continue to support wellbeing of staff in all teams, which in turn is hoped will play a part in helping to improve morale, recruitment, retention and return to work after sickness absence. The financial implications to meet these increasing workforce costs, as well as support further growth in the workforce to meet the increasing demographic demands of Dundee's local population, are significant and challenging. The IJB's 5-year Financial Outlook indicates a gap of £45m during the next 5 financial years (take from report in August 2024 – due to be updated in June 2025).

2.3 Local Context

In June 2023 the IJB published their new Plan for Excellence in Health and Social Care in Dundee. This is a 10-year strategic commissioning framework focused on ensuring that people in Dundee have the best possible health and wellbeing. The plan identified 6 strategic priorities:



Inequalities

Support where and when it is needed most.

Targeting **resources** to people and communities who need it most, increase **life expectancy** and reduce differences in health and wellbeing.



Self Care

Supporting people to look after their wellbeing.

Helping everyone in Dundee look after their health and wellbeing, including through **early intervention** and **prevention**.



Open Door

Improving ways to access services and supports.

Making it easier for people to get the health and social care supports that they need.



Planning together

Planning services to meet local need.

Working with communities to design the health and social care supports that they need.



Workforce

Valuing the workforce.

Supporting the health and social care workforce to keep well, learn and develop.



Working together

Working together to support families.

Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including **unpaid carers**.

The Workforce priority within the Plan for Excellence has a focus on wellbeing, learning and development. It sets out strategic shifts to be achieved over the short (2023-2026), medium (2026-2029) and long-term (2029-2033).

In December 2022 the IJB approved Dundee Health and Social Care Partnership's first Property Strategy. The strategy includes an objective "to ensure that health and social care services are provided from environments that ensure the wellbeing of our workforce".

In April 2023 the IJB agreed new Equality Outcomes for the next 4-year period. One of the new outcomes focuses on the IJB contributing to an *"improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination in the workplace."* This follows a series of reports at a national (UK and Scotland level) since the pandemic focused on experiences of racism within the health and social care workforce.

2.4 National Context

The Scottish Government's National Workforce Strategy for Health and Social Care (2022) That outlines a comprehensive plan to ensure a sustainable, skilled, and valued workforce. The key components are:

1. **Vision and Values:** The strategy aims to create a workforce that is sustainable, skilled, and respected, with attractive career choices for all.
2. **Five Pillars of Workforce Journey:**
 - **Plan:** Strategic workforce planning to meet future demands.
 - **Attract:** Initiatives to attract new talent into the health and social care sectors.
 - **Train:** Continuous professional development and training programs to enhance skills.
 - **Employ:** Ensuring fair employment practices and conditions.
 - **Nurture:** Supporting the well-being and development of the workforce.
3. **Recovery, Growth, and Transformation:** The strategy supports the recovery from the COVID-19 pandemic, growth in workforce numbers, and transformation through new technologies and innovative practices.
4. **Integrated Workforce Planning:** Promoting collaboration between health and social care services to create a cohesive and efficient workforce.

5. **Fair Work:** Commitment to fair work principles, ensuring fair pay, job security, and a safe working environment.

This strategy is crucial for addressing current challenges and preparing for future needs in Scotland's health and social care sectors.

The National Strategy is underpinned by The Health and Care (Staffing) (Scotland) Act 2019, which aims to ensure safe and high-quality care by establishing a statutory framework for appropriate staffing levels in health and social care services. The Act focuses on: safe and effective staffing; improved outcomes; transparency and accountability; real-time assessment of staffing needs; and, support for staff. These aims are designed to create a more resilient and responsive health and social care system in Scotland.

In July 2024, the Scottish Government released "Improving Wellbeing and Working Cultures," a report aimed at enhancing the working environment in health, social care, and social work sectors. The report focuses on three main pillars: wellbeing, leadership, and equality. It emphasises the importance of mental and physical health, promotes compassionate and inclusive leadership, and ensures diversity and inclusion in the workplace.

3. Workforce Overview and Analysis

A comprehensive analysis of our workforce data is contained within [appendix 3](#). The key messages from this analysis and their implications for workforce planning are set out below.

3.1 Our Current workforce

3.1.1 Internal Workforce

- 67% of the total Council and NHS workforce aligned to the partnership are employed in roles that are focused on directly delivering care and support (nurses, social and home care workers and allied health professionals).
- Since 2022 the overall size of the aligned NHS Tayside workforce has increased by 12% - the areas with the highest levels of increase were nurses, other therapeutic roles and administrative services. However, over the same period the Dundee City Council workforce has seen a 6% reduction, with the biggest change being in social care / homecare posts.
- Overall, 43% of employees aligned to the Partnership are aged over 50. Approximately 60% of those over age 50 are delivering direct care and support within social care and nursing posts.
 - Retirement levels are expected to significantly impact workforce availability over the next 5 to 10 years (including the loss of expertise and experience). For example,
 - **General Practice:** 15 G.P.s over 55 years of age, with 8 due to retire in the next two years. Additionally, 15 General Practice Nurses are expected to retire within the same period.
 - **Royal Victoria Hospital:** Over one-third of the nursing workforce is expected to retire in the next 5-10 years.
- 87% of the health and social care workforce is female. This has a significant impact on “time-out” from work associated with maternity, childcare and other unpaid caring roles.
- The demographic profile of the workforce employed by Dundee City Council and NHS Tayside does not reflect the diversity of the community that it serves, particularly in relation to the under-representation of minority ethnic groups.

Key challenges:

Ageing workforce, including in key staffing groups delivering frontline care and support. Potential for loss of significant skills and experience over next 10-year period, and potential driver for absence rates (particularly for those people in frontline service delivery posts). Financial pressures and restrictions on recruitment mean that not all posts will be recruited to in the short, and potentially, longer-term.

Decreasing social care workforce set against ageing population, rise in demand for social care services and complexity of need. Risk of inadequate workforce capacity to meet rising demand for services.

The demographic profile of the workforce does not reflect the diversity of the community that it serves. Organisations are likely to perform better when their workforce reflects the population. Diverse teams are more innovative and more likely to meet the needs of a diverse user base. The lack of diversity within the workforce may also reflect discrimination in recruitment and retention practices.

3.1.2 Commissioned Services

- Although the greatest proportion of the health and social care workforce is employed in commissioned (external services)¹, the Partnership has only partial information about the profile of this group of staff.
- More than 70% of staff working in private and voluntary sector housing support, care at home and adult day care services are females.
- Across all services, the workforce in the private and voluntary sector was younger (always less than 30% aged 55+).

Key challenges:

Lack of comprehensive workforce data for commissioned external services. Limits the Partnership's ability to understand, analyse and plan for a fully integrated workforce.

3.1.3 Workforce Wellbeing

- Absence levels are high for both the NHS Tayside and Dundee City Council employed workforce.
- In both Dundee City Council and NHS Tayside the overall absence rate has been decreasing over the last year. The proportion of short-term absence has increased, whilst long-term absence has begun to decrease.
- The highest category of recorded reason for absence is mental health and wellbeing related absence (40% of total days lost in Dundee City Council absences), followed by musculo-skeletal (16%).

¹ 87% of care home staff in Dundee were employed in the voluntary (6%) or private sector (81%). 83% of housing support / care at home staff in Dundee were employed in the voluntary (50%) or private sector (33%). 67% of adult day care staff in Dundee were employed in the voluntary sector.

- There are particularly high levels of absence in locality social care teams, Brain Injury services, community mental health nursing teams, RVH wards, some community nursing teams and psychiatry of old age.

Key challenges:

High absence levels across both employers, with mental health and wellbeing as a specific driver of absence levels. This has implications in terms of continuity and quality of service delivery, as well as financial implications (direct and indirect) and reputational risks. Whilst absence levels have begun to decrease it is not yet clear that this is an established trend, and overall the level of absence still remains high.

Increasing levels of short-term absence as a proportion of all absences. This has implications in terms of continuity and quality of service delivery, as well as financial implications in terms of supplementary staffing costs required to maintain safe staffing levels.

Absence hot-spots in frontline service delivery teams. This has implications in terms of continuity and quality of service delivery, as well as financial implications in terms of supplementary staffing costs required to maintain safe staffing levels.

3.2 Workforce Feedback

- For 2024, the iMatters process identified 4 areas to further improve across the Partnership (based on 54% response rate across all Partnership aligned staff):
 - Performance management – I am confident performance is managed well within my organisation.
 - Confidence and trust in management – I have confidence and trust in Board members who are responsible for my organisation.
 - Partnership working – I am sufficiently involved in decisions relating to my organisation.
 - Visible and consistent leadership – I feel that board members who are responsible for my organisation are sufficiently visible.
- For 2024, the Dundee City Council Annual Employee Survey identified a number areas to further improve across the Partnership (based on a 14.3% response rate across all DCC employed staff aligned to the Partnership):
 - I am involved in decisions about my work – there had been a large decrease in agreement with this statement since the 2023 survey, and the HSCP had the lowest level of agreement across all Council services in 2024.

- I have enough time to do my job well – only 51.1% of Partnership respondents agreed with this statement.
- Day to day decisions demonstrate that quality and improvement are top priorities – just over 50% of Partnership respondents agreed with this statement, the second lowest level across the Council.

This is in addition to the three key areas for improvement identified for all Council services: communication; empowerment and wellbeing. In these areas results have declined since 2023.

- In 2025 the Care Inspectorate published a [Review of social work governance and assurance in Scotland](#). The methodology for the review included a staff survey. In Dundee, 137 staff responded of which 58% worked in adult services. The key themes that emerged from the staff survey element were (all responses):
 - Just under 40% of respondents did not feel valued as an employee.
 - The majority of staff had access professional supervision arrangements and reported they were confident this provided the support they need , however only 1/3 of respondents reported having opportunities for annual appraisals or learning and reflective practice sessions.
 - 1/4 of respondents did not feel supported to carry out their role in line with professional codes of conduct (further 21% were neutral).
 - 47% of respondents did not feel listened to by social work leaders and managers or involved in improving services.
 - 59% reported that their team does not have a full staffing complement.
- There is a range of research evidence that indicates that racism is a significant issue for the health and social care workforce in Scotland. This includes both direct and indirect discrimination from people who use health and social care services, as well as from employers and colleagues. NHS Tayside and the Health and Social Care Partnership are both undertaking work to better understand how racism impacts on the workforce in Dundee.
- Feedback gathered through services indicates key concerns for the workforce include:
 - Preference of nursing staff for inpatient rather than community settings due to higher financial reward and greater proportion of rest time whilst working shift patterns.
 - The high level of change and transformation activity across services has impacted workforce resilience and wellbeing.
 - The nature of health and social care work, including associated stigma and impacts on both physical and mental health, is contributing to the risk of burnout.

- A reduction in the level of available administrative and clerical support has led to the absorption of these duties across a wider range of posts (normally at a higher grade and without the relevant associated skill set), this is adding to workload pressures and contributing to wellbeing issues and risk of burnout.
- There is increased demand for flexible working patterns, including a 4-day working week, but this is challenging to align to service demand and models of delivery required across 7 days.
- Ongoing concerns regarding terms and conditions, including those for integrated posts.

Key challenges:

Communication and interface between the workforce, the IJB and organisational leaders requires to be strengthened.

Maintaining health and wellbeing set against workload pressures continues to be a challenge across the workforce.

Securing more active involvement of staff across all levels of the organisation in improvement work and decision making is a priority from a workforce perspective.

Acknowledging, understanding and responding appropriately to experiences of racism and racial discrimination.

All of these challenges have important implications in terms of organisational culture with an indirect impact on levels of absence and quality of services and supports. An engaged and motivated workforce is essential to both maintaining standards of care and transforming and improving services. Due to the challenging nature of health and social care work a trauma-informed approach to workforce wellbeing has potential strengths and benefits.

3.3 Workforce Availability

- Unlike many other Local Authorities, the working age population is projected to increase by 2% by 2028, although this increase is disproportionate to the increase in the aged 75+ population by 8.5%, many of whom will have health and social care needs
- Dundee has an unemployment rate of 5.0%, which is higher than the 3.3% reported for Scotland. Dundee has an economic inactivity rate of 27.1%. This is higher than the 23.4% reported for Scotland. A larger proportion of the Dundee population receives out of work benefits across all age groups, than Scotland as a whole.

- Staff turnover across both employers has decreased. The turnover rate for Dundee City Council employees was 9.5% at 31 December 2024 (10.4% in 2021/22). The turnover rate for NHS Tayside employees was 10.8% at 31 December 2024 (12.8% in 2021/22).
- Service report that a significant proportion of turnover is driven by career progression and, specifically within social care, staff leaving to secure better terms of and conditions in other employment sectors.
- It has been identified nationally that there is a high rate of turnover for both IJB Chief Officers and Chief Finance Officers. This has impacted Dundee in relation to the Chief Officer post in recent years.
- At 01 October 2024 there was a vacancy rate of 5.51% in care homes for adults (57% response rate) and a vacancy rate of 6.28% in care home for older people (68% response rate).
- There has been an overall MHO shortfall identified of 37.00 hours. Of the 10 employees who exclusively undertake MHO duties, 4 are aged 50+ and all 10 are aged 40+. A shortfall has been identified in terms of Adults with Incapacity (AWI) work.
- As at April 2025 there were 27.92 WTE in all nursing roles across Partnership services. These vacancies are either in the process of being recruited to or awaiting the newly graduate practitioners. Recent increases have been identified within Medicine for the Elderly and Community Mental Health Teams.
- There continues to be a reduction in the number of people undertaking training in key professional roles, including nursing, GPs, Pharmacists, Physiotherapists, Occupational Therapists and Mental Health Officers. This is a national challenge.
- International recruitment is a key route for securing workforce capacity across health and social care services, particularly within third party commissioned social care services. Planned changes to immigration rules and processes may interrupt or reduce the ability to recruit international colleagues from 2025 onwards.
- There have been significant challenges attracting staff to a range of social care roles since the COVID-19 pandemic. This includes a loss of staff to roles within the NHS where staff are attracted by better terms and conditions, including access to more flexible working patterns.
- Succession planning is critical to supporting internal progression and overall workforce supply. Almost all services have reported that this is an area where improvement is required, with important implications for learning and development capacity.
- Services report that specific aspects of recruitment processes need to change and improve:

- Unnecessarily complex processes, with multiple approval stages that delay progress.
- The timeline and complexity of process for establishing integrated posts within Dundee City Council and NHS Tayside.
- Modernisation of job descriptions and person specifications, including placing greater emphasis on transferable skills and attracting younger members of the workforce.
- More support is needed to navigate constantly changing processes for international recruitment, including sponsorship arrangements.
- Services report that HR processes such as those supporting ill health retiral and disciplinary processes are complex and take too long to complete, affecting workforce availability in the meantime.

Key challenges:

Workforce availability continues to be significantly impacted by unemployment and economic inactivity rates. There may be opportunities to attract people who are currently economically inactive to careers in health and social care.

Recruitment processes are lengthy and complex and could be modernised to attract a broader range of applicants. However, all employment and recruitment processes are provided by Dundee City Council and NHS Tayside and therefore the Partnership faces limitations on their ability to influence and modernise recruitment processes.

There is a risk of reduced workforce availability, particularly for social care services, due to planned changes to immigration rules. This places further emphasis on the need to enhance recruitment and retention of staff who have rights to live and work in the UK.

Although absence levels have started to reduce, they remain high and have a significant impact on workforce availability and the health and wellbeing of wider staff groups. There is a need to continue to focus on reducing absence levels whilst managing current absences.

Succession planning is not routine or robust. Maximising the value and potential of the existing workforce is critical in the context of the very challenging external workforce supply for health and social care. Some services have developed approaches that could be considered across the wider Partnership

3.3.1 Hard to Fill Posts and Long-term Vacancies

Services have identified the following posts which are currently hard to fill or are long-term vacancies:

Service	Post	Number of Posts
Community Care and Treatment Service	Administrative Assistant (Band 3)	1
Community Independent Living Service	Physiotherapist (Band 6, 26.5 hours)	1
	Physiotherapist – Community Rehab (Band 6, 70.75 hours)	3
	Occupational Therapist (Council)	1
	AHP Support Worker (Band 4, 13 hours)	1
	Occupational Therapist (Band 6)	1
Community Mental Health Services - AHPs	Occupational Therapist (Band 5)	0.5
Enablement Support / Care Management and Resource Matching Unit	Social Care Worker (25 hours)	15
	Social Care Worker (30 hours)	5
General Practice	G.P. Partners and salaried G.P.s	61 sessions (approximately 5 WTE posts)
Independent Living Review Team	Occupational Therapist (Band 6)	1
Learning Disability Allied Health Professionals	Band 8a	2
Mental Health and Learning Disability Allied Health Professionals	Associate AHP Director (shared costs)	1
Psychiatry of Old Age Inpatient Service	Occupational Therapist (Band 5)	1
	Registered Mental Health Nurse	1
	Health Care Support Worker	1
Strategic Services	Records Manager	1
Urgent and Unscheduled Care	Trainee Advanced Nurse Practitioner	1
	Advanced Nurse Practitioner (37 hours)	2
		1

	Lead Advanced Nurse Practitioner (37 hours)	2
	Social Worker	2
	Medicine Physiotherapist (Band 6)	1
	Occupational Therapist (Band 6)	
Weavers Burn	Social Care Worker (35 hours)	2
	Social Care Worker (30 hours)	1
Wellgate Day Support Service	Social Care Worker (35 hours)	2

More generally, many services identified that during recruitment they are experiencing lower numbers of applicants and a poorer quality of applicants when recruiting. Possible reasons for this included competition from other employers both regionally and nationally, including larger Health Boards in the Central Belt and employers with better terms and conditions.

In a number of service areas, the existence of hard to fill posts and long-term vacancies has led to redesign of service models and associated staffing requirements, creating alternative roles than have been recruited to more easily. Some posts have also been covered by temporary staffing hours or arrangements, however this often does not fill the whole staffing gap and can lead to instability within the service. Some services are not able to use supplementary staffing due to the highly specialised nature of the service they provide. A number of services highlighted that maternity leave cover is not routinely available and anticipated future challenges to fill posts that will become vacant over the next 6 to 12 months.

Key challenges:

There are specific workforce availability challenges relating to Occupational Therapists, Social Care Workers and G.P.s. Challenges are also experienced, to a lesser extent in relation to, Advanced Nurse Practitioners and Physiotherapists. Services have used a range of approaches to support recruitment and manage vacancies, however the local position reflects national workforce supply challenges.

There is a need to promote the Partnership as an employer of choice to attract greater numbers of suitably skilled and experienced applicants. This includes considerations in terms of geographic location, terms and conditions and reputation.

3.3.2 Staffing Tools

Some services have staffing tools available to support them to assess the required workforce level and identify gaps between that level and current staffing arrangements. Data for service areas that have a staffing tool available to them is summarised below:

Service	Identified Gap
Specialist Community Nursing - COPD	20 hours administrative support
Community Nursing – District Nursing Teams	4.9 WTE Band 5 Nurses
Pan-Tayside Learning Disability Dietetics Service	Band 6 Clinical post
RVH In-Patient and Day Hospital Services	3.5 WTE Registered Nurse 5.74 WTE Health Care Support Workers
Nutrition and Dietetics	0.9 WTE Dietetics Staff High clinical case loads for Dieticians supporting surgical beds
Psychiatry of Old Age Inpatient Service	37 hour Registered Mental Health Nurse
Urgent and Unscheduled Care – OT / PT	All Inpatient teams required 2-3 WTE (Band 4)

A number of other services continue to implement available tools at regular intervals and have found no gaps. Where gaps have been identified there is commonly a reliance on supplementary staffing as an interim solution, with associated additional financial costs. Risks associated with gaps are recorded and monitored via Clinical and Care Governance arrangements.

For the majority of services, that do not have access to a common staffing method or other staffing tool, gaps have been identified through a range of approaches (including service reviews, workload reviews and application of professional judgement):

Service	Identified Gap
Dundee Drug and Alcohol Recovery Service - Nursing	Non-medical prescribing specialist nurses to support implementation of MAT standards and Buvidal administration.
RVH Inpatient and Day Hospital Services	Senior Medical staff providing baseline cover
Nutrition and Dietetics Service	Dietetics workforce to support optimal oncology pathways and meeting key performance indicators, specialist mental health dietetics service for Angus and dedicated weight management pathway for Learning Disability and Mental Health Services.

Community Independent Living Service	Clerical and administrative staff
Strategic Services	12 posts identified via service restructure to meet basic statutory and governance requirements
Adult Care Management	Senior Practitioner
Learning Disability Social Work	Team Manager

Key challenges:

Not all Partnership services have access to a common staffing method or staffing tool to assess staffing levels.

There is not yet a common methodology or reporting format to collate, analyse and report data for hard to fill posts, long-term vacancies and other identified staffing gaps.

These limitations restrict the Partnerships ability to integrate and analyse the relevant data in order to inform accurate workforce planning. The Partnership does not have the specialist workforce planning expertise or the analytical capacity to address these gaps from within current resources.

Staffing tools are helping some services to identify gaps and are supporting the maintenance of safe staffing levels. However, due to the overall pressures on workforce capacity short-term solutions often rely on supplementary staffing which incurs additional costs. This is not a sustainable position given the IJB's budget for 2025/26 includes significant reductions to supplementary staffing costs. This approach can also lead to instability for the wider staff group within services and for service continuity.

3.3.3 Retention and Development

- An increasing reliance on international workers, trainees and newly qualified staff in some services has a significant impact on the required induction period. A longer induction period (up to 12 months), requiring greater levels of support throughout can reduce the overall output associated with the post and, sometimes, the wider service.
- Capacity to support succession planning is limited and there is therefore not a systemic approach to managing talent and supporting progression across Partnership services.
- As workload demands and services pressures increase there is less capacity to effectively support student placements, the creation of entry level posts and to release existing staff to undertake learning and development activity (other than that directly related to professional registration requirements)

- In some services, the financial necessity to reduce the scale of management structures has reduced progression pathways for existing staff.

Key challenges:

There is not yet an agreed and resourced framework for supporting effective succession planning across Partnership services. This will require support from and integrated working between NHS Tayside and Dundee City Council, and is an important gap given the age profile of the current workforce and potential for retirement levels to impact service continuity over the next 5-year period.

There is a risk that financial and workload pressures associated with rising demand will limit opportunities for learning, development and progression for both existing and new staff. This is likely to have a negative impact on retention, with staff seeking out progression opportunities in alternative services / employers.

4. Future Workforce Requirements

4.1 Future Demand and Service Models

Services across the Partnership have identified the key factors driving increased demand. Detailed information is provided in [Appendix 4](#), with common themes being:

- **Extension of services/New Pathways of Care:** There's a need to expand services to meet the requirements of a range of national strategies, standards, guidance and performance requirements. This is also driven by a focus on continuous improvement, service user feedback and public and political expectations.
- **Long-term effects of COVID-19:** anticipated long-term effects of COVID-19 on population health, with an assumed increased demand in some service areas.
- **Prevention of admission and discharge without delay:** impact of national, regional and local policy objectives across the whole system.
- **Whole systems pathways:** impact of pathway and model of care redesigns on other areas of service (intended and unintended consequences).
- **Chronic disease management:** There's a notable rise in demand for services supporting chronic disease management 3.
- **Palliative care:** An increase in the number of palliative care patients, driven by an ageing population and higher rates of long-term conditions.
- **Complex needs:** More service users with multiple and complex needs, including at end-of-life. This is associated with the ageing population and higher rates of long-term conditions, co-morbidities and frailty.
- **Early and prevention intervention:** Increased focus on early intervention and prevention models of care, as well as focus on proactive management of conditions.
- **Transitions:** higher numbers of young people, with increased complexity of need, transitioning from children's to adult services.
- **Learning disabilities:** Year-on-year increase in the population with learning disabilities and transitions from children and young people's services with increased complexity of need.
- **Neurodiverse individuals:** Increased awareness, diagnosis and referral levels.
- **Health inequalities:** Challenges in diagnosis and access to services due to health inequalities.

- **Mental health:** Rising prevalence of mental health conditions and co-morbidities, impacted by deprivation, isolation, and cost of living.
- **Reporting and regulation:** more complex landscape of legislation, guidance and service standards and increased demand for scrutiny and assurance information, particularly from Scottish Government.
- **Service transformation:** Need for service transformation, financial planning, and digital transitions.

These themes highlight the multifaceted nature of the rising demand for health and social care services, driven by demographic changes, evolving health needs, and systemic challenges.

Key challenges:

A variety of factors driving increased demand for health and social care services cannot be directly influenced or reduced at a local level, including by the IJB and Health and Social Care Partnership. Many factors related to structural inequalities that require a whole system, national response. They also indicate that wider reform of the health and social care system is required, to more closely align need, demand, resources and expectations.

Although factors driving demand are known, there is not yet a consistent and sustainable approach to quantifying their impact and modelling future implications. In some service areas modelling of small-scale impacts has been undertaken (for examples as part of service reviews) and some larger scale modelling tools are available (for example for social care). There is a lack of capacity and capability to undertake the required level of modelling to inform accurate workforce planning.

In response to increasing demand services have identified the key improvement and transformation activity they will undertake over the next 3-year period. Details are provided in [Appendix 4](#) and broadly fall into 9 categories:

- Redesign of services to meet increasing demands whilst also ensuring efficient use of resources.
- Development of new service models and pathways to address unmet needs or new requirements in national legislation, guidance and strategies.
- Enhanced investment in workforce wellbeing, learning and development to support existing teams and services to meet rising demand.

- Digital transformation to improve the efficiency and effectiveness of pathways of care, support hybrid working and contribute to improved workforce wellbeing.
- Capacity building with wider services to enable a more effective system wide response to health and social care needs, allowing a greater focus on complex cases within specialist functions.
- Improved interfaces within and between community services, with acute services and with children and young people's services.
- Reviews of staffing models and roles to maximise efficient use of skills, knowledge and experience.
- Enhanced focus and redesign of services to support prevention, early intervention and self-management.
- Enhanced strategic and finance support for transformation activity.

Key challenges:

The scale and complexity of improvement and transformation required to keep pace with demand is significant and must be delivered within a reducing level of financial resources. This activity also requires co-ordination both within the Partnership and at the interface with Dundee City Council, NHS Tayside and other partner organisations.

There is not sufficient capacity in terms of programme and project management support to consistently implement a best practice approach to transformation, including anticipated impact on workforce requirement. Some Partnership services have access to dedicated resources, and this has supported an increased pace of change and improvement, for example in Urgent and Unscheduled care.

4.2 Future Workforce

[Appendix 4](#) contains information provided by services regarding their predicted future workforce needs. There is not yet a consistent methodology or capacity across services to report this information in a robust and standardised way and therefore the information should be treated as being indicative or broad patterns of likely changes in demand for specific roles.

It is anticipated that there will be a need for significantly more:

Social Care Officers	Social Workers	Social Care Workers	(Senior) Support Workers
Administrative and Clerical roles	Health Care Support Workers	Support Worker roles at Band 4	Nursing roles at Band 6
Occupational Therapists	Physiotherapists	GPs	Advanced Practice Roles at Band 7
Telecare Controllers, Responders and Assessors	Data, quality and intelligence roles	Strategic and business planning roles	Programme and Project Managers

Through the redesign of services and modernisation of other roles it is anticipated that there will be a need for fewer:

Registered Nurse roles at Band 5

Senior Management roles

Further work is required to further develop, analyse and cost information regarding future workforce requirements.

Key challenges:

There are a range of professional roles where it is anticipated that increased numbers of staff will be required in the future, however a number of these professions also face workforce supply challenges. Reduced numbers of people training within these professions / roles and competition for available trained staff is likely to disrupt the Partnerships ability to secure required staffing in the future.

Many services report the need for increased staffing across a range of roles, few have been available to identify roles where there will be reduced staffing in the future.

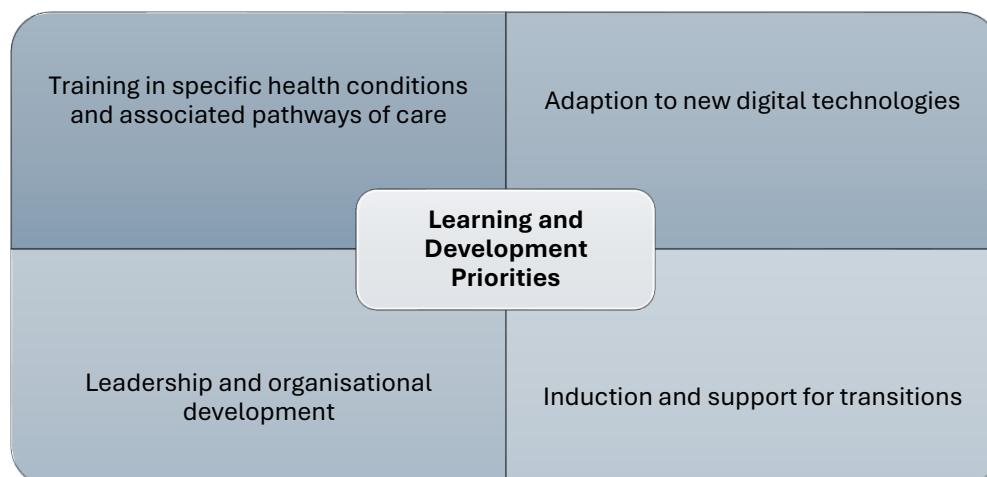
Workforce costs are a high proportion of the IJB's budget and financial pressures and sustainability require greater cost control in the future. There is a need to align workforce projections to reducing financial resources.

Information on future workforce needs is not yet being captured in a standardised format. Services are at different positions in terms of their capacity to analyse and report future workforce needs and therefore the Partnership can report only broad expected trends at this time. This impacts the Partnerships ability to both cost and plan for future workforce models.

4.2.1 Workforce Learning and Development

The anticipated nature of future demand on health and social care services, and the transformation and improvement of services in response to this both have important implications in terms of the future learning and development needs of the workforce. Access to learning and development opportunities will be vital to support the workforce to enhance their skills, knowledge and experience to both support transformation and improvement and to respond effectively to the changing health and social care needs of the population.

Services have identified four key areas for learning and development over the next three-year period:



Training in specific health conditions: the focus of this training varies by service area, however the majority of services identified specific health conditions and treatments where enhanced learning and development would be required to respond to future needs and demands. Many services also highlighted the need for enhanced understanding of pathways of care, including the interfaces between services areas

both within and outwith the Partnership. Many service areas also linked these aspects of learning and development to the creation of Advanced Practice roles.

Adaptation to new digital technologies: This includes learning and development to enhance knowledge and skills of technology enabled care that is used in the direct delivery of care, as well as digital devices and systems used across the Partnership to indirectly support care, maintain records, undertake administrative process etc.

Leadership and organisational development: This includes: leadership and management development to support succession planning; improvement of the induction programme for new workforce members; the development and implementation of competency frameworks, including encouraging and supporting staff to undertake appropriate qualifications to meet the needs of their role; enhancing knowledge and skills in service development, service design, co-production, improvement, change management, and data modelling and projection.

Induction and support for transitions: This includes improved induction planning and process for new workforce members, particularly those roles that require an enhanced induction process (such as international workers, newly qualified workers and those in highly specialised roles). Services also identified the need for enhanced support for internal transitions, particularly for staff moving into management and leadership roles for the first time.

The financial implications of supporting this level of learning and development require to be further developed, including consideration of the cost of accessing training and time-out for staff to participate. Creation of capacity to support student placements and newly qualified practitioners also requires to be considered as a priority to help to address challenges in relation to workforce supply.

Key challenges:

There is a need to understand how well the learning and development offers from both Dundee City Council and NHS Tayside are aligned to there three priority areas. This will require mapping of current opportunities against service needs to identify areas of strength and gaps to be addressed.

The cost of meeting workforce learning and development needs is significant, both in terms of access and time-out, but must be supported within a reduced financial resource. Competency frameworks can provide a consistent structure for prioritising access but are not yet available or consistently implemented across all Partnership services.

The scale of training required in relation to digital developments is significant and workforce feedback indicates that whilst initiatives such as Digital Champions are valued, they are not sufficient in terms of pace of upskilling. The workforce continue to

report being frustrated by not being able to access and / or fully utilise available digital capacities.

5. Workforce Action Plan and Risk Register

The Partnership's Workforce Planning Group is responsible for leading a strategic approach to workforce planning across the Partnership. The Workforce Planning Group lead the following aspects of workforce planning activity:

- **Assessment of workforce needs** – ensure that regular assessment of current and future workforce requirements are conducted for the workforce delivering delegated health and social care functions and for finance and strategic support services. This will take account of demographic changes, policy developments and service delivery models.
- **Data collection** – oversee the gathering, analysis and reporting of relevant data to inform workforce planning and monitoring of its effectiveness and impact.
- **Strategic risk assessment** – develop and maintain a strategic risk register for workforce planning and provide advice to other strategic risk forums regarding workforce planning matters.
- **Development of strategies** – develop, maintain and review workforce strategies and plans as required by national guidance and to meet local needs/preferences. This will include ensuring alignment with national, regional and local health and social care priorities.
- **Monitoring of implementation** – oversee the implementation of workforce plans and initiatives, including seeking and reviewing evidence of impact of these plans and initiatives.
- **Promotion of best practice** – identify, share and promote best practice approaches to workforce planning, management and support.
- **Continuous improvement** – review and refine workforce planning processes for the integrated health and social care workforce to ensure that they remain effective and relevant.
- **Stakeholder engagement** – engage with key stakeholders, including the corporate bodies, the workforce, trade unions and professional bodies to inform and support a comprehensive approach to workforce planning and related actions.
- **Reporting** – provide reports as required on workforce planning matters, including to the Integration Joint Board.

The Workforce Action Plan for the Partnership for 2025/26 can be found in [Appendix 1](#). This plan will be reviewed and updated at the end of each financial year.

The Workforce Planning Group has identified a number of risks to the delivery of the Workforce Action Plan, these are set out in [Appendix 2](#).

Appendix 1 – Action Plan 2025/26

The Workforce Action Plan has been aligned to the strategic shifts within the IJB's Strategic Commissioning Framework, with a focus on the short-term shifts scheduled to the end of 2025/26. The Action Plan is a live document that will continue to evolve as new information becomes available.

IJB Strategic Commissioning Plan - Short-term Shifts (2023-2026)

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
The workforce is benefitting from having a wider range of more accessible mental health and wellbeing supports available to the workforce, including supports for bereaved staff members.					
Expand the number of Wellbeing Champions and Ambassadors across the Partnership workforce.	NURTURE	Extended Management Team / People Services	October 2025	No direct financial implication but are costs in relation to 'time out' from substantive duties.	11
Provide targeted wellbeing interventions and inputs to teams on a needs-led basis.	NURTURE	Extended Management Team / People Services	Ongoing throughout 2025/26	No direct financial implications but costs in terms of demand on People Services colleagues and managers within impacted services.	11
Implement revised Dundee City Council	NURTURE	All managers	June 2025	No direct financial implications but will	11

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
bereavement leave policy.				result in increased 'time out'.	
There are clear local routes for the young workforce to enter a career in health and social care.					
Strengthen the Partnership's interface with Dundee and Angus College.	ATTRACT / TRAIN	Workforce Planning Group	October 2025	None identified at this time.	3, 9, 10
Recruitment and retention has improved in key areas, including Primary Care, Social Care, Mental Health and Drug and Alcohol Services.					
Analysis of GP Sustainability Survey (2) and agreement of actions in response.	PLAN / ATTRACT	Primary Care Team	October 2025	None at this time, however financial implications may arise in relation to agreed actions.	3, 9, 10, 12
Review recruitment adverts, information packs and advertising routes with a view to targeting under-represented groups.	ATTRACT	Recruiting managers with People Services	Ongoing throughout 2025/26 as opportunities arise	None identified at this time.	1, 9, 12
Promote equality and diversity learning opportunities to recruiting managers.	ATTRACT	Workforce Planning Group	August 2025	No direct financial implication but are costs in relation to working time undertake learning.	11

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
Work with Dundee City Council and NHS Tayside to access and understand equalities data from recruitment processes.	PLAN / ATTRACT	Workforce Data Group	December 2025	None identified at this time.	1, 6, 7, 8, 9
Implement the new care at home contract, incorporating Fair Work practices.	ATTRACT / EMPLOY	Social Care Contracts	August 2025	No direct financial implications, however Fair Work practices are reflected in overall cost of commissioning services.	9, 12
Support the planning and implementation of the Chief Social Work Officer Conference.	EMPLOY	Heads of Service / Chief Social Work Officer	September 2025	None identified at this time.	1, 11
Enhanced workforce wellbeing supports have helped to reduce the overall levels of staff absence and turnover.					
Focus groups in areas with high levels of absence	NURTURE	Operational Managers with support from People Services	Ongoing throughout 2025/26 as need arises	None identified at this time.	3, 11, 12

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
Focus on resolution of HR processes impacting attendance at work.	NURTURE	All line managers, supported via Management Teams	Ongoing throughout 2025/26	No direct financial implications, although some individual resolutions may have associated financial implications.	10
Continue to promote all available wellbeing supports across the Partnership workforce.	NURTURE	Extended Management Team / People Services	Ongoing throughout 2025/26	None identified at this time.	1, 9, 11
Develop and launch a Partnership Anti-Racist Practice policy statement.	EMPLOY / NURTURE	Senior Officer, Strategic Planning / Independent Sector Lead	December 2025	None identified at this time.	1, 3, 9, 10, 11, 12
Complete review of social work team caseloads.	PLAN / NURTURE	Heads of Service, Health and Community Care	October 2025	None at this time, however financial implications may arise in relation to agreed actions.	2, 3, 4, 12
People working within the health and social care workforce receive clear and understandable information about the work of the IJB and the Partnership					
Further development of Extended	EMPLOY	Heads of Service	Ongoing throughout 2025/26	None identified at this time.	3, 11

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
Management Team model.					
Continue to implement service visits for IJB members and Senior Managers.	EMPLOY	Head of Service, Strategic Services	Ongoing throughout 2025/26	None identified at this time.	3, 11
Review induction arrangements for Partnership Services.	TRAIN	Workforce Planning Group / People Services	March 2026	None at this time, however financial implications may arise in relation to agreed actions.	1, 9
The IJB has a fuller understanding of health and social care workforce needs and has agreed a plan to address gaps and challenges.					
Analysis of GP Sustainability Survey (2) and agreement of actions in response.	PLAN	Primary Care Team	October 2025	None at this time, however financial implications may arise in relation to agreed actions.	3, 9, 10, 12
Survey and analysis of third and independent sector workforce	PLAN	Lead Officer, Quality, Data and Intelligence / Senior Officer, Social Care Contracts	December 2025	None identified at this time.	1, 6, 7, 8, 11
Develop standardised approach to capturing information from	PLAN	Workforce Data Group	March 2026	None identified at this time.	1, 6, 7, 8

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
services for: hard-to-fill posts, long-term vacancies and other staffing gaps.					
Hold workforce planning discussion at each of the social care provider forums.	PLAN	Independent Sector Lead	December 2025	None identified at this time.	9, 11
Complete the ongoing review of clerical and administrative support within the Partnership.	PLAN	Admin Review Group	October 2025	None at this time, however financial implications may arise in relation to agreed actions.	1, 6, 7, 9, 11, 12
Explore sources of national support and expertise for demand and workforce modelling and projection.	PLAN	Workforce Data Group	October 2025	None identified at this time.	4, 5
People working within the health and social care workforce have benefitted from opportunities to develop their leadership skills and confidence.					
Further development of Extended	TRAIN	Heads of Service	Ongoing throughout 2025/26	None identified at this time.	3, 11

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
Management Team model.					
Encourage and support increased uptake of existing leadership development opportunities within both NHS Tayside and Dundee City Council.	TRAIN	Extended Management Team	Ongoing throughout 2025/26	None identified at this time.	3, 11
Contribute to the Dundee City Council review of the Quality Conversations model.	TRAIN / EMPLOY	Workforce Planning Group	October 2025	None identified at this time.	11
Develop a consistent, integrated framework for succession planning within the Partnership.	TRAIN / EMPLOY / PLAN	Workforce Planning Group	March 2026	None identified at this time.	1, 3, 4, 9, 10
Map current learning and development offers against priorities	TRAIN	Workforce Planning Group / People Services	December 2025	None identified at this time.	1

Action	Pillar	Lead	Timescale	Financial resource	Relevant risks (see Appendix 2)
identified by service areas: including for digital skills.					
People working within the health and social care workforce have better opportunities to influence the work of the IJB.					
Continue to deliver IJB development sessions.	EMPLOY	Head of Service, Strategic Services	Ongoing throughout 2025/26	None identified at this time.	1, 3, 9, 10
Continue to implement service visits for IJB members and Senior Managers.	EMPLOY	Head of Service, Strategic Services	Ongoing throughout 2025/26	None identified at this time.	3, 11
Further development of Extended Management Team model.	EMPLOY	Heads of Service	Ongoing throughout 2025/26	None identified at this time.	3, 11
Continue to develop the Social Work Practitioner Forum model.	EMPLOY	Extended Management Team / People Services	Ongoing throughout 2025/26	None identified at this time.	3, 11

Appendix 2 – Workforce Strategic Risk Register

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<p>1.Complex governance arrangements for the health and social care workforce undermines clarity of leadership and accountability.</p> <p><i>Workforce is not a delegated function and therefore oversight and decision-making for workforce matters takes place within single agency governance structures. However, workforce is a critical resource supporting the implementation of IJB functions and performance. National guidance and requirements for workforce planning do not always fully reflect take account of these governance arrangements.</i></p>	Chief Officer	3	4	12	<ul style="list-style-type: none"> • Health and Social Care Integration Scheme • Representation from the IJB and Partnership within single agency governance structures • Representation from NHS Tayside and Dundee City Council in IJB governance structures • Legal, HR and other professional advice available to officers
<p>2.Inadequate financial resource to support required actions.</p> <p><i>Public sector financial pressures are impacting on NHS Tayside, Dundee City Council, other health and social care employers and the IJB. The IJB has agreed a budget for 2025/26 that includes £17 million of savings. Savings of this scale will significantly impact the Partnership's ability to deliver the actions required to address</i></p>	Chief Officer / Chief Finance Officer	4	5	20	<ul style="list-style-type: none"> • 2025/26 transformation and savings plan • Revision of workforce plan to focus on priority action areas • Strategic framework for prioritisation within IJB Strategic Commissioning Plan

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<i>identified workforce challenges and priorities.</i>					
<p>3.Inadequate capacity within senior leadership structure to effectively support workforce planning.</p> <p><i>Due to vacancies and temporary deployments within the senior leadership team there is not adequate capacity to fully lead and support workforce planning activity. This includes supporting the strategic interface with NHS Tayside, Dundee City Council and the third and independent sector.</i></p>	Chief Officer and wider Senior Management Team	5	4	20	<ul style="list-style-type: none"> • Ongoing recruitment to Chief Officer post • Review of Senior Management Team structure • Sharing of management duties
<p>4.Inadequate specialist workforce planning capability and capacity.</p> <p><i>As workforce is not a delegated function the Partnership does not have any dedicated specialist workforce planning support. Given the complexities of integrated workforce planning this is required to be able to fully achieve the best practice approach set out in national guidance.</i></p>	Chief Officer and wider Senior Management Team	5	4	20	<ul style="list-style-type: none"> • Some access to specialist capability via NHS Tayside and Dundee City Council • Use of other transferable skills available within Partnership workforce • Use of national resources where available
<p>5.Inadequate specialist modelling and projection capability and capacity (service demand and workforce).</p>	Acting Head of Service, Strategic Services	5	4	20	<ul style="list-style-type: none"> • Use of national resources and capacity where available

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<i>There is not sufficient internal expertise and capacity for data modelling and projection in relation to anticipate future population needs and demand. This baseline information is required to then allow further modelling of workforce requirements, which is also not available within existing resources.</i>					<ul style="list-style-type: none"> • Use of other transferable skills available within Partnership workforce
<p>6.Inability to access workforce data from individual employers.</p> <p><i>Partnership data and information officers and not able to directly access workforce data to enable collation, analysis and reporting. This is particularly acute in relation to NHS Tayside data and data within the third and independent sector.</i></p>	Acting Head of Service, Strategic Services	4	4	16	<ul style="list-style-type: none"> • Health and Social Care Integration Scheme • Data sharing agreements • Dual systems access for officers • Use of contract monitoring systems and returns • Workforce Data Group
<p>7.Inability to collate, analyse and report integrated workforce data (from NHS Tayside, Dundee City Council and commissioned services).</p> <p><i>Data provided by the different employers is not in compatible formats due to difference in recording and reporting practices and standards. Data therefore can not be integrated for reporting or analysis.</i></p>	Acting Head of Service, Strategic Services	5	4	20	<ul style="list-style-type: none"> • Workforce Data Group

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<p>8.Incompatible IT systems to support integrated data collection, analysis and reporting.</p> <p><i>There is no single, integrated digital platform available that meets the information governance and security requirements of all stakeholders to support reporting of integrated workforce data. This prevents data being shared effectively with relevant stakeholders.</i></p>	Chief Officer / Acting Head of Service, Strategic Services	4	3	12	<ul style="list-style-type: none"> • Workforce Data Group • Exploration of nationally supported data platforms
<p>9.Misalignment between health and social care priorities and those of employing organisations (NHS Tayside, Dundee City Council and third and independent sector).</p> <p><i>Workforce is not a delegated function and therefore oversight and decision-making for workforce matters takes place within single agency governance structures. Each employer will plan and take decisions aligned to their own policy commitments, financial plans and strategic priorities, which may not be fully aligned to those of the IJB.</i></p>	Chief Officer / Acting Head of Service, Strategic Services	3	3	9	<ul style="list-style-type: none"> • Representation from the IJB and Partnership within single agency planning structures • Representation from NHS Tayside and Dundee City Council in IJB planning structures • Leadership of Senior Management Teams (including IJB Chief Officer within NHS Tayside and Dundee City Council Teams)

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<p>10. Policy and regulatory changes across multiple stakeholders (national, regional and local).</p> <p><i>Due to the multi-agency and multi-professional nature of integrated workforce planning for health and social care there is a significant amount of legislative, regulatory, policy and guidance requirements that impact both directly and indirectly on workforce requirements. This includes immigration policy that remains a reserved UK Government function.</i></p>	Acting Head of Service, Strategic Services	4	4	16	<ul style="list-style-type: none"> Tracking of relevant information via Corporate Bodies and national representative bodies Legal advice available to officers Officer membership of national representative bodies
<p>11. Poor communication with stakeholders, including members of the workforce.</p> <p><i>Effective workforce planning requires good communication and engagement from a wide range of stakeholders (both on an organisational and professional basis). This includes good communication with the workforce themselves regarding priorities, actions and outcomes.</i></p>	Chief Officer and wider Senior Management Team	3	4	12	<ul style="list-style-type: none"> Staff Partnership arrangements Extended Management Team arrangements Workforce feedback mechanisms Workforce Planning Group
<p>12. Resistance to change from stakeholders, including members of the workforce.</p>	Chief Officer and wider Senior Management Team	3	4	12	<ul style="list-style-type: none"> Staff Partnership arrangements Extended Management Team arrangements

Description	Owner	Current Assessment			Control Factors
		L	C	Exp	
<i>Due to wider pressures across the public, third and independent sector, including on workforce members themselves, there might be resistance to the scale and complexity of the change required to deliver a sustainable workforce within the available financial resources. The co-operation and participation of all stakeholders is essential to developing realistic and achievable plans and to supporting implementation.</i>					<ul style="list-style-type: none"> • Workforce feedback mechanisms • Workforce Planning Group

Appendix 3 – Workforce Data

1. Internal Workforce

The Partnership has 936 (813 FTE) staff who are employed by Dundee City Council and 1,753 (1482 WTE) staff who are employed by NHS Tayside. Collectively, 86% are female.

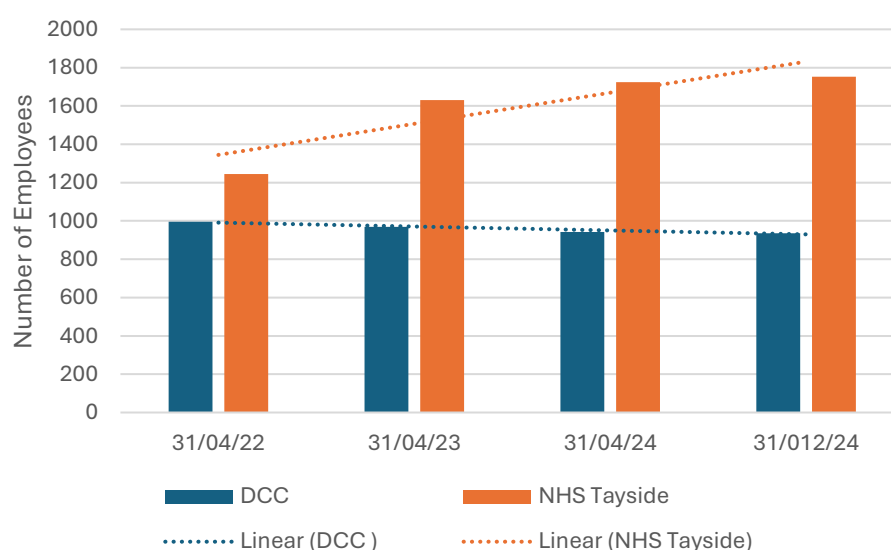
The largest staff groups are nurses 952 in Nursing and Midwifery family group, social and home care workers 534 people with job title ‘home care organiser’, ‘home care worker’, ‘modern apprentice social care worker’, ‘social care officer’, ‘social care organiser’, ‘social care worker’, ‘senior social care officer’, ‘senior social care worker’ and allied health professionals 323. These posts collectively account for 67% of the total Council and NHS workforce aligned to the Partnership.

Since 2022, there was an increase in posts employed by NHS Tayside by 197 (12%). There were increases in the following posts

- of nurses by 127 (15%)
- posts categorised as ‘other therapeutic’ by 28 (19%) and
- admin services by 22 (11%)
- Allied Health 11 (3%)

Since 2022, there was a decrease in posts employed by Dundee City Council by 59 (6% reduction). There was a decrease in social care / homecare posts by 82 (13% reduction)

Figure 1: Total number of employees aligned to the Health and Social Care Partnership by employer 2022 to 2024



38% of all NHST employees are age 50+ and 49% of all DCC employees are age 50+

Figure 2: % of each age groups employed by DCC and NHS Tayside who worked in the DHSCP at 31 December 2024

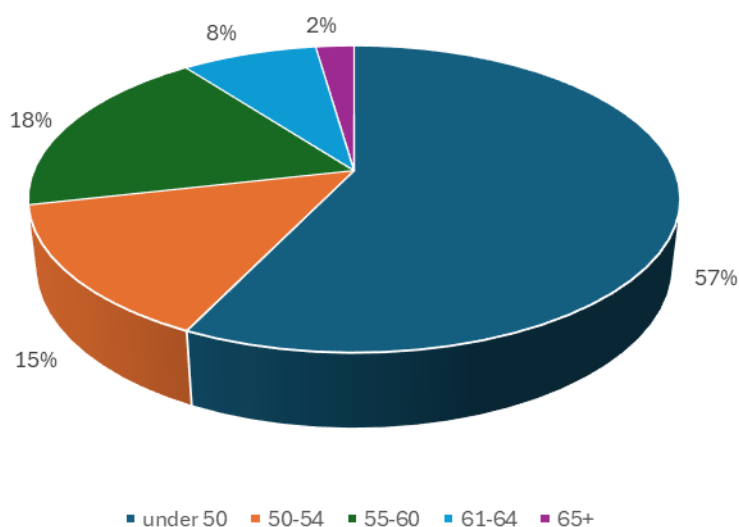


Figure 3: Number of employees in each age group employed by DCC and NHS Tayside who worked in the DHSCP at 31 December 2024

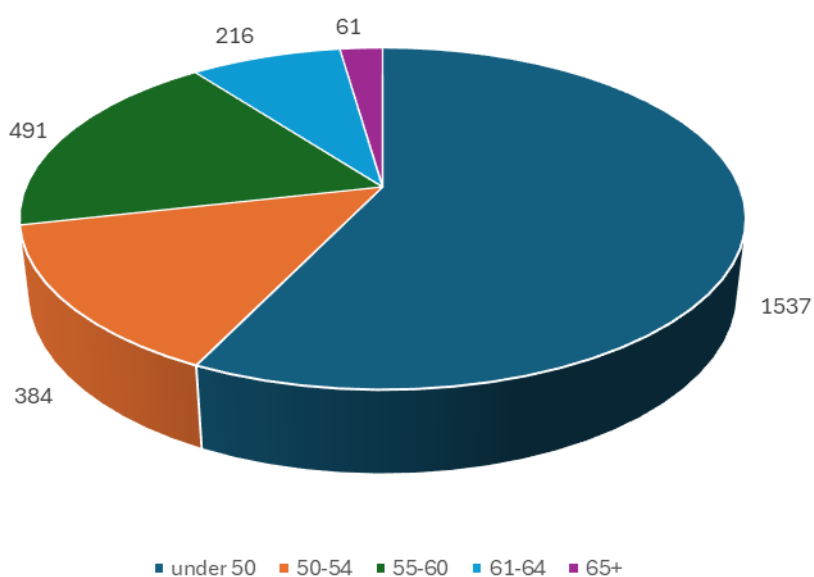


Figure 3 shows the number of employees who are in each age group. 384 people (15% of the total workforce) are age 50-54, 491 people (18% of the total workforce) are age 55-60, 216 people (8% of the total workforce) are age 61-65 and 61 people (2% of the total workforce) are age 65+.

Looking at the DCC employees, across each of these 50+ age groups the majority of employees are in the lower, pay grades. 76% are in grades 7 of less and of these, 61% (224 people) are social care or homecare workers.

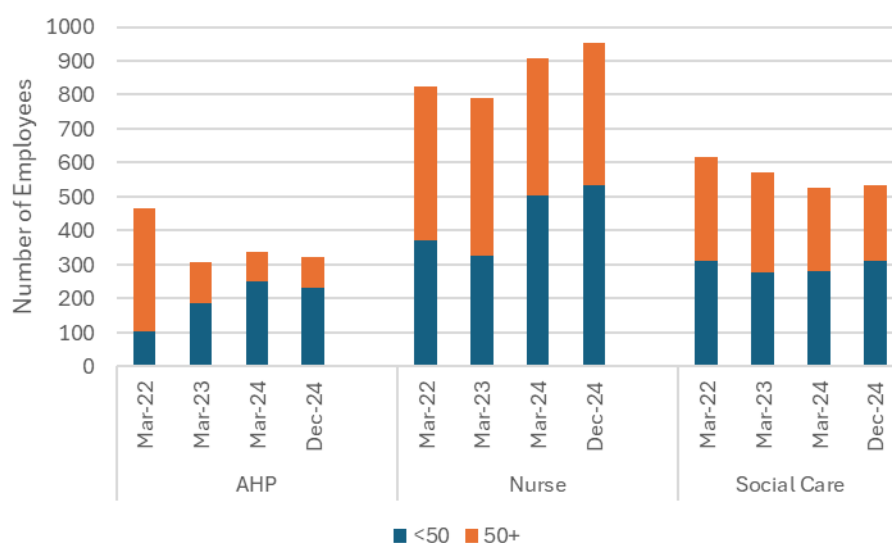
Looking at the employees who are aged over 60 and in grades 7 of less, 58 people (59% of those aged 60+) are social care or homecare workers.

Looking at the NHS employees across each of these 50+ age groups, 418 employees aged 50+ (62%) are in the nursing and midwifery family group. 100 employees aged 60+ (61%) are in the nursing and midwifery family group.

More in-depth analysis continues to be completed, which looks at a range of parameters including area of work and division, however due to small numbers in some areas these cannot be published so that individuals cannot be identified.

The chart below looks at the proportion of staff aged 50+ in each of the 3 largest staff groups.

Figure 4: Proportion of staff over and under age 50



Within the 3 largest staff groups, there is a high proportion of the workforce who are aged 50+; 50% (42 %) of social care workers, 44% of nurses and 28% of allied health professionals. The number of AHPS, nurses and social care staff aged 50+ has decreased since 2022.

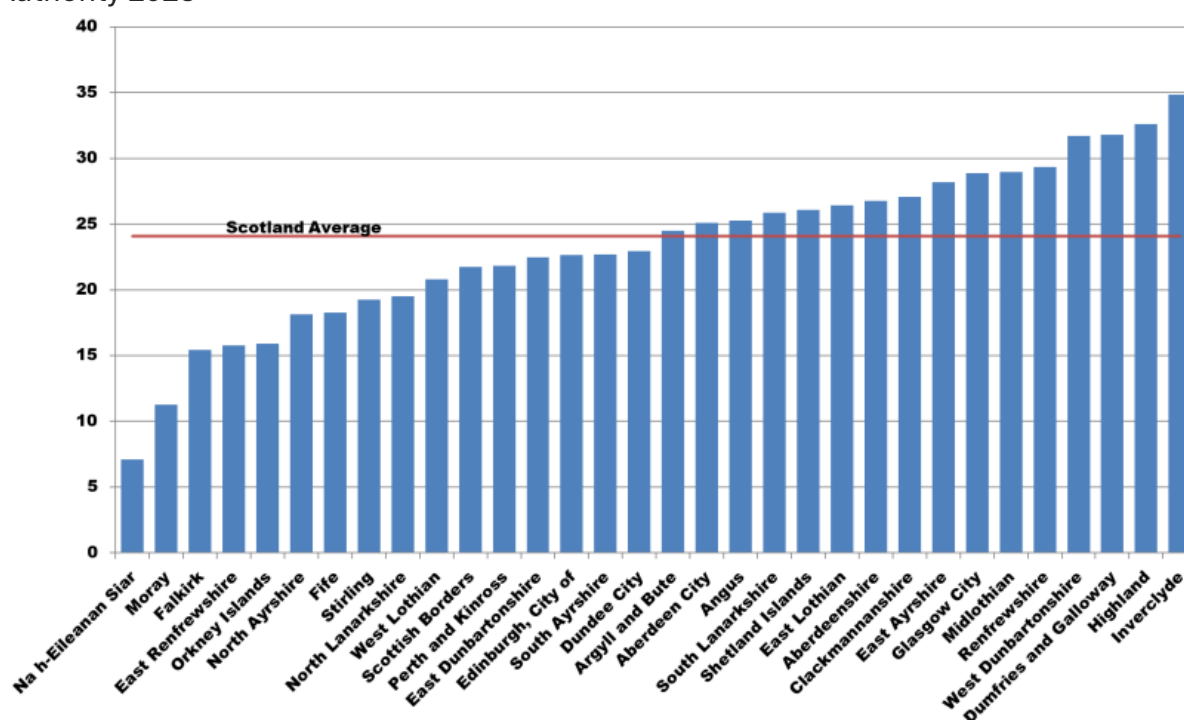
More in-depth analysis continues to be completed, which looks at the many roles within these categories, such as physiotherapists and occupational therapists which are categorised as Allied Health Professionals (AHPs). Due to small numbers in some

areas this level of detail cannot be published so that individuals cannot be identified, however generally the Occupational Therapy professionals have a higher proportion of the older age groups than other allied health professions.

Mental Health Officers (MHOs) are social workers with a minimum 2 years post qualifying experience who have gained the Mental Health Officer Award. There are currently 16 MHOs, 10 have exclusive MHO duties and 6 work as a social worker and have a satellite MHO role.

There was an estimated 37 hours per week shortfall in MHO hours reported for 2024. Of the 10 MHOs with exclusive MHO duties, 4 of the 10 are aged 50+ and all 10 are aged 40+. 9 of the 10 are female.

Figure 5: Hours per week spent on MHO duties per 10,000 population by Local Authority 2023



Source: SSSC Mental Health Officers (Scotland) Report 2023 (August 2024)

4% of the Dundee population reported in the 2022 Census that they have a 'disability'. The % of employees of NHS Tayside who reported having a disability is less than this at 2% and the % of employees of Dundee City Council who reported having a disability is higher at 6%. Taking the collective HSCP workforce aligned to NHS Tayside and Dundee City Council the % is similar to the Census data. It should also be considered that some employees do not like to declare disabilities to their employer so it's likely that the actual rate of employees with a disability may be higher than reported in Figure 6.

Figure 6: Disability

	Total number of Employees	Number (%) with disability	Number (%) with NO disability	No (%) don't know or prefer not to say
NHS Tayside	1753	38 (2%)	1318 (75%)	397 (4%)
Dundee City Council	942	57 (6%)	738 (78%)	147 (16%)
Dundee Population Economically Active*	60,754*	2,281* (4%)	58,473 (96%)*	

*the number of people who reported in the 2022 Census that they were economically active and had a condition which limited their day to day activities a little and a lot.

72 NHS employees and 46 DCC employees stated they were from a minority ethnic background, which is 4% and 5% of employees respectively. This is lower than the 16% of Economically Active and Employed Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2022 Census.

Figure 7: Ethnicity

	NHS Tayside	Dundee City Council	HSCP Total	Dundee Economically Active Employed Population*
African	19 (1.1%)	6 (0.6%)	25 (0.9%)	856 (1.4%)
Asian	35 (2.0%)	6 (0.6%)	41 (1.5%)	3,026 (5.0%)
Caribbean or Black	1 (0.1%)	1 (0.1%)	2 (0.1%)	90 (0.1%)
Mixed or Multiple Ethnic Groups	14 (0.8%)	1 (0.1%)	15 (0.6%)	594 (1.0%)
White British / Scottish	1445 (82.4%)	707 (75.1%)	2,152 (79.9%)	50,965 (83.9%)
White Irish	37 (2.1%)	4 (0.4%)	41 (1.5%)	661 (1.1%)
White Polish	6 (0.3%)	5 (0.5%)	11 (0.4%)	1,559 (2.6%)
White Other	42 (2.4%)	17 (1.8%)	59 (2.2%)	2,520 (4.1%)
Other Ethnic Group	3 (0.2%)	32 (3.4%)	35 (1.3%)	487 (0.8%)
Prefer not to Say	73 (4.2%)	49 (5.2%)	122 (4.5%)	

Don't Know	78 (4.4%)	114 (12.1%)	192 (7.1%)	
Total	1753 (100%)	942 (100%)	2,695 (100%)	60,754 (100%)

*Scotland Census 2022

51 (5.4%) of the 1,630 NHS employees defined themselves as LGBTQ, 174 (11%) reported that they 'did not know', 158 (10%) reported that they would 'prefer not to say' and 1,232 (76%) reported that they were heterosexual.

2. Commissioned Services

Our biggest workforce is in our commissioned services and we require to do more detailed profiling of this workforce. We are not currently able to see this as WTE rather than a headcount.

The Workforce Data Group has been looking at how data from commission services can be collected in a way that minimises further burden on these services and utilises data already collected for other purposes. A mapping exercise has been conducted which has identified relevant information from existing contract monitoring and the group is currently investigating how this can be processed in an efficient way to allow the information to be aggregated and analysed.

Figure 8: Care Home Staff in Dundee

	No. Staff	% Female	% age 55+
Public	180	83%	20%
Private	1140	73%	28%
Voluntary	80	88%	25%

Source: [SSSC Workforce Data December 2023](#)

Figure 9: Housing Support / Care at Home Staff in Dundee

	No. Staff	% Female	% age 55+
Public	470	85%	36%
Private	880	77%	14%
Voluntary	1340	72%	21%

Source: [SSSC Workforce Data December 2023](#)

Figure 10: Adult Day Care Staff in Dundee

	No. Staff	% Female	% age 55+
Public	80	75%	25%
Private	0	0%	0%
Voluntary	160	75%	19%

Source: [SSSC Workforce Data December 2023](#)

Staffing levels are monitored via contractual arrangements to ensure services can operate effectively.

3. Workforce Wellbeing

The impact of the pandemic and current pressure on staff has been profound. We do not have good information regarding absence levels in the private and voluntary sector, but we know they have been badly impacted by the pandemic. While COVID-19 related absences have stabilised, staff are tired and there is a high level of sickness absence across all areas of staffing.

Figure 11: Absence Rates

Employer	19/20	20/21	21/22	22/23	23/24	2024
NHS Tayside	5.9%	5.1%	5.5%	6.2%	6.6%	7.4%
Dundee City Council	7.8%	9.5%	14.2%	10.6%	11.7%	10.9%

DCC calculates as % days lost and NHS Tayside calculates as % hours lost

3.1 Dundee City Council employees

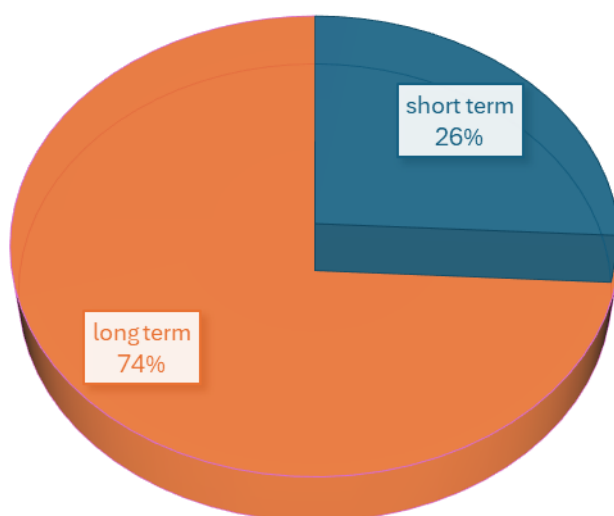
The % working days lost for the 12 months to 31 December 2024 was 10.9%. This was a reduction compared with the % working days lost for the 12 months to 31 March 2024 when it was 11.7%. The number of days lost to absence per FTE decreased from 26.73% for the 12 Months to 31 March 2024 to 25.29 for the 12 months to 31 December 2024.

The % of the workforce who had an episode of sickness absence decreased from 30.88% for the 12 Months to 31 March 2024 to 29.34% for the 12 months to 31 December 2024.

For the 12-month period 1 January 2024 – 31 December 2024 the proportion of short-term absence was 25.8% and the proportion of long-term absence was 74.11%. These

proportions have changed over time with the proportion of long-term absence decreasing and the proportion of short-term absence increasing.

Figure 12: Proportion of short and long-term absence, Dundee City Council 2024



The 4 absence categories with the highest % of days lost for DCC employees are

1. Anxiety / stress / depression / other psychiatric illness (8,225 working days lost and 40% of total days lost)
2. Other Musculo-Skeletal (3,359 working days lost and 16% of total days lost)
3. Other Known Causes (2,405 working days lost and 12% of total days lost)
3. Infectious Diseases (1,471 working days lost and 7% of total days lost)
4. Chest and Respiratory (1,162 working days lost and 6% of total days lost)
5. Gastrointestinal (939 working days lost and 5% of total days lost)

3.2 NHS Tayside employees

The overall absence for NHS Tayside in February 2025 was 5.92%, improving from January 2025 (7.49%) and December 2024 (7.36%). The overall absence for NHS staff working in Dundee HSCP in February 2025 was 6.25%, improving from January 2025 (7.49%) and December 2024 (7.46%).

As of February 2025, the three NHS staff groups with the highest % of sickness absence within Dundee HSCP for the year 2024/25 were:

- Nursing and Midwifery – 8.92%
- Administrative Services – 8.42%
- Allied Health Professions – 5.25%

For the 12-month period 1 January 2024 – 31 December 2024 the proportion of short-term absence was 25.8% and the proportion of long-term absence was 74.1%. These proportions have changed over time with the proportion of long-term absence decreasing and the proportion of short-term absence increasing:

Figure 13: NHS employees within Dundee HSCP – short-term sickness absence 2024/25

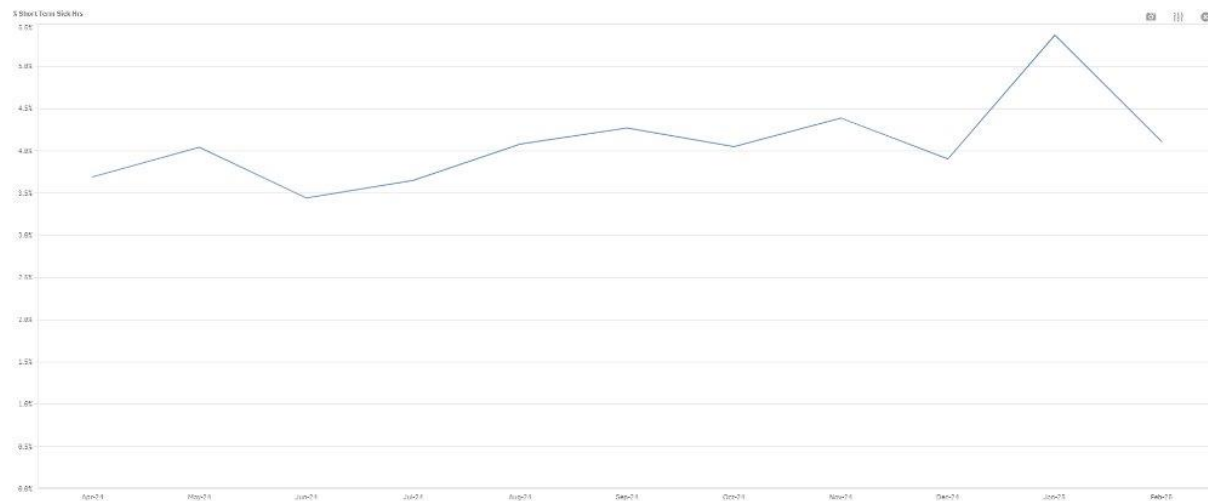
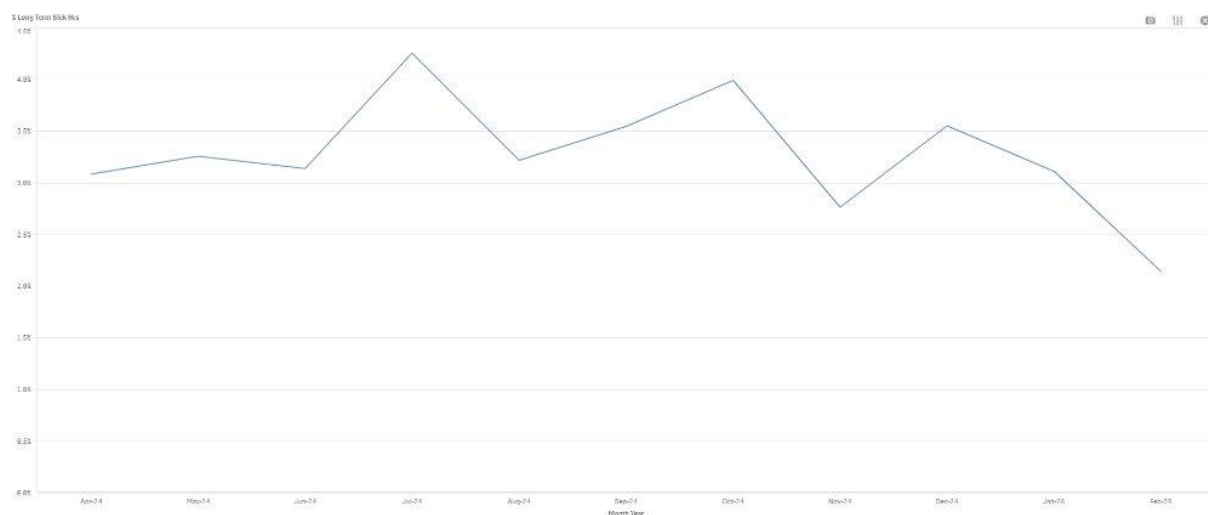


Figure 14: NHS employees within Dundee HSCP – long-term sickness absence 2024/25



3.3 Industrial Injury

For DCC employees 30 working days were lost to Industrial Injury and the top sickness categories in the 12 months to December 2024 were 'Other Known Cause', 'Injury / Fracture' and 'Anxiety / Stress / Depression'.

4. Workforce Feedback

Both employers have in place processes through which they formally capture feedback from the workforce on an annual basis. In NHS Tayside the iMatters process is used, and this is extended to all employees aligned to the Partnership regardless of their employer. In Dundee City Council an Annual Employee Survey is undertaken – only Dundee City Council employees are invited to participate.

Key results from the Dundee City Council Survey for 2024 were:

- Across the Council as a whole three key areas for improvement were identified:

Communication

- 60.5% of people said that they know what is going on in their service, and this has decreased by 2.2% since last year.
- 63.8% said that they have the information they need to do their job well, and this has decreased by 3.2% since last year.
- People state that they have good relationships with their line managers, but that there is a lack of communication from their senior management and they hear about changes through informal channels.

Empowerment

- 67.2% agreed that they are involved in decisions about their work, but this has decreased by 5.2% since last year.
- 56.4% said that they feel empowered in their work, also a decrease of 5.2%.
- 69% said that they are encouraged to give feedback, but this has decreased 4%.

Employee Wellbeing

- People report feeling overworked and understaffed, leading to high stress and burnout. There is also a perception that workload is unfairly distributed between services.
- 52% said that they have enough time to do their work well and this has not improved since last year, when 53.5% agreed with this statement.

For the Health and Social Care Partnership specifically (based on a response rate of 16.5%):

Theme	Quantitative Questions	Council	Dundee Health & Social Care
Team Effort and Culture	01. I am involved in decisions about my work	67.2%	59.3%
Team Effort and Culture	02. I am satisfied with my current work life balance	67.1%	62.2%
Team Effort and Culture	03. I feel empowered in my work	56.4%	54.1%
Team Effort and Culture	04. I am encouraged to give feedback	69.0%	71.1%
Team Effort and Culture	05. I receive praise and recognition for my work	65.3%	73.3%
Team Effort and Culture	06. I feel that my physical and mental wellbeing are supported	61.2%	65.2%
Team Effort and Culture	07. I have enough time to do my job well	52.0%	51.1%
Team Effort and Culture	08. I feel part of a team that is making a difference	74.8%	75.6%
Team Effort and Culture	09. I get regular feedback on my work	58.7%	60.7%
Engagement and Connection	11. I am proud of the work I do	94.4%	93.3%
Engagement and Connection	12. I feel valued	60.8%	62.2%
Engagement and Connection	13. I am listened to by my manager	78.5%	80.0%
Engagement and Connection	14. I enjoy my work	83.0%	85.2%
Engagement and Connection	15. I know what's going on in my service	60.5%	56.3%
Engagement and Connection	16. I feel that I am treated fairly	76.1%	68.1%
Innovation, Performance and Skills	18. Day to day decisions demonstrate that quality and improvement are top priorities	55.5%	50.4%
Innovation, Performance and Skills	19. I have the opportunity to make full use of my skills and abilities	65.7%	59.3%

Innovation, Performance and Skills	20. I have what I need to do my job well	61.3%	63.0%
Innovation, Performance and Skills	21. I receive the information I need to do my job well	63.8%	59.3%
Innovation, Performance and Skills	22. I am encouraged to contribute to improvements	72.1%	64.4%
Innovation, Performance and Skills	23. I have the opportunity to discuss my training and development with my line manager	80.0%	83.7%

Results from the 2024 iMatters process for the whole Health and Social Care Partnership are shown below. Areas for improvement relate to visibility, trust and confidence in Board members, performance management and involvement in decision making.

iMatter Questions	Staff Experience Employee Engagement Components	Average Response			
		2021	2022	2023	2024
My direct line manager is sufficiently approachable	Visible & Consistent Leadership	88	89	89	90
I feel my direct line manager cares about my health and well-being	Assessing risk & monitoring work stress and workload	85	88	88	89
I have confidence and trust in my direct line manager	Confidence & trust in management	85	87	87	88
I am clear about my duties and responsibilities	Role Clarity	86	87	88	88
I am treated with dignity and respect as an individual	Valued as an Individual	84	87	88	88
I would recommend my team as a good one to be a part of	Additional Question	84	86	86	87
I am treated fairly and consistently	Consistent application of employment policies and procedures	82	85	86	86
My team works well together	Effective team working	82	84	85	85
My work gives me a sense of achievement	Job Satisfaction	81	84	84	85
I have sufficient support to do my job well	Access to time and resources	78	81	82	83
I get the information I need to do my job well	Clear, appropriate and timeously communication	79	82	83	83
I understand how my role contributes to the goals of my organisation	Sense of Vision, Purpose & Values	82	83	84	83
I am confident performance is managed well within my team	Performance management	78	80	81	81
I feel involved in decisions relating to my team	Empowered to Influence	76	79	79	80
I am confident my ideas and suggestions are listened to	Listened to & acted upon	76	79	80	80
I get enough helpful feedback on how well I do my work	Performance development & review	75	78	80	80
I feel appreciated for the work I do	Recognition & Reward	75	78	80	80
I would be happy for a friend or relative to access services within my organisation	Additional Question	77	78	79	79
I am given the time and resources to support my learning growth	Learning & Growth	71	75	77	77
I would recommend my organisation as a Good place to work	Additional Question	73	75	76	76
I feel involved in decisions relating to my job	Empowered to Influence	72	76	75	76
I am confident my ideas and suggestion are acted upon	Listened to & acted upon	72	76	76	76
I get the help and support I need from other teams and services within the organisation to do my job	Appropriate behaviours & supportive relationships	71	72	73	73
I feel my organisation cares about my health and wellbeing	Health & Wellbeing Support	70	72	74	72
I am confident performance is managed well within my organisation	Performance management	63	64	65	64
I have confidence and trust in Board members who are responsible for my organisation	Confidence & trust in management	59	60	60	60
I feel sufficiently involved in decisions relating to my organisation	Partnership Working	54	56	56	55
I feel that board members who are responsible for my organisation are sufficiently visible	Visible & Consistent Leadership	53	54	54	54

5. Workforce Availability

Figure 15: Number of new starts

Employer	19/20	20/21	21/22	22/23	23/24	2024
NHS Tayside	152	234	186	335	330	262
Dundee City Council	42	42	79	84	92	87

Figure 16: Number of new leavers

Employer	19/20	20/21	21/22	22/23	23/24	2024
NHS Tayside	208	234	243	283	242	190
Dundee City Council	73	45	103	97	103	90

We are looking at reasons for leaving posts, however due to small numbers by reason we cannot publish this information.

Staff turnover across both employers decreased between 2021/22 and 2024 from 10.4% to 9.5% for Dundee City Council employees and from 12.8% to 10.8% for NHS Tayside employees.

The Care Inspectorate collects a weekly snapshot of vacancy rates for care homes for adults and older people. The response rate fluctuates each week from around 30-80%. At 01 October 2024 there was a vacancy rate of 5.51% in care homes for adults (57% response rate) and a vacancy rate of 6.28% in care home for older people (68% response rate).

The total Mental Health Officer (MHO) available hours are 388.82 hours per week. There has been an overall MHO shortfall identified of 37.00 hours, which relates to the current vacancy. A shortfall has been identified in terms of Adults with Incapacity (AWI) work.

6. The Future Workforce

Staff are our key resource and changing models and changing pressures will require significant remodelling of the workforce. This comes at a time when staff resilience is low and change can seem overwhelming. In order to design the workforce of the future we require to profile the workforce, redesign job roles, undertake a skills analysis and work in a much more integrated way. The focus will continue throughout this to be on increasing the wellbeing of staff.

6.1 Employment Rates

Figure 17: Employment and Unemployment (October 23 – September 24)

All People	Dundee City (No.)	Dundee City %	Scotland %	Great Britain %
Economically Active	71,900	72.9%	76.6%	78.4%
In Employment	65,800	66.6%	74.0%	75.5%
Employees	59,600	60.3%	65.5%	66.0%
Self Employed	6,300	6.3%	8.2%	9.2%
Unemployed	3,500	5%	3.3%	3.7%

Source ONS Annual Population Survey

[Labour Market Profile - Nomis - Official Census and Labour Market Statistics](#)

Dundee has an employment rate of 66.6%, with a slightly higher employment rate for men (67.7%) than women (65.4%). This is less than the rate of 74.0% reported for Scotland.

- The largest proportion of the working population in Dundee are employed in Professional or Associate Professional Occupations (35.3%%) which is lower than the 49.1% of the Scottish population in these occupations.
- The second highest proportion of the working population in Dundee are employed in administration and skilled trade occupations at 25.5% and this is higher than the 19.6% reported for Scotland.
- The third highest proportion of the working population in Dundee are employed in caring, leisure and customer service occupations at 22.2% and this is higher than the 16% reported for Scotland. This reflects the City nature on Dundee where retail premises are clustered within the city centre and in retail parks. This indicates a higher competition for workers and a potential pull from the social care sector to work in retail.
- The fourth highest proportion of the working population in Dundee are employed in process plant and machine operating occupations at 17.4% and this is higher than the 15.3% reported for Scotland.

This reflects the City nature of Dundee, where many professional companies are based and also the 2 Universities and Ninewells teaching hospital.

Dundee has an unemployment rate of 5.0%, which is higher than the 3.3% reported for Scotland. Dundee has an economic inactivity rate of 27.1%. This is higher than the 23.4% reported for Scotland.

6.2 Out of Work Benefits

Figure 18: Out of Work Benefits Claimant Count December 2024

All People	Dundee City (No.)	Dundee City %	Scotland %	Great Britain %
Age 16+	3,865	4.0%	3.1%	4.1%
Age 16-17	30	1.1%	0.7%	0.2%
Age 18-24	760	4.6%	4.2%	5.4%
Age 25-49	2,250	4.4%	3.5%	4.7%
Age 50+	825	3.0%	2.2%	3.1%

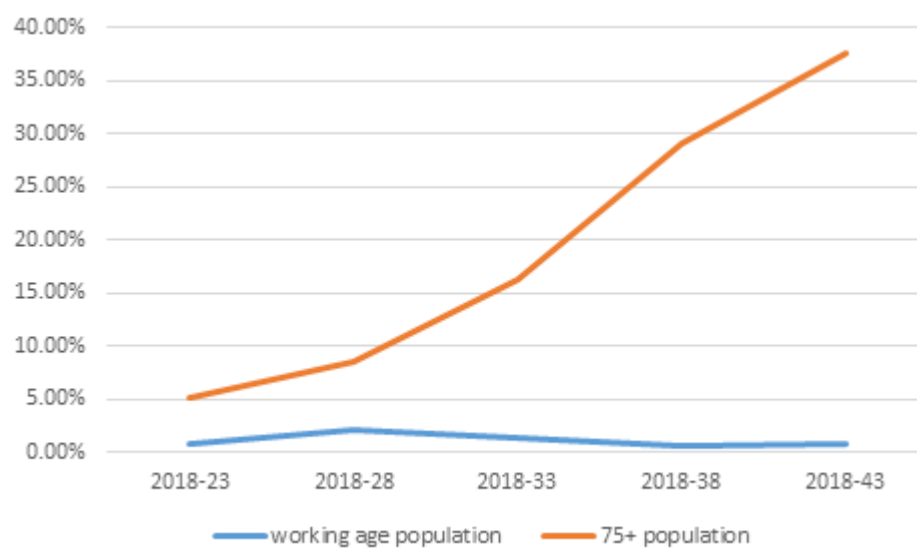
[Labour Market Profile - Nomis - Official Census and Labour Market Statistics](#)

A larger proportion of the Dundee population receives out of work benefits across all age groups, than Scotland as a whole.

6.3 Working Age Population

Unlike many other Local Authorities, the working age population is projected to increase by 2% by 2028, although this increase is disproportionate to the increase in the aged 75+ population by 8.5%, many of whom will have health and social care needs

Figure 19: Projected % change in Population (2018-based)



Source: NRS, 2018-based Sub-National Population Projections Scotland.

Appendix 4 – Service Demand and Developments

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
AHPs within Community Learning Disability and Mental Health Services	<p>Year-on-year 1% increase in population who have a learning disability</p> <p>Transitions from children and young people's services, with increased complexity of need</p> <p>Increased referral levels for ADHD and Autism</p>	<p>Mental Health OT model within Primary Care</p> <p>Redesign of Tayside Art Therapy Services</p> <p>Development of weight management services for people with a learning disability</p>	Dietician (Band 6) – 1WTE		<p>Learning Disability Dietetic Weight Management Lead (Band 6)</p> <p>Dietetic Support Staff (Band 4)</p>
Care Homes and Oaklands	Increased complexity of need and related requirement for closer (including 1:1) supervision and support		Social Care Officers		Depute Manager

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
Care Management	<p>Increased demand and complexity of need, including number of adult support and protection cases</p> <p>Ageing population</p> <p>Transitions from children and young people's services, with increased complexity of need</p>	<p>Support for professional development</p> <p>Review of allocations management and review processes</p> <p>Redesign of delivery model for statutory functions</p> <p>Digital transformation, including support for hybrid working</p> <p>Collaborative working with external providers</p> <p>Enhanced delivery and management of Self-Directed Support</p>	<p>Social Workers</p> <p>Team Mangers</p> <p>Administration roles</p>	<p>Senior Management roles</p>	<p>Senior Social Worker</p> <p>SDS Practice Officers</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
Community Care and Treatment	<p>Increased GP demand for phlebotomy / chronic disease management</p> <p>New diabetes pathway</p> <p>Children and young people workstream for wound care and phlebotomy</p>	<p>Implementation of children and young people's pathway</p> <p>Complete roll out of Chronic Disease Management model</p> <p>Implement diabetes pathway</p> <p>Redesign of service to meet increased phlebotomy demand</p>	Health Care Support Workers (Band 3)	Band 5 roles	Assistant Practitioners (Band 4) to support learning and development of new Band 3 staff
Community Independent Living Service		<p>Enhanced Moving and Handling capacity</p> <p>Enhanced interface with Primary Care and DECAHT</p> <p>Review of community referral pathway</p>	<p>Therapy posts (Band 6)</p> <p>Band 5 posts</p> <p>AHP Support Workers (Band 4) – with physio and OT competencies</p>		<p>AHP Team Leads for NHS OT and Physio rehabilitation teams (Band 7)</p> <p>Lead Specialist Moving and Handling role (Band 7)</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
		<p>Review and streamlining of OT and physio input</p> <p>Capacity building with acute hospital teams regarding service role and remit</p>			
Community Mental Health	<p>Increased referral levels</p> <p>Complexity of acute mental health and dementia diagnosis</p> <p>Impact of deprivation, isolation and cost of living on mental health needs</p>	<p>Focus on staff wellbeing and resilience</p> <p>Review of procedures and guidance</p> <p>Patient / carer feedback mechanisms to inform service improvement</p>	<p>Nurses</p> <p>Social Workers</p>	Support Workers	Advanced Nurse Practitioner
Community Nursing – District Nursing Teams	New diabetes pathway and other long-term conditions pathways	Locality working model and move to proactive care	Health Care Support Workers (Band 3)	Band 5 roles	Assistant Practitioners (Band 4)

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>Increase number of palliative care patients, ageing population and long-term condition rates</p> <p>More proactive management of conditions and frailty</p>	<p>Caseload management</p> <p>Electronic patient working and agile working</p> <p>Collaboration with secondary care for discharge planning and assessments</p>	<p>Advanced Practice Roles (Band 7) and senior clinical leadership – 4 WTE</p> <p>Clinical Nurse Educator – 0.8WTE</p>		
Complex Care Team	Transitions from children and young people's services, with increased complexity of need	<p>Digital developments to support learning and digital working</p> <p>Development of interfaces to strengthen transitions for young people within the community</p> <p>Service review</p>	1 WTE Registered Charge Nurse (Band 6)	Registered Nurses (Band 5)	<p>Advanced Practitioners</p> <p>Health Care Support Workers (Band 3) or Social Care Officers</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
DHSCP Social Care	Ageing population	Review of staffing models Workforce learning and development Digital efficiencies	Apprenticeship roles Social Care Workers Administrative roles		Uptake of digital champion role by existing staff Part-time social care roles
Dundee Drug and Alcohol Recovery Service - Nursing	Increased complexity of need and frailty Increased non-fatal overdoses year-on-year	Review of nursing roles to respond to complex needs Implementation of national standards and guidance (MAT and others)	Non-medical Prescribers Advanced Nurse Practitioners		
Enablement Support, Care Management and Resource Matching Unit	Increased number of service users with multiple and complex needs Increased number of service users wishing to receive end of life care at home	Flexible staffing deployment across locality teams to match demand profile RMU home visit and assessment model Implementation of single-handed care	Social Care Officers – 2FTE Social Care Workers – 7FTE Support Workers – 2FTE		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	Prevention of admissions models				
Finance	<p>Support for service transformation, financial pressures and digital transformation</p> <p>Demand to support whole system working and manage flow of resources</p>	<p>Review of workload and core functions</p> <p>Streamlining financial reporting</p> <p>Alignemnt of financial and performance reporting</p>			
Independent Living Review Team	Early intervention / prevention models of care	Review of referral pathways to support early intervention, prevention and self-management	Occupational Therapists		
Learning Disabilities, Social Work	<p>Transitions from children and young people's services, with increased complexity of need</p> <p>High proportion of cases subject to</p>	<p>Realignment of staffing model to support professional and operational accountability, person-centred and safe care</p>	<p>Social Workers</p> <p>Support Workers</p>		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	adult support and protection measures				
Learning Disability – Wellgate Day Support Service	Transitions from children and young people's services	7-day working model	Social Care Workers Senior Support Workers		
Mental Health Officer Team	Increase population needs Increased travel time associated with Tayside redesign of Mental Health and Learning Disability Services	Adults with Incapacity Learning and Development of Partnership Services and review of relevant operational guidance Review of services subsequent to completion of Tayside redesign of Mental Health and Learning	Clerical Assistant – 1FTE Mental Health Officer – 1FTE		
Nutrition and Dietetics	Oncology diagnostics and	Enhanced focus on preventative care,	1 WTE Clinical Psychologist (Band 8a)		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>treatment pathway developments</p> <p>Expansion of beds in critical care</p> <p>Increased complex surgery with associated increase in nutritional complications</p> <p>Clinical demand and expectation to support optimal diagnostic and treatment pathways / models of care</p> <p>Ageing population, including proportion living in remote and rural areas</p> <p>Complexity of need</p>	<p>self-care and early intervention</p> <p>Redesign of input to multi-modal prehabilitation</p> <p>Explore support to frailty at front door focused on prevention of admission and support for hospital discharge</p> <p>Enhanced support into Primary Care</p> <p>Development of digital working and pathways</p> <p>Redesign of weight management services</p>	<p>3 WTE Advanced Nurse Practitioner (Band 7)</p> <p>13 WTE Band 6 posts</p> <p>1.4 WTE Physio (Band 6)</p> <p>2 WTE Band 5 posts</p> <p>4 WTE Dietetic Support worker (Band 4)</p> <p>2 WTE Admin and Clerical (Band 3)</p>		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>Increased focus on early intervention</p> <p>Increased level of complex eating disorders</p> <p>Implications of new treatment options for obesity</p> <p>Demand for support in relation to Cow's Milk Protein Allergy</p>	<p>Explore models of complex cases in disordered eating in paediatrics</p> <p>Spend to save proposal to support Cow's Milk Protein Allergy model</p>			
Primary Care	<p>Increased demand for primary prevention health assessments and health promotion</p> <p>Health inequalities in diagnosis of conditions and access to services</p> <p>Support for Asylum seeking population</p>	<p>Improving responses to reduce health inequalities</p> <p>Enhanced focus on preventative care, self-care and early intervention</p> <p>Enhanced focus on hidden / hard to reach populations</p>	<p>Nursing roles</p> <p>Link Workers</p> <p>GPs</p> <p>GP Nurses</p> <p>Advanced Nurse Practitioners</p> <p>Pharmacists</p>		<p>Possibility of need to introduce other professional roles into Primary Care (such as Occupational Therapy and Dieticians)</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	Increased referral levels to Sources of Support Ageing population and co-morbidity		Programme / Project Managers		
Psychiatry of Old Age	Ageing population Increased prevalence of mental health conditions and co-morbidities Requirement for integrated approach to diagnosis and treatment	Enhanced delivery of evidence-based therapies and treatments Quality improvement to enhance safety and effectiveness Enhanced workforce development programme	RMN's Band 4 roles		Health Care Support Workers re-shaped to meet growing complexity of need Advanced roles to lead complex case co-ordination
Psychotherapy Services	Increased referral levels Compliance with national standards and waiting times	Improvement of service delivery environments	2 WTE Clinical posts		1 WTE Assistant Psychologist

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
		V1P regional hub and spoke model development			
RVH Inpatient and Day Hospital	<p>Rates of diagnosis of serious health conditions</p> <p>Increased demand for rehabilitation support for people with neurological diseases and younger frail adults</p> <p>Increased patient acuity</p> <p>Transitions from children and young people's services, with increased complexity of need</p> <p>Increase in bariatric patients</p>	<p>Review of administrative services</p> <p>Transforming nursing roles to support future care delivery</p> <p>Service review to align to projected population needs</p> <p>Implementation of ageing and frailty standards, stroke / neurological frameworks and National Palliative Care Strategy</p> <p>Implementation of Realistic Medicine.</p>	<p>Dual trained nurses and AHPs with mental health training</p> <p>Advanced Nurse Practitioners – 1 WTE per Orthogeriatric pathway</p> <p>Middle grade medical cover</p> <p>Medical senior decision-maker with dual accreditation</p>		<p>Band 4 Practitioner roles straddling nursing and rehabilitation - 7WTE</p> <p>Reciprocal Clinical Fellowships</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>Increased demand for palliative care</p> <p>Changing models within Primary and community-based care</p>	<p>Safer Staffing legislation and Clinical and Care Governance Frameworks</p>			
Senior Management Team	<p>Increased demand from Scottish Government and corporate bodies for scrutiny and assurance</p> <p>Service transformation and financial planning requirements</p> <p>Workforce planning, health and wellbeing and organisational culture demand</p> <p>Interface with third sector – financial</p>	<p>Development of implementation of permanent senior management team structure</p> <p>Revised approach to transformation planning and reporting</p> <p>Revision of workforce plan</p> <p>Development of digital and property strategy</p>			

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>sustainability and governance oversight</p> <p>Management of public expectations and political interfaces</p>				
Social Care Response	Digital switchover and subsequent broadening of equipment options to support independent living	Implementation of new telecare / digital equipment	<p>Control and responders</p> <p>Telecare Assessors</p>		
Specialist Community Nursing	<p>Extension of service from COPD to Respiratory Care (aligned to Scottish Government National Respiratory Care Plan)</p> <p>Unknown long-term effects of COVID-19 on population health</p>	New model of respiratory service provision for Dundee	Clinical Nurse Specialists (Band 6 and Band 7)		<p>Clinical Nurse Specialist role will develop from COPD to wider Respiratory Specialism</p> <p>Test of Band 5 role to support Pulmonary Rehabilitation Programme and housebound support</p>

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
Strategic Services	Reduction in levels of support from other corporate services	Focus on workforce health and wellbeing and workload management	2 FTE Data and Intelligence Officer		Property Strategy support role
	Provider sustainability risk and challenges	Digital efficiencies	1 FTE Graduate Trainee Data and Intelligence		
	Increased bureaucracy and reporting requirements	Implementation of staffing models developed via service reviews	1 FTE Data and Intelligence Assistant		
	National Care Reform Bill and associated developments	Focus on core functions supporting strategic commissioning cycle	1 FTE Senior Officer, Quality and Governance		
	Requirement for greater focus on outcome evidence and co-production	Transformation programme support	1 FTE Quality Assurance Officer		
	Support for service transformation, financial planning	Digital transformation support	2 FTE Strategic Planning Officers		
			1 FTE Integration Co-ordinator		
			2 FTE Business Support Officers		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	and digital transitions		1 FTE Information Governance Officer		
Tayside Sexual and Reproductive Health Services (TSRHS)	<p>Introduction of new vaccinations during 2025</p> <p>Increased STI rates, significant levels of teenage pregnancy and demand for LARC (Long Acting Reversible Contraception)</p> <p>Rising demand returning to pre-pandemic levels</p>	<p>Redesign of models of care to support enhanced access to services</p> <p>Transfer of some elements of Sexual Health care for young people to The Corner and expansion of walk-in services for young people in Angus and Perth</p> <p>Expansion of opening hours in response to patient feedback</p>			Development of Advanced Clinical Nurse Specialist (Band 7) or Nurse Consultant role
The Corner	Transfer of some elements of Sexual Health care from TSRHS	Implementation of Bairnshoose assessment and aftercare model for			

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>Rise in demand for emotional wellbeing support</p> <p>Increased demand for support appropriate to the need of neurodiverse people</p> <p>Increased STI rates, significant levels of teenage pregnancy and demand for LARC (Long Acting Reversible Contraception)</p>	<p>young people aged over 12</p> <p>Transfer of some elements of Sexual Health care from TSRHS and development of new models of care to support this</p> <p>Redesign of models of care to support enhanced access to services</p>			
Urgent and Unscheduled Care	<p>Implementation of National Standards</p> <p>Capacity and flow demand</p>	<p>DECAHT Excellence in Care Review</p> <p>DEACHT working hours expansion</p>	<p>Advanced Nurse Practitioners (Band 7)</p> <p>Clinical Nurse Specialists (Band 6)</p>	Social Workers	Expanded scope role across most OT and Physio pathways to allow clinical staff to assess, diagnose and refer

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
	<p>Secondary care waiting lists contributing to patient deconditioning</p> <p>Increase in population frailty and co-morbidities</p> <p>Increased demand for early discharge and preventative care</p>	<p>HDT management structure review</p> <p>Expansion of Discharge to Assess resource</p> <p>Implementation of competency frameworks and associated learning and development</p> <p>Review and improvement in OT and Physio integrated services</p> <p>OT and Physio preventative focus, including through digital and third sector partnerships</p> <p>7 day OT and Physio service to acute</p>	<p>Clinical Support Workers (Band 3)</p> <p>OT and Physio roles (Band 6)</p> <p>Non-qualified support roles (Band 4)</p>		

Service Area	Factors Impacting Future Demand / Service Model	Planned Improvement and Transformation	Anticipated Workforce Impact		
			Increased Demand for...	Decreased Demand for...	New Roles Required
Weavers Burn	<p>Year-on-year 1% increase in population who have a learning disability</p> <p>Increased diagnosis of Autism</p> <p>Increased life expectancy of people who have a learning disability</p>	<p>Embedding person-centred planning and reducing risk adversity</p> <p>Review of staffing models to align to needs of service users</p>	<p>Social Care Workers</p> <p>Senior Social Care Workers</p>		<p>Exploration of development of Depute Manager role</p>
White Top Centre	<p>Increased life expectancy of young people with profound and multiple learning disabilities</p> <p>Increased complexity of need, including needs for specialised nursing care</p>	<p>Embedding person-centred planning and support</p> <p>Expansion of rebound therapy offer</p>	<p>Social Care Workers</p> <p>Nursing roles</p>		<p>Exploration of possibility of specialised nursing roles</p>

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

Document Title	Dundee Health and Social Care Partnership Workforce Plan 2025-28					
Type of document	Policy		Plan	X	Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	30 May 2025					
Date of last IIA (if this is an update)						
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
The Dundee Health and Social Care Partnership (DHSCP) Integrated Workforce Plan 2025–2028 sets out a strategic vision for building and sustaining a skilled, resilient, and person-centred workforce across health and social care services.						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Kathryn Sharp, Acting Head of Service, Strategic Services, kathryn.sharp@dundeecity.gov.uk						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Kathryn Sharp, Acting Head of Service, Strategic Services, kathryn.sharp@dundeecity.gov.uk						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
<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>						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					X	
A major Strategy/Plan, Policy or Action Plan					X	
An area or partnership-wide Plan						X
A Plan/Programme/Strategy that sets the framework for future development consents						X
The setting up of a body such as a Commission or Working Group						X
An update to an existing Plan (when additional actions are described and planned)						X

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA must</u> be completed	Y	N
Individuals who have Equality Act Protected Characteristics i.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn		X
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.		X

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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>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>			
From information provided in Step 1 (Pre-screening) Is an IIA needed?		Y	X
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)		N	
Anticipated Date of IJB	18 June 2025	IJB Report Number	DIJB34-2025
Date IIA completed	30 May 2025		

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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 Integrated Workforce Plan 2025-2028 has a focus on identifying and addressing key workforce challenges, including in partnership with Dundee City Council, NHS Tayside and third and independent sector employers. As well as planning for the future scale and skill mix of the workforce, the scope of the plan also covers aspects such as wellbeing (including absence), employee communication and engagement, flexible working, access to learning and development and succession planning. These aspects have direct impacts on the workforce experience of all employees. It is therefore anticipated that the plan will have an overall positive impact across the workforce – however, particularly positive impacts are expected in relation to employees aged over 50 years (age), female employees (sex / pregnancy and maternity) and employees (both current and future) from minority ethnic groups (race and ethnicity).

The workforce plan has also been assessed as being likely to have positive impacts on a number of fairness issues. This includes enhancing support for members of the workforce who are unpaid carers and / or who have their own health and social care needs by improving arrangements for absence and wellbeing supports. It also includes providing opportunities to enhance digital skills amongst the workforce and enhancing pathways into employment and employment opportunities within health and social care services.

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
30/05/2025	Review of evidence regarding demographic profile of the health and social care workforce, including local and national data.	Workforce Planning Group	Acting Head of Service, Strategic Services
May 2025	Review and analysis of service level returns including information regarding workplace challenges, concerns and impacts.	Workforce Planning Group	Acting Head of Service, Strategic Services
April / May 2025	Review and analysis of information from staff feedback mechanisms, including staff surveys.	Workforce Planning Group	Acting Head of Service, Strategic Services
May 2025	Review of national reports related to experiences of racial discrimination within the health and social care sector.	n/a	Acting Head of Service, Strategic Services

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.

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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	<p>43% of partnership staff are aged over 50 years. The Workforce Plan has potentially positive impacts on this group in terms of improvements planned in relation to improved health and wellbeing supports and workforce communication and engagement mechanisms. Aspects relating to Fair Work practices at the interface with the third and independent sector are also likely to have positive impacts for staff employed within these sectors.</p> <p>For younger people the workforce plan includes actions relating to recruitment and opportunities for the younger workforce, as well as a commitment to improving arrangements for succession planning (potentially enhancing career pathways and opportunities) for younger workforce members.</p> <p>Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a significant proportion of users of Partnership services are older people it is expected there will be an indirect positive impact of this protected group.</p>
No Impact		
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive	X	<p>Aspects of the workforce plan that focus on enhanced arrangements for managing absence, workforce wellbeing and flexible working (including digital aspects) are likely to have a positive impact on those members of the workforce who have a disability. These improvements will support the Partnership to be able to make further reasonable adjustments to support colleagues more effectively in the future.</p> <p>Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a significant proportion of users of Partnership services have a disability it is expected there will be an indirect positive impact of this protected group.</p>
No Impact		
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		None of the proposals are 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		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		<p>87% of the workforce is female. Around 50% of the workforce is aged under 50 years. There is therefore a significant proportion of the workforce who may experience pregnancy or maternity during their employment. Aspects of the workforce plan that focus on enhanced arrangements for managing absence, workforce wellbeing and flexible working (including digital aspects) are likely to have a positive impact on these members of the workforce. Aspects relating to Fair Work practices at the interface with the third and independent sector are also likely to have positive impacts for female staff employed within these sectors.</p>
No Impact		
Negative		
Not Known		

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Sex		Explanation, assessment and potential mitigations
Positive	X	<p>As 87% of the workforce is female the full range of actions and planned improvements is likely to have a greater impact for them than for males. Given the association between sex and unpaid carer (females providing a significantly greater proportion of childcare and other unpaid care) aspects that relate to wellbeing and flexible working are particularly likely to benefit female employees to a greater extent than males.</p> <p>Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Due to difference in life expectancy the majority of older people receiving Partnership services are female and it is therefore expected there will be an indirect positive impact on females.</p>
No impact		
Negative		
Not known		
Religion & Belief		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive	X	<p>There is recognition within the plan of three specific areas of work where improvement is required to enhance equality of opportunity and workforce experiences for this protected group: processes for carrying out international recruitment and supporting the induction of international workers; tackling experiences of racial discrimination; and, enhancing the overall diversity of the workforce to better reflect local demographics. Actions planned within these areas are likely to have a positive impact on members of the workforce from minority ethnic groups. Any progress made towards enhancing workforce diversity is also likely to have a longer-term positive impact on service users from minority ethnic groups as services are likely to be more responsive to their specific needs and preferences.</p>
No Impact		
Negative		
Not Known		
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
<p>Describe any Human Rights impacts not already covered in the Equality section above.</p> <p>Describe any Children's Rights impacts not covered elsewhere in this record.</p> <p>None identified at this time.</p>		

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

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

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

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Coldside (Hilltown, Fairmuir & Coldside)				X
East End (Mid Craigie, Linlathen & Douglas)				X
Maryfield (Stobswell & City Centre)				X
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End				X
The Ferry				X
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
The Partnership does not have data regarding the place of residence of employees and therefore has not been able to analyse impacts based on this aspect of workforce demographics. This will be considered further in future versions of the plan and / or when employers are able to provide the relevant information for analysis.				

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	X	Aspects of the plan the focus on developing and recruiting the young workforce might have some positive impact on this group of people. Collaborative working with Dundee City Council and commitments made under the Our Promise plan support approaches that include enhancing employment opportunities for care experienced young people. The Partnership will continue to work to those commitments in implementing relevant actions on the workforce plan.
No Impact		
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	X	A high proportion of employees across the workforce will also provide unpaid care (including childcare). The age and sex profile of the workforce enhances the likelihood that employees will be providing unpaid care, including people providing significant numbers of hours of care per week. Aspects of the workforce plan that focus on enhanced arrangements for managing absence, workforce wellbeing and flexible working (including digital aspects) are likely to have a positive impact on those members of the workforce. Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. It is therefore expected the plan will have an indirect positive impact on unpaid carers, both in terms of services they access directly and in terms of the care and support received by the cared for person.
No Impact		
Negative		
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact		
Negative		
Not Known		
Retirement Pensioner (s)		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness

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No Impact		group.
Negative		
Not Known		
Serious & Enduring Mental Health Conditions		
Positive	X	Developments within the workforce plan relating to improve wellbeing responses and addressing absence levels may have indirect benefits for members of the workforce who have a serious and enduring mental health condition.
No Impact		
Negative		
Not Known		Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a proportion of users of Partnership services have a severe and enduring mental health condition it is expected there will be an indirect positive impact for this group of people.
Homeless (risks of Homelessness)		
Positive	X	None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact		
Negative		
Not Known		Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a significant proportion of users of Partnership services are homeless or at risk of homelessness it is expected there will be an indirect positive impact for this group of people.
Drug and/or Alcohol issues		
Positive	X	Developments within the workforce plan relating to improve wellbeing responses and addressing absence levels may have indirect benefits for members of the workforce who use drugs and alcohol.
No Impact		
Negative		
Not Known		Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a significant proportion of users of Partnership services use drugs and alcohol it is expected there will be an indirect positive impact for this group of people.
Offenders and Former Offenders		
Positive	X	None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact		
Negative		
Not Known		Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a proportion of users of Partnership services are also involved in community justice processes it is expected there will be an indirect positive impact for this group of people.

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

Explanation, assessment and any potential mitigations

Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)

Positive	X	Aspects relating to Fair Work practices at the interface with the third and independent sector are likely to have positive impacts on income for staff employed within these sectors.
No Impact		
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness

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No Impact	<input checked="" type="checkbox"/>	issue.
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Earnings & employment -including opportunities, education, training & skills, security of employment, under employment & unemployment		
Positive	<input checked="" type="checkbox"/>	The workforce plan has a significant focus on future workforce planning, including recruitment, retention and succession planning. There is also a focus on learning and development, including routes into employment. Actions include a focus on attracting people to the health and social care workforce and creation of employment opportunities. It is therefore anticipated the plan will have a direct positive impact issues of employment and earnings.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Connectivity / Internet Access/ Digital Skills		
Positive	<input checked="" type="checkbox"/>	The workforce plan, reflecting feedback from the workforce around learning and development needs, includes some focus on enhancing workforce digital skills and wider digital developments to support flexible working. It is therefore anticipated the plan will have some positive impact on this fairness issue.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive	<input checked="" type="checkbox"/>	Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. Given that a significant proportion of users of Partnership services have mental health needs it is expected there will be an indirect positive impact for this group of people.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Life expectancy		
Positive	<input checked="" type="checkbox"/>	Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. It is therefore expected there will be an indirect positive impact on overall health and wellbeing outcomes, including over the long-term on life expectancy.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Healthy Weight/Weight Management/Overweight / Obesity		
Positive	<input checked="" type="checkbox"/>	Elements of the workforce plan, particularly those focused on future staffing arrangements (including safe staffing levels) and access to learning and development, are ultimately intended to have a positive impact of the availability and quality of care and support available to service users and wider communities. It is therefore expected there will be an indirect positive impact on overall health and wellbeing outcomes, including weight management.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Transport (including accessible transport provision and sustainable modes of transport)		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.

Dundee Integration Joint Board Integrated Impact Assessment

No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Resource Use		
Energy Efficiency and Consumption		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sustainable Procurement		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Built Environment - Housing and Built Heritage		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this issue.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

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

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

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

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

✓ Attended

A Submitted Apologies

A/S Submitted Apologies and was Substituted

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

*Special Meeting

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