



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 APRIL 2023

REPORT ON: STRATEGIC COMMISSIONING FRAMEWORK 2023-2033 – CONSULTATION DRAFT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB17-2023

1.0 PURPOSE OF REPORT

To provide the Integration Joint Board with an update regarding the development of the replacement strategic commissioning framework, delivery plan and other companion documents. To seek approval of a consultation draft of the Dundee Integration Joint Board Strategic Commissioning Framework 2023-2033 and of plans for final consultation, including with members of the public, Dundee City Council and NHS Tayside.

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report.
- 2.2 Approve the consultation draft of the Dundee Integration Joint Board Strategic Commissioning Framework 2023-2033 attached as Appendix 1 to the report.
- 2.3 Approve the plans for final consultation, including with Dundee City Council and NHS Tayside.
- 2.4 Note that the current Strategic and Commissioning Plan Addendum 2022/23 will remain in place until such times as the IJB approves the replacement framework and delivery plan.
- 2.5 Instruct the Chief Officer to submit the final draft of the strategic commissioning framework for approval to the IJB on 21 June 2023.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Plan Development Update

- 4.1.1 In February 2023, the IJB received an update on progress towards the preparation of a replacement strategic commissioning plan (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 22nd February 2023 refers). Since that time officers have continued to work with the Strategic Planning Advisory Group to progress drafting of the two key components of the strategic commissioning plan; a ten year strategic commissioning framework and an annual delivery plan. The focus over the last two months has been on consolidating information gathered via the IJB's Strategic Needs Assessment and supplementary data and intelligence, and through public, workforce and stakeholder

engagement into a draft strategic commissioning framework. This has included developing a new ambition statement for the IJB, as well as a revised set of strategic priorities and accompanying strategic shifts. The current draft of the Strategic Commissioning Framework 2023-2033 is attached as appendix 1.

- 4.1.2 Throughout the drafting process a strong focus has been maintained on developing a framework that is accessible to members of the public, particularly people who access health and social care services and unpaid carers. This reflects feedback received through public consultation as well as in previous discussions with the IJB. As a result the framework is notably more concise than previous strategic and commissioning plans agreed and published by the IJB. Work has also commenced with Dundee City Council Design Team to plan the design work required to fully format the document; this has included discussion regarding accessibility, including screen reader compatibility. The current draft of the Strategic Framework 2023-2033 is unformatted, formatting work will commence during April and continue throughout May 2023.
- 4.1.3 Initial work has also been undertaken to support the drafting of the first annual delivery plan for 2023/24. This has been co-ordinated with the process of developing the IJB's budget for 2023/24 to ensure consistency and best use of capacity across the Partnership. Following the completion of the budget process a series of meetings are to be facilitated with operational management teams during April and May to further develop the delivery plan. This will include aligning ongoing programmes of improvement and transformation with the strategic shifts set out in the strategic framework, as well as identifying new programmes of work to be carried out within the year. Through regular liaison meetings with planning colleagues in Angus Health and Social Care Partnership, Perth & Kinross Health and Social Care Partnership and NHS Tayside further work will also take place to improve alignment between delivery plans for each organisation.
- 4.1.4 Through discussion with colleagues in Neighbourhood Services agreement has been reached regarding the revision of the Housing Contribution Statement that must accompany the replacement strategic commissioning plan. The Housing Contribution Statement sets out how the local housing sector will actively work with the IJB to help to achieve priorities contained within the plan. It requires alignment between the Local Housing Strategy (LHS) (currently in place for 2019-2024) and the strategic commissioning plan. As the LHS will be replaced in 2024 there is a good opportunity for the IJB and Neighbourhood Services to work together to produce a new Housing Contribution Statement that focuses on aligning the ambitions and priorities within the strategic commissioning framework with the new LHS content. In the interim a short-statement has been included as an appendix within the strategic commissioning framework explaining this position and giving a short overview of alignment between the content of the expiring LHS and the new strategic priorities for the IJB.
- 4.1.5 As reported in previous updates to the IJB, work on the other planned companion documents to the strategic framework (a resource framework and a performance framework) has not yet substantively progressed. These will be developed following the conclusion of work on the strategic framework and delivery plan.

4.2 Final Consultation

- 4.2.1 Section 33 of the Public Bodies (Joint Working) (Scotland) Act 2014 sets out requirements relating to the preparation of strategic plans by Integration Authorities. The provisions within this section include that prior to approving a strategic plan the IJB must carry out a consultation with the Corporate Bodies (Dundee City Council and NHS Tayside), as well as with all other interested stakeholders. To enable this consultation to take place, the IJB is asked to approve the consultation draft of the Strategic Commissioning Framework 2023-2033 attached as appendix 1.
- 4.2.2. During April and May 2023 work will be undertaken with Dundee City Council and NHS Tayside, inline with their individual governance arrangements, to seek formal feedback on the consultation draft. At the same time, the consultation draft will be published on a dedicated page for strategic planning to be set up on the Dundee Health and Social Care Partnership website. From this page individual members of the health and social care workforce,

organisations in the public, third and independent sector, and members of the public (including unpaid carers) will be invited to provide feedback on the draft framework. A short survey format focusing on key aspects of the framework will be developed to capture responses, including inviting feedback on the overall accessibility of the draft. For members of the public, alternative routes to provide feedback will also be provided to enable anyone who does not wish to provide feedback through digital systems to participate. The consultation period will last for a minimum of four weeks and will be promoted via mailing lists and social media channels. Proactive contact will also be made with individuals and groups who have already participated in earlier engagement activity that has informed the draft framework.

- 4.2.3 Feedback gathered in the final consultation will be collated, summarised and included in an engagement report that will accompany the final draft of the strategic framework when it is submitted to the IJB for approval. This will include highlighting where feedback led to changes being made to the content or format of the framework. Feedback will also be utilised in completing the Integrated Impact Assessment that will accompany the framework when it is submitted for approval.

4.3 Timescales for Approval

- 4.3.1 It is intended that following the final consultation activity and incorporation of feedback received that the strategic commissioning framework and supporting delivery plan for 2023/24 will be submitted to the IJB for approval on 21 June 2023.
- 4.3.2 Until such times as the strategic framework is agreed the current Strategic and Commissioning Plan Addendum 2022/23 shall remain in place and continue to guide the work of the Dundee Health and Social Care Partnership.
- 4.3.3 Information has been recorded throughout the whole strategy development process that will inform the completion of an Integrated Impact Assessment (IIA) to accompany the strategic framework and delivery plan when they are submitted for approval. This will be further supplemented by feedback gathered in the final consultation. At this stage the IJB is not being asked to approve a new policy or make changes to an existing policy and therefore an IIA has not been provided. However, at the point of submission for approval in June 2023 a comprehensive IIA will be attached.

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	The replacement strategic commissioning framework and delivery plan are not adequately informed by the experience, knowledge and expertise of partner organisations and members of the public.
Risk Category	Legal, Governance
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"> • Formal consultation activity to be agreed with Dundee City Council and NHS Tayside in line with their governance arrangements. • Publication of consultation draft on Dundee Health and Social Care Partnership with feedback form for 4-week consultation period. • Promotion of consultation to workforce via internal mailing systems. • Promotion of consultation to partner organisations through mailing lists, provide forums, care group strategic planning meetings and other opportunities throughout 4-week period. • Promotion of consultation to public via social media and other communication channels, via engagement mailing lists and through networks of established engagement groups (such as Health and Wellbeing Networks). Alternative routes for providing feedback will also be made available to members of the public who do not wish to utilise digital response formats. • Production of overview engagement report detailing all engagement activity, key themes and changes made to the draft plan that will be submitted and published alongside the final draft framework and delivery plan.
Residual Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Planned Risk Level	Likelihood 1 x Impact 3 = Risk Scoring 3 (which is a Low Risk Level)
Assessment of Risk Level	Given the risk mitigation actions in place the risk is assessed to be manageable and acceptable.

7.0 CONSULTATIONS

- 7.1 The Strategic Planning Advisory Group, care group strategic planning groups, Chief Finance Officer, Head of Service, Health and Community Care 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.

Vicky Irons
Chief Officer

DATE: 21 March 2023

Joyce Barclay
Senior Officer

Kathryn Sharp
Service Manager, Strategy and Performance

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Dundee Integration Joint Board Strategic Commissioning Framework 2023-2033

**The plan for excellence in health and
social care in Dundee.**

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Contents

Foreword	5
Introduction	6
Ambition for Health and Social Care in Dundee	7
The Integration Joint Board’s Values	8
Strategic Priorities	9
Health and Social Care Needs in Dundee	12
Health and Social Care Policy	15
Let’s Talk	17
Equality Outcomes	20
Strategic Priority – INEQUALITIES – Support where and when it is needed most	22
Strategic Priority - SELF-CARE – Supporting people to look after their wellbeing	26
Strategic Priority – OPEN DOOR – Improving ways to access services and supports	31
Strategic Priority – PLANNING TOGETHER – Planning services to meet local need	34
Strategic Priority - WORKFORCE – Valuing the workforce	38
Strategic Priority - WORKING TOGETHER – Working together to support families	42
Measuring the Change	46
Resources and Risks	47
Resources to Support Delivery	47
Risks to Delivery	49
Explanation Notes	51
Appendix 1 - Housing Contribution	55
Appendix 2 - National Health and Wellbeing Outcomes and Indicators	57

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National Health and Wellbeing Outcomes

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

National Health and Wellbeing Indicators

- Percentage of adults able to look after their health very well or quite well.
- Percentage of adults supported at home who agree that they are supported to live as independently as possible.
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
- Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
- Percentage of adults receiving any care or support who rate it as excellent or good
- Percentage of people with positive experience of care at their GP practice.
- Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- Percentage of carers who feel supported to continue in their caring role.
- Percentage of adults supported at home who agree they felt safe.
- Percentage of staff who say they would recommend their workplace as a good place to work.
- Premature mortality rate.
- Rate of emergency admissions for adults.
- Rate of emergency bed days for adults.
- Readmissions to hospital within 28 days of discharge.
- Proportion of last 6 months of life spent at home or in community setting.
- Falls rate per 1,000 population in over 65s.
- Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
- Percentage of adults with intensive needs receiving care at home.
- Number of days people spend in hospital when they are ready to be discharged.
- Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
- Percentage of people admitted from home to hospital during the year, who are discharged to a care home.
- Percentage of people who are discharged from hospital within 72 hours of being ready.
- Expenditure on end of life care.

CONSULTATION DRAFT

Foreword

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CONSULTATION DRAFT

Introduction

This Strategic Commissioning Framework sets out plans for working together in Dundee towards excellence in health and social care. This Framework has been developed by Dundee Integration Joint Board (IJB). The IJB is the group of people responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults.¹ This strategic commissioning framework tells people what the IJB's ambition and priorities are for adult health, social work and social care services in Dundee and how the IJB will use the resources it has to make this ambition a reality.

This strategic commissioning framework is for the next 10 years. As it has been developed the IJB has thought about:

- Information about the health and social care needs of people who live in Dundee, people who provide unpaid care and the health and social care workforce.
- National policy (what the Scottish Government expects IJBs and partner organisations across the health and social care system to consider), including the integration planning and delivery principles².
- Local policy (what local organisations have already said they plan to do to help improve health and wellbeing).
- The views of local people, unpaid carers, communities, the health and social care workforce and partner organisations.

This framework is supported by a delivery plan. The delivery plan has more information about how health and social care services will be delivered and improved over the next year. These services are delivered by the Dundee Health and Social Care Partnership - the place where Dundee City Council, NHS Tayside and some organisations in the third and independent sector work together to deliver the services and supports the IJB has planned and agreed. A delivery plan will be agreed and published by the IJB every year, starting in April 2023.

¹ You can find out more about what the law says about how IJBs must plan, agree and monitor health and social care services at: <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/>

² You can find the integration delivery principles at: <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/> (section c)

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 the differences 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.***

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 people's 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.

Strategic Priorities

The IJB has agreed 6 strategic priorities that will be the focus for the next 10 years to help to achieve the ambition for health and social care. These priorities will also help to achieve Scotland’s National Health and Wellbeing Outcomes.³

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INEQUALITIES	SELF CARE	OPEN DOOR	PLANNING TOGETHER	WORKFORCE	WORKING TOGETHER
<p>Support where and when it is needed most.</p> <p><i>Targeting resources to people and communities who need it most, increase life expectancy and reduce differences in health and wellbeing.</i></p>	<p>Supporting people to look after their wellbeing.</p> <p><i>Helping everyone in Dundee look after their health and wellbeing.</i></p>	<p>Improving ways to access services and supports.</p> <p><i>Making it easier for people to get the health and social care supports that they need.</i></p>	<p>Planning services to meet local need.</p> <p><i>Working with communities to design the health and social care supports that they need.</i></p>	<p>Valuing the workforce.</p> <p><i>Supporting the health and social care workforce to keep well, learn and develop.</i></p>	<p>Working together to support families.</p> <p><i>Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including unpaid carers.</i></p>
<p>National Outcome 1 <i>People are able to look after and improve their own health and wellbeing and live in good health for longer.</i></p>					

³ You can find out more about the National Health and Wellbeing Outcomes and the IJB’s role in delivering these at: <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

	<p>National Outcome 2 <i>People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</i></p>	
	<p>National Outcome 3 <i>People who use health and social care services have positive experiences of those services and have their dignity respected.</i></p>	
<p>National Outcome 4 <i>Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.</i></p>		
<p>National Outcome 5 <i>Health and social care services contribute to reducing health inequalities.</i></p>		
		<p>National Outcome 6 <i>People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.</i></p>
	<p>National Outcome 7 <i>People using health and social care services are safe from harm.</i></p>	
		<p>National Outcome 8 <i>People who work in health and social care services feel engaged</i></p>

		<i>with the work they do and are supported to continuously improve the information, support, care and treatment they provide.</i>	
	National Outcome 9 <i>Resources are used effectively and efficiently in the provision of health and social care services.</i>		

CONSULTATION DRAFT

Health and Social Care Needs in Dundee

Information about the health and social care needs of people who live in Dundee, people who provide unpaid care and the health and social care workforce has been used to make decisions about what the strategic priorities should be. You can find out more about the needs of people in Dundee, including unpaid carers in the [full strategic needs assessment](#).

Dundee is a city that has high levels of poverty and other social issues that impact on people's health and wellbeing. Life expectancy for people in Dundee is getting shorter. There are also big differences between how healthy and well people are because of where they live in the city, how much money they have and due to who they are (for example, their ethnic origin, sexual orientation, disability or age).

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Dundee expects to see a 38% increase in the population aged 75 years and over by 2043.	Dundee is the 5th most deprived local authority area in Scotland. 36.6% of the population live in 20% most deprived areas of Scotland.	Life expectancy at birth is decreasing for males and females in Dundee. Between 2012-14 and 2019-2021 decreased by almost 2 whole years for males and by around 18 months for females.
Dundee has the 2nd lowest life expectancy in Scotland. Life expectancy in the most deprived areas of Dundee is about ten years less than in the most affluent areas.	Dundee has the 8th highest rate of homelessness applications in Scotland, much higher than the Scottish rate.	There are fewer owner occupiers and more people living in rented accommodation than the rest of Scotland.
Dundee's unemployment rate was 4.9% for the year 2021; higher than the Scottish rate of 3.9%.	Dundee has the 4th highest prevalence of drug use in Scotland. Alcohol related harm is also high when looking at hospital attendances and alcohol-related deaths.	Dundee has the 5th highest rate in Scotland of adults (aged 16-64 years) who reported in the 2011 Census that they are living with a mental health condition.
	Dundee has the highest prevalence rate of domestic abuse in Scotland.	

Dundee has high levels of health and social care needs. This includes people with care and support needs, as well as adults and children who provide unpaid care and support to them. It also includes supporting people at the end of their life to have a good death and providing bereavement support to unpaid carers and to families.

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<p>Due to inequalities, particularly deprivation, many people in Dundee enter older age with pre-existing health conditions.</p>	<p>Due to inequalities, particularly deprivation, some people in Dundee have a need for higher levels of health and social care support at an earlier stage than people of the same age who live in more affluent parts of the city or in other areas in Scotland.</p>	<p>Across all Local Community Planning Partnerships the average number of prescription drugs used to treat diabetes, hypertension and heart failure has increased since 2015/16.</p>
<p>Rates of hospital admission due to alcohol and drug use are high, with a higher proportion of people who need support living in the most deprived areas of the city.</p>	<p>Around 1 in 10 people aged 65 or over has dementia. Due to the pandemic the proportion of people who received a minimum of 12 months post diagnostic support after their diagnosis reduced from 97% to 68%.</p>	<p>The number of people living with or dying from cancer is rising. It is estimated that 1 in 2 people will be diagnosed with (but not necessarily die from) a cancer in their lifetime. The prevalence of cancer varies by deprivation and age group.</p>
<p>Hospital admissions due to long-term conditions are higher for the most deprived areas of the city, especially for asthma, COPD and coronary heart disease.</p>	<p>High rates of cancer and of long-term and multiple health conditions has increased demand for palliative and end of life care. This includes enhanced support for unpaid carers providing end of life care, as well as bereavement support.</p>	<p>Dundee has the highest admissions to hospital rate for falls in Scotland. As at 2020 the rate was 30.7 per 1,000 people aged 65 and over.</p>
<p>For people receiving home care services, an average of 45% had an emergency admission to hospital in the 28 days before the service started.</p>	<p>In 2021/22 half of the people admitted to care homes had experienced an emergency admission to hospital within the 28 days beforehand.</p>	<p>62% of adult carers supported by local carer services provide an average of 50 or more hours of care per week. 72% of carers reported poor mental health, and the same percentage said their physical health had got worse.</p>

Many people in Dundee were adversely affected by the COVID-19 pandemic, especially by negative impacts on their physical and mental health and wellbeing:

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Isolation and reduced mobility during the pandemic for people who were already frail increased demand for support amongst those already receiving services and also for those who had not previously required support.

1 in 5 respondents to the Engage Dundee survey reported a worsening of existing mental health conditions, this was highest for people aged 25-34.

As a result of the pandemic, 84% of carers reported negative impacts on physical, mental and social wellbeing, and 60% reported feeling socially isolated.

CONSULTATION DRAFT

Health and Social Care Policy

National policy is an important consideration when deciding what the strategic priorities should be. These are the things that the Scottish Government asks IJBs and other organisations across the health and social care system to do. Another important consideration is the plans and commitments made by local organisations about helping to improve peoples' health and wellbeing.

The picture below shows some of the most important national and local policies that have informed this strategic framework:

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Local

- [Dundee City Plan 2023-2033](#)
- [Local Community Plans](#)
- [Local Housing Strategy](#)
- [Strategic Housing Investment Plan](#)
- [Trauma Implementation Plan](#)
- [Alcohol and Drug Partnership Strategic Framework and Delivery Plan 2023-2028](#)
- [Dundee Adult Support and Protection Committee Delivery Plan](#)
- [Dundee Child Protection Committee Delivery Plan](#)
- [Dundee Violence Against Women Partnership Delivery Plan](#)
- [Local Child Poverty and Fairness Plan](#)
- [Our Future City Centre – Strategic Investment Plan](#)
- [Discover Work Strategy and Action Plan](#)
- [Dundee Climate Change Action Plan](#)

Regional

- [Tayside Plan for Children, Young People and Families](#)
- [Living Life Well – Tayside Mental Health and Wellbeing Strategy](#)
- [Angus IJB Strategic Commissioning Plan](#)
- [Perth & Kinross IJB Strategic Commissioning Plan](#)
- [NHS Tayside Public Health Strategy](#)
- [NHS Tayside Three Year Recovery Plan 2022-2025 and Annual Operational Plans](#)

National

- [Health and Social Care Standards \(2017\)](#)
- [National Health and Wellbeing Outcomes](#)
- [NHS Recovery Plan 2021-2026](#)
- [A National Clinical Strategy for Scotland \(2016\)](#)
- [Delivering Value Based Health and Care: a Vision for Scotland \(2022\)](#)

- [Enabling, Connecting and Empowering: Care in the Digital Age – Scotland’s Digital Health and Care Strategy \(2021\)](#)
- [Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age \(2023\)](#)
- [National Workforce Strategy for Health and Social Care \(2022\)](#)
- [Fair Work Action Plan \(2021\)](#)
- [National Mental Health Strategy 2017-2027](#)
- [Primary Care Improvement Programme](#)
- [General Medical Services Contract in Scotland \(2021\)](#)
- [Recovery and Redesign: An Action Plan for Cancer Services \(2020\)](#)
- [Diabetes Improvement Plan \(2014\)](#)
- [A Healthier Future – a framework for the prevention, early detection and early intervention of type 2 diabetes \(2018\)](#)
- [Heart Disease Action Plan \(2021\)](#)
- [Progressive Stroke Pathway \(2022\)](#)
- [Palliative and End of Life Care Strategic Framework for Action \(2015\)](#)
- [Palliative and End of Life Care by Integration Authorities: advice note \(2018\)](#)
- [Healthcare Framework for Adults living in Care Homes \(2022\)](#)
- [Self-Directed Support: framework of standards \(2021\)](#)
- [National Carers Strategy \(2022\)](#)
- [Creating Hope Together – Suicide Prevention Strategy 2022-2032](#)
- [National Drug Mission Plan 2022-2026](#)
- [Rehabilitation and Recovery: a person-centred approach \(2022\)](#)
- [Learning / intellectual disability and autism transformation plan \(2021\)](#)
- [Housing to 2040 \(2021\)](#)

Let's Talk

Many people who live, work or provide unpaid care in Dundee shared their views over the last two years about 'what matters to them' about health and wellbeing and adult health and social care services. You can find a full report of what people have said here ([link to be added](#)). The things that people said have directly influenced the ambition and priorities in this framework. More information about what people have said has been highlighted in this document.

Some of the important message people said are:

- Plans must be written in a way that is simpler, uses clearer language and means something to people who use health and social care services now or might use them in the future.
- The ambition of the IJB should be about the real differences it makes and the things it has most control over.
- The IJB need to think more about how to work better with other organisations, including the Dundee Partnership, to improve all services and supports that make a difference to people's health and wellbeing. This is most important when preventing poor health and wellbeing, making sure people get the help they need sooner and when working alongside people in communities to understand their needs.
- It is really important to reduce the differences in people's health and wellbeing that are caused by things like poverty, where they live, or their personal characteristics (like sex, age or ethnic origin). The IJB should inform people that the money the IJB has will be spent in a way that gives extra help to people who need it most so that they can be as healthy and well as everyone else in Dundee.
- People realise that public sector services, like the Council, NHS Tayside and the IJB, do not have enough money or staff to do everything for everyone. People felt it was important to be honest about that and how resources, including money and staff, will be used to help people have the best possible health and wellbeing.
- More time and money should be spent making it easier for people to know more about existing health and social care services and how to get help from them. People said they are worried about having to wait too long to get the help they need.
- People said when they do get support from health and social care services it has been very good and has made a big difference to their lives.
- People said it is important that the IJB remembers that they want a good quality of life, not just to live longer in their own home.
- The IJB needs to think more about how to reduce the impact of the cost of living crisis on people's health and wellbeing.

- The IJB should support the Health and Social Care Partnership to spend more time working with people and communities to understand the help they need to stay healthy and well. They should also work with people to design services to deliver the help they need.
- People who work in health and social care organisations should stop talking about models and pathways – these are words used by organisations and don't mean anything to those people who need services. People would like the IJB and Health and Social Care Partnership to talk more about how services can give them the specific help they need and help them look after themselves rather than seeking to do everything for them.

From December 2022 to March 2023 people were asked to share their views about Dundee's GP Premises Strategy. As part of this activity many people also spoke about other aspects of services delivered through GP practices. A full report of what people said is available here (link to be added), but some of the things people said were most important were:

- Lots of people did not know about the full range of different professionals and supports that are available to them at through their GP practice. People said that there should be more information about services that are available and more help from reception staff to make sure they see the right person.
- Many people are willing to accept an appointment that is not face-to-face. This was the case most often when people were aged under 65 years old.
- The process for booking appointments needs to be improved.
- There needs to be more support available in GP practices for health and wellbeing, mental health and pharmacy.

The Dundee Partnership has also been talking to people across Dundee over the last two years to find out more about what they need, the things that affect their lives and what they hope for in the future. This information helped the Dundee Partnership to write its [City Plan 2022-2032](#). Some of the things people in local communities identified as being most important for health and wellbeing that need to get better were:

- Ways to have a say in improving things in the community.
- Drug and alcohol advice and services in the community.
- Dealing with the way the COVID-19 pandemic has made some things more difficult for people. Many people said it made them more isolated and their mental health and wellbeing worse. It also meant some people did not have enough money to buy food or other basic things we all need to stay safe, healthy and well. People noticed that the pandemic had made things even worse for people who already had poor health and wellbeing.
- The way the COVID-19 pandemic made it more difficult for people to find and get help when they needed it.

CONSULTATION DRAFT

Equality Outcomes

The IJB's ambition is that everyone in Dundee has the best possible health and wellbeing.

The Equality Act (2010) aims to make sure all people are treated fairly, particularly people who have protected characteristics (age, disability, sex, gender reassignment, pregnancy and maternity, sexual orientation, marriage and civil partnership, religion / belief, and, race). Sometimes, people with Protected Characteristics need support given in a different way or they need extra support to have the same outcomes as other people. They might also be more likely to have particular health and social care needs.

Some people experience poverty and poor social circumstances; this can affect anyone but can affect people with Protected Characteristics more. This can make it even harder for them to have the same life chances as other people. From April 2018 the Equality Act (2010) introduced the Fairer Scotland Duty to help make sure Scotland is a fair place to live by acting to tackle poverty, reduce inequality and build a fairer and more inclusive Scotland.

As part of the work to make Dundee a fairer city the IJB is concerned about health inequality; this is the unfair and avoidable differences in health between people or groups of people. People with Protected Characteristics and people affected by poverty can experience health inequalities that impact on their overall health and wellbeing.

People with Protected Characteristics and people affected by poverty and poor social circumstances can find it more difficult to access health and social care services. Sometimes those people have a poorer experience of supports and services.

The Equality Act (2010) says that Public Bodies, like the IJB, must publish a set of equality outcomes at least every four years. People who have Protected Characteristics and those people affected by poverty and poor social circumstances have shared what matters most to them about health and wellbeing and health and social care services. People who have an interest in making Dundee a fairer place to live have also told the IJB what matters to them. This has helped the IJB to agree Equality Outcomes for the IJB:

1. Information published by the IJB will be more accessible to people who have a sensory impairment or learning disability, whose first language is not English and those people who are older.
2. The IJB has increased the range and effectiveness of ways to listen, hear and learn what matters to older people, people from minority ethnic groups and the LGBTQ community about health and social care services and supports.
3. IJB membership will be more diverse and more closely reflect the overall population of Dundee across the following characteristics: sex, disability, race, religion or belief and age.
4. The IJB contributes to an improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination on the workplace.

In 2027 the IJB will check again whether these outcomes are the right ones to focus on. You can read more about the IJB's equality outcomes and other work it is doing to improve health and social care outcomes for people with protected characteristics or who are affected by poverty and poor social circumstances [here](#).

The IJB has also agreed some things that they want the Dundee Health and Social Care Partnership to focus on improving for specific people. These things are part of the strategic priority:

INEQUALITIES - Targeting resources to people and communities⁴ who need it most, increase life expectancy and reduce differences in health and wellbeing.

You can find more detail about this later in this strategic framework and in the IJB's delivery plan.

CONSULTATION DRAFT

⁴ This includes communities of interest /people who share the same characteristics as well as geographic communities.

Strategic Priority – 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.

Why is this important?

- Data for Dundee shows that life expectancy is getting shorter. Since 2012-14, life expectancy at birth has got worse for both males (from 75.6 to 73.54 years) and females (from 80.06 to 78.54 years)⁵.
- Information about the health and wellbeing of people in Dundee shows that there are big differences between how healthy and well people are. These differences happen because of where people live in the city, how much money they have and because of who they are (for example, their ethnic origin, sexual orientation, disability or age). These difference are often called Health Inequalities.

****Please note that the format of this information is still being developed****

Life expectancy of a male who lives in one of the most deprived areas of Dundee is 10 years less than a female who lives in one of the least deprived areas.

East End, Lochee and Coldside wards have the highest prevalence of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment. These wards also have the highest proportion of residents classified as income deprived.

A&E attendance due to alcohol related harm is 4 times higher in the most deprived areas of the city.

Drug related hospital discharges are 20 times higher in the most deprived areas of the city.

⁵ [Data Tables for Life Expectancy in Scotland, 2019-2021](https://www.nrscotland.gov.uk/data-tables-for-life-expectancy-in-scotland-2019-2021) | [National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)

- People who are affected by poverty or poor social circumstances or who have a protected characteristic can find it more difficult to access health and social care services. Sometimes these people also have a poorer experience of support and services, including that they do not make as big a difference to their health and wellbeing as they do for other people.⁶
- Dundee has high levels of social issues that impact on health and wellbeing of vulnerable people, including people affected by poverty or who have protected characteristics. This includes, drug and alcohol use, poor mental health, domestic abuse and others types of violence against women, and harm to other vulnerable adults and children.
- People who shared their views about ‘what matters to them’ said that reducing health inequalities is really important and that the IJB should spend more money making sure that people who need extra help to access services and achieve good health and wellbeing get it. People also said they are concerned about the impact of the cost of living crisis and how this might make health inequalities worse in the future. They also said the IJB should support the Health and Social Care Partnership to spend more time working with people to understand their different needs and how services could help them.
- People have told the Dundee Partnership that it is really important the more is done to help people who use drugs and alcohol and who have poor mental health and wellbeing. They were also concerned that the pandemic has made things worse for people who already had poor physical and mental health and wellbeing.
- The IJB has a legal duty, working together with Dundee City Council and NHS Tayside through the Health and Social Care Partnership, to make sure that they promote equality and fairness. This includes thinking about how health and social care services are designed and delivered to people with different needs. Equality and fairness can be about how people access services in the first place but also their experiences of services and how they impact on people and their outcomes.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside found important changes that need to be made.⁷
- A wide range of national policies for health and social care include a commitment to reducing inequality. This includes reducing differences in how easy people find it to access the services and supports they need, as well as the differences these services make to their health and wellbeing.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

⁶ Scottish Better Together Survey, Patient Survey Programme

⁷ The full reports from the Dundee Drugs Commission can be found at: <https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>. The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at: <https://independentinquiry.org/category/reports/>.

Short-term (2023-2026)	Medium-term (2026-2029)	Long-term (2029-2033)
<p>Disadvantaged communities (geographic and shared characteristics) are benefitting from more targeted investment to support self-care and prevention.</p>	<p>More disadvantaged people and communities are accessing the health and social care services and supports that they need.</p>	<p>People living in deprivation or who are part of protected equality groups have improved health and wellbeing outcomes. These outcomes are closer to those achieved by the wider population of Dundee (reduced inequality gap).</p>
<p>People who have a sensory impairment or learning disability, whose first language is not English and who are older are better able to find and understand Information published by the IJB and Health and Social Care Partnership.</p>	<p>There are fewer drug and alcohol related deaths.</p>	<p>Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy).</p>
<p>Adults who have multiple and complex needs, including adults at risk of harm are more quickly identified and services work well together to provide an initial response to their needs.</p>	<p>Peoples' mental health and wellbeing is better.</p>	<p>People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).</p>
<p>People who have mental health and wellbeing needs, and for people who use drugs and alcohol have a wider choice of easily accessible community-based supports.</p>	<p>Older people feel less isolated and lonely. This is helping to improve their physical and mental health and wellbeing.</p>	<p>People are protected from harm and supported to recover from the impact of trauma.</p>
<p>People who experience challenges in relation to mental health and drug and alcohol use experience a co-ordinated response from services.</p>	<p>There are fewer deaths by suicide.</p>	<p>Health and social care services are provided from premises that create environments that support trauma informed ways of working and reduce inequalities.</p>
<p>More health and social care services and supports demonstrate a trauma informed response to meeting needs.</p>	<p>People from disadvantaged groups are getting the support, treatment and care they require without fear of discrimination or stigma.</p>	<p>People accessing health and social care services experience a culture and practice that is rights-based.</p>

More health and social care services and supports demonstrate a gendered approach to service delivery.		
There is a clear strategic plan for how the IJB will invest its resources to better meet the needs of people with a physical disability or sensory impairment.		
The health and social care workforce has a better understanding of equality and fairness, including how their practice can help to better meet people's needs.		
The IJB has an improved understanding of the needs of different equality and fairness groups and how effectively health and social care services are meeting those needs.		

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here (link to be added).

Strategic Priority - SELF-CARE – Supporting people to look after their wellbeing.

Helping everyone in Dundee look after their health and wellbeing.

Why is this important?

- Prevention and self-care are important aspects of health and social care services and supports. They help people to look after themselves independently from services, have more control of their health and can improve people's quality of life. These types of support can include helping people develop the knowledge and skills to prevent them becoming unwell by living a healthy life. They can also help people to manage existing health conditions so that they do not get worse.
- Information about Dundee shows that factors such as smoking, being overweight and physically inactive have a big impact on many people's health and wellbeing. A Dundee Partnership survey found that 31% of respondents found it difficult to have a healthy lifestyle during the pandemic. People who already had poor health or a disability were most likely to find this difficult.

****Please note that the format of this information is still being developed****

A higher percentage of people aged over 35 in Dundee smoke tobacco compared with Scotland as a whole. There is a known link between smoking and lung cancer.

13.5% of Primary 1 age children in Dundee were at risk of becoming overweight and 11.3% were at risk of obesity.

Less than one fifth of Dundee Citizens reported that they undertook moderate physical activity for at least 30 minutes per day, 4+ days per week.

Dundee citizens who undertook regular exercise had better mental health than those who undertook exercise either less than once a week or never.

- Since the pandemic the number of people who have said that they need to help to look after their mental health and wellbeing or because they are drinking alcohol more often has also been increasing. There are also many people who are managing the impact of 'long covid' on their health and wellbeing.

****Please note that the format of this information is still being developed****

Dundee has the 5th highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they lived with a mental health condition.

Life expectancy is ten years lower for people with a mental health issue (66.8 years) compared with the general Dundee population (76.8 years).

Dundee has a higher rate per 100,000 population who complete suicide (23.9) compared with the Scottish population (14.1).

33% of Dundee Citizens reported that they drink within the recommended alcohol allowance. East End respondents (49%) were most likely to consume more than the recommended alcohol allowance.

- Based on the Scottish Health Survey it is thought that about 33% of adults in Dundee (aged over 16 years old) have a limiting long-term physical or mental health condition.⁸ GP records show that conditions such as high blood pressure, asthma, depression, COPD⁹ and diabetes are particularly common. Many people have more than one condition from an earlier age. The most deprived areas of the city also have the most people with these types of conditions.
- Dundee has a relatively high number of people who are admitted to hospital after having a fall.
- Research has shown that helping people understand and manage their health and wellbeing helps them make healthier choices, improves their overall health outcomes and reduces the need for them to receive emergency care at hospital. The impact of this type of support is even better when it is targeted at people that need it most – so it also helps to reduce health inequalities.¹⁰
- People who shared their views about ‘what matters to them’ said that they know there is not enough people or money in the health and social care system to do everything for everyone. The IJB has also decided that the level of investment in health and social care services and not having enough people in the workforce are risks to being able to deliver their ambition. Supporting people to make healthier choices, prevent poor health and wellbeing and look after themselves when they are unwell reduces the number of people who need help from health and social care services. This means that those services can focus on supporting people who have the highest need, who have long-term health needs and on providing new services.
- A wide range of national policies for health and social care commit to helping people look after their own health and wellbeing. This includes helping people to live a healthier lifestyle that can help prevent poor health and wellbeing. The Independent Review of Adult Social Care (2021) said that the social care system in Scotland must focus on prevention and early intervention and support independent living.

⁸ <https://www.gov.scot/publications/scottish-surveys-core-questions-2018-analytical-tables/>

⁹ COPD – Chronic Obstructive Pulmonary Disease is the name for a group of lung conditions that cause breathing difficulties.

¹⁰ <https://www.scie.org.uk/integrated-care/research-practice/activities/prevention-self-care>

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)	Medium-term (2026-2029)	Long-term (2029-2033)
<p>People find self-care and self-management information and opportunities easier to find and understand.</p>	<p>More people are supported to achieve their personal outcomes through low level, early interventions provided by community-based care and support services.</p>	<p>More people feel motivated to make lifestyle choices that positively enhance their health and wellbeing.</p>
<p>There are more prevention, self-care and self-management resources available for:</p> <ul style="list-style-type: none"> • Falls • Stroke • Long-term conditions • End of life and bereavement • Managing key life changes • Healthy weight • Mental health and wellbeing 	<p>More carers say that they want to and are able to continue in their caring role.</p>	<p>People are more physically active and mentally well.</p>
<p>More people, especially disadvantaged groups, are accessing a wider range of health, wellbeing and healthy lifestyle activities across the city.</p>	<p>More people are in drug, alcohol and mental health recovery.</p>	<p>A smaller number of people need hospital-based acute services; people who do need them less often.</p>
<p>People are being helped to connect with the service and supports that they need at an earlier stage through the use of a social prescribing approach by everyone in the health and social care workforce.</p>	<p>Fewer people experience side effects and deterioration of long-term conditions because they are better supported to comply with their medication.</p>	<p>Fewer people in Dundee have a limiting long-term physical or mental health condition.</p>

<p>More people are participating in adult health screening programmes, especially within areas of deprivation and groups with protected characteristics.</p>		<p>Everyone in Dundee is living longer (increased life expectancy and increased healthy life expectancy).</p>
<p>There are more opportunities for people with mental health challenges to look after their physical health and for people with chronic physical health conditions to improve their mental health.</p>		<p>People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).</p>
<p>More Carers are accessing opportunities to lead a fulfilled and healthy life, and to have a good balance between caring and others things in their life.</p>		
<p>Peer recovery services and supports have a greater role in meeting people's needs at an early stage.</p>		
<p>The health and wellbeing needs of people who have been bereaved, including unpaid carers, are recognised and responded to. There are specific resources in place to support people who have been bereaved in traumatic circumstances (for example, by suicide).</p>		

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here ([link to be added](#)).

CONSULTATION DRAFT

Strategic Priority – 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.

Why is this important?

- People who shared their views about ‘what matters to them’ said that more time and money should be spent making sure people know about what health and social care supports there are. People also wanted it to be easier to get help from these services quickly. Many people were worried about having to spend too long finding the right service and waiting for help.
- A Dundee Partnership survey found that people felt that the pandemic made it more difficult to find and get help.
- The Independent Review of Adult Social Care in Scotland (2021)¹¹ found that access, eligibility and assessment were important areas for improvement. People who use social care supports told the review that things are too difficult right from the start and they had to repeat information to lots of different people.
- Different groups of people prefer different ways of finding out about and accessing services. The pandemic has helped to develop digital ways to access health and social care services, but this doesn’t work well for everyone. People need information to be communicated in a way that meets their needs, for example in a different language or as pictures, which makes it easier to find and access services and also helps reduce health inequalities.
- Helping people easily find and access the services and supports they need can also help them to get help earlier. This can prevent their health and wellbeing getting worse meaning they have the chance to look after themselves independent of health and social care services. Making it easier for people to find and access services also helps to support self-care.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside made recommendations about how services could be easier to find and access in the future.¹²

¹¹ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

¹² The full reports from the Dundee Drugs Commission can be found at: <https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>. The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at: <https://independentinquiry.org/category/reports/>.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)	Medium-term (2026-2029)	Long-term (2029-2033)
People find information about health and social care services and supports easy to find and to understand.	Fewer people experience a sudden deterioration of long-terms conditions requiring crisis intervention, including hospital admission.	Care and support is easily accessible, flexible and available at the right time to respond to people's changing needs.
People connected quickly to the right type of support for them through a supported referral approach (rather than signposting). The use of a social prescribing approach by everyone in the health and social care workforce is helping to support this.	More people are supported to achieve their personal outcomes through low level, early interventions provided by community-based care and local support services.	Fewer people need help and support from formal health and social care services. More people get the help and support they need from the third sector (voluntary and community organisations).
People can access social care and social work assessment and support more easily through an joined-up Health and Social Care Partnership 'front door'.	More carers say that they want to and are able to continue in their caring role.	People experience integrated care and support that is smooth and seamless from their own, and their families and carers, point of view.
There is a quick and high-quality response to people who are experiencing distress and/or at risk of harm, including in the evenings and at weekends.	Services purchased from the third and independent sector are focused on supporting people to achieve their personal outcomes, rather than on hours of service delivered.	People accessing health and social care services experience a culture and practice that is rights-based.
More services and supports have options for digital access to services and services delivery. There are good alternatives in place for people who do not have digital access.	Joined up IT systems are supporting the workforce to share information quickly and easily.	
Assessments of need and support planning are person centred and focused on helping people to achieve their unique person outcomes.	People have easy and equitable access to primary care services delivered from General Practices or other locations local to them.	

Better information sharing between services means that people do not have to share the same information multiple times.		
Carers are identified, respected and involved. They are equal partners in planning and shaping services and supports.		
More people are accessing Self-Directed Support to support them to choose and access the services and supports that they need.		
People can get the community-based help and support that they need in the evenings, overnight and at weekends.		

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here (link to be added).

Strategic Priority – PLANNING TOGETHER – Planning services to meet local need

Working with communities to design the health and social care supports that they need.

Why is this important?

- People who shared their views about ‘what matters to them’ said the IJB should make sure that the Health and Social Care Partnership spend more time working with people and communities to understand the help they need to stay healthy and well. They also said the Partnership should then work with people to design services that will deliver the help they need. People said health and social care services should stop talking about models and pathways because these words don’t mean anything to people who need services. It would be more helpful to talk about how services can give them the specific help they need, and help them to look after themselves and one another rather than doing everything for them.
- People told the Dundee Partnership they want to have more say in improving things in their communities.
- The Independent Review of Adult Social Care in Scotland (2021)¹³ found that there needs to be more focus on involving people in planning their own care, deciding what needs to change in their communities, and planning, designing and developing health and social care services.
- Research has found many benefits of working with and involving people in service design and delivery in health and social care. This includes those people gaining skills, having improved health and wellbeing and feeling more trusting and empowered. It has also found that communities involved in designing services have a better understanding of their health and social care needs and can make better use of the resources that already exist in their community. Evidence also shows that this type of service design can help people in the community who are most disadvantaged to have a voice and help reduce inequalities. Services designed with communities can be more positive and creative and everyone involved has greater awareness of what help is available as well as the challenges of delivering those services.¹⁴
- A wide range of national policies and strategies set out how health and social care services and supports should be delivered in the future. This includes changes to the way existing services are delivered and new types of support to be provided. More information can be found [here](#).
- The IJB has already agreed how it will develop and improve services for a number of different groups of people with health and social care needs. This includes people who have poor mental health and wellbeing, are impacted by drug and alcohol use, have a learning disability and / or autism, adults at risk of harm, and unpaid carers. They have also agreed how they will make big changes to the way in which primary care, unscheduled hospital care and non-acute care are delivered in the future. There is also a plan for how social care and social work services will be more

¹³ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

¹⁴ Conquer, S. & Bacon, L. The Value of Co-production within Health and Social Care: A literature review (2021) <https://healthwatchesuffolk.co.uk/wp-content/uploads/2021/11/The-Value-of-Co-production-Within-Health-and-Social-Care.pdf>

personalised in the future¹⁵. To make sure these commitments happen in practice it is important that the IJB continues to work with communities to design and deliver services.

- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside made recommendations about how service could be improved in the future.¹⁶

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)	Medium-term (2026-2029)	Long-term (2029-2033)
People and communities can find and understand information about health and social care needs and performance in the area they live in.	More people with health conditions or disabilities get the care and support they need in their own home or in other places local to them.	People receive the support they need, in the locations they want, at the time they need it.
More people from local communities are involved in developing future plans for health and social care services. This includes, plans for specific service areas as well as the overall strategic plan for health and social care.	People with a learning disability and autism get the help they need to live well, be part of their community and share their talents.	People say that they are firmly at the centre, understand the choices available to them and are supported to make informed decisions about their own care and support.
More Carers say that they have positive experience of supports and services designed to support them and the person they care for.	Significant harms linked to drug and alcohol use have been reduced by delivering the right care in the right place at the right time. This is also helping to improve people's quality of life.	A smaller number of people need hospital-based acute services; people who do need them less often. Resources have been reinvested in improving care at home or in community settings.

¹⁵ Strategic plans for specific groups of people with health and social care need are published on the [Dundee Health and Social Care Partnership website](#).

¹⁶ The full reports from the Dundee Drugs Commission can be found at: <https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>. The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at: <https://independentinquiry.org/category/reports/>.

There are a wider range of community-based services to help meet the recovery needs of people with poor mental health or who use drugs and alcohol.	People experience seamless transitions between community, primary and hospital-based services.	Fewer people need help and support from formal health and social care services. More people get the help and support they need from the third sector (voluntary and community organisations).
People who are admitted to hospital are safely discharged without delay back to their home or another community setting.	The third and independent sector have increased capacity to contribute to modern ways of delivering services and supports, alongside public sector health and social care services.	Health and social care services are provided in and from accessible, sustainable and fit-for-purpose, modern buildings.
People are able to access the right community-based social care supports at the right time, delivered by joined-up multi-disciplinary teams. This is helping to reduce hospital admissions.	People have greater access to and control over their health and social care data, where appropriate and safe to do so.	People, including unpaid carers, have a higher level of overall satisfaction with the health and social care services and supports they receive.
People are supported through a Home First approach to access the services and supports that they need to support them to live well and independently in their own home.	The HSCP has access to the right balance of clinical and community base spaces from which to deliver services.	
Older people are supported to live well and independently in the community by co-ordinated prehabilitation and rehabilitation services and supports.	People who need support and unpaid carers experience services that are highly personalised to meet their unique needs and support them to achieve their individual personal outcomes.	
People who have experienced a stroke have access to high quality hospital-based care as well as community-based recovery supports.	Fewer people who require residential based care and support have to leave the Dundee area to receive this.	
People are supported to experience a good death at the end of their life. Most people die at home and unpaid carers are well supported to be part of end of life care. Services enable timely, effective admissions to hospital where this is the best option for the people.	There is better co-ordination of people's housing options with available health and social care supports. This helps people to be able to stay in their home successfully.	

Fewer people are supported in residential care homes. Those who are receive highly personalised care and support.	People's homes provide the best possible environment to support their care and their overall health and wellbeing.	
People are making the best possible use of the full range of primary care services. They are well supported to directly access the specific services that best meet their needs and don't have to be referred by their GP.	Communities are directly influencing how health and social care resources are invested through participatory budgeting.	

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here (link to be added).

CONSULTATION DRAFT

Strategic Priority - WORKFORCE – Valuing the workforce

Supporting the health and social care workforce to learn and keep well.

Why is this important?

- Dundee IJB does not directly employ any staff. The health and social care workforce is employed through Dundee City Council, NHS Tayside and organisations in the third and independent sector. The combined workforce is the single biggest asset available to the Dundee Health and Social Care Partnership to enable them to provide the services and supports that the IJB has asked for.

****Please note that the format of this information is still being developed****



- The COVID-19 pandemic had a big impact on the health and wellbeing of the health and social care workforce. Information shows that more staff are experiencing poor health and wellbeing. It also shows that many people are choosing to leave the health and social care workforce and that fewer people are joining.

****Please note that the format of this information is still being developed****

Staff turnover across the workforce has increased between 2020/21 and 2021/22, from 4.3% to 10.4% for Dundee City Council employees and from 11.7% to 12.8% for NHS Tayside employees.

The number of new starts across Dundee City Council and NHS decreased from 276 in 2020/21 to 265 in 2021/22.

- People who shared their views about ‘what matters to them’ said they are worried that there are not enough people working in health and social care services to provide all the help and support needed.
- The IJB has decided that difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience, is one of the biggest challenges to being able to deliver its ambition and priorities. This includes working with organisations in the third and independent sector to make sure they can continue to provide services in the long-term and treat their staff fairly. They are also concerned about the impact on the workforce of changes to the way health and social care services are planned and delivered in Scotland, through the introduction of a National Care Service.
- Although the IJB does not employ the workforce who deliver health and social care services, the decisions they make have a big impact on staff wellbeing. They also impact on the opportunities that people have to learn and develop new skills. Learning and development will be essential to help to make the changes to health and social care services and supports that are in this framework and will be in annual delivery plans.
- The Independent Review of Adult Social Care in Scotland (2021)¹⁷ found that changes are required to how the health and social care workforce is valued and how fair work is supported in the future system of health and social care. This included making changes to the opportunities the workforce has to learn and develop so they can support changes in the way that services are delivered in the future.

¹⁷ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

- The Scottish Government National Workforce Strategy for Health and Social Care in Scotland (2022)¹⁸ describes what action is needed to make sure there is a sustainable, skilled health and social care workforce in the future that is respected and valued. This strategy includes actions to help support more people into working in health and social care. It also focuses on learning and development and wellbeing. The decisions of the IJB will make an important contribution to making this strategy a reality.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)	Medium-term (2026-2029)	Long-term (2029-2033)
The workforce is benefiting from having a wider range of more easily accessible mental health and wellbeing supports available to them. This includes supports for bereaved staff members.	All providers who are contracted to deliver health and social care services are fully complying with Fair Work practices.	The health and social care workforce has the right number of staff, in the right place, doing the right things to meet the needs of people in Dundee.
Enhanced workforce wellbeing supports have helped to reduce overall levels of staff absence and turnover.	All health and social care services are delivered by a workforce working in fully integrated teams.	Health and social care services are provided from environments that ensure the wellbeing of the workforce.
There are clear local routes for the young workforce to enter a career in health and social care. More young people are accessing these.	Staff who are unpaid carers say they want to and are well supported by their employers to continue in their caring role.	The diversity of the health and social care workforce reflects the overall population of Dundee, particularly in terms of protected characteristics.
The IJB has a fuller understanding of health and social care workforce needs and has agreed a plan to address gaps and challenges. This plan is being implemented in practice.	Staff within the health and social care workforce have improved levels of confidence and competence with a range of relevant digital technologies.	The health and social care workforce has a more diverse range of ages, supporting more effective succession planning.

¹⁸ <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/documents/>

Recruitment and retention has improved in key areas, including Primary Care, Social Care, Mental Health and Drug and Alcohol services.	Staff are active participants in self-evaluation and quality assurance approaches that enable them to reflect, learn and plan for improvement.	
People working within the health and social care workforce have benefitted from opportunities to develop their leadership skills and confidence.	Staff working in health and social care services say they feel valued, well supported and would recommend their place of work.	
People working within the health and social care workforce receive clear and understandable information about the work of the IJB and Health and Social Care Partnership.		
People working within the health and social care workforce have better opportunities to influence the work of the IJB.		

The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here (link to be added).

Strategic Priority - 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.

Why is this important?

- In Dundee, unpaid carers make a big and important contribution to supporting the people that they care for. The IJB has committed to making changes so that all carers in Dundee are heard, valued, understood and supported so they can have good health and wellbeing.¹⁹ To make this happen the IJB must work together with other organisations in Dundee, including services who support young carers.

****Please note that the format of this information is still being developed****

It is estimated that there are around 18,300 adult carers and 830 young carers in Dundee.

62% of adult carers supported by local services provided an average of 50+ hours of care per week. 65% of young carers supported by local services provided up to 19 hours of care per week on average

94% of young carers and 77% of adult carers experienced an impact on their emotional wellbeing due to their caring role. 61% of adult carers reported a negative impact on their health due to their caring role.

27% of unpaid carers said that they felt supported to continue in their caring role.

- Dundee is a city that has high levels of poverty and other social issues that impact on people's health and wellbeing. This includes issues like drug and alcohol use, domestic abuse and poor mental health. Many of these issues affect both adults and children within families. Supporting people to access the support they need, stay safe from harm and improve their wellbeing requires the IJB to work with together with other organisations in the Dundee Partnership.
- The social determinants of health are the things that have an important impact on people's health and wellbeing and include the social circumstances in which people are born, grow-up, live and work. They are influenced by a wide range of economic, political and social policies,

¹⁹ [A Caring Dundee 2 – A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers in Dundee 2021-2024](#)

which means that preventing poor health and wellbeing and reducing health inequalities cannot be achieved by the IJB alone. The IJB must work together with other organisations in Dundee, in Tayside and across Scotland to make long-term improvements to health and wellbeing.

- People who shared their views about ‘what matters to them’ said that the IJB need to think more about how best to work with other organisations, including the Dundee Partnership, to improve all services and supports that make a difference to people’s health and wellbeing. People said this is most important when working on ways to prevent poor health and wellbeing and making sure people get the help they need sooner. They also said that the IJB needs to think more about the help required to reduce the impact of the cost of living crisis on people’s health and wellbeing.
- The Independent Review of Social Care in Scotland (2021)²⁰ found that people who have experience of using health and social care services think that national and local services need to work better together. In particular, people wanted the way in which children with health and social care needs are supported into adulthood to be better. They also wanted local services to work better together on things like transport, housing, education and employment as these support people to live independently.
- In 2022 the Scottish Government began the process of developing a new National Care Service for Scotland. This will impact the way that adult social care, social work and community health services are delivered in the future. It might also affect the way that adult and children’s services work together. The planned changes will be the biggest change to the health and social care system in recent years. The IJB will have an important role in helping to plan these changes.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to support work in partnership with other community planning partners that will make these changes:

Short-term (2023-2026)	Medium-term (2026-2029)	Long-term (2029-2033)
Families with multiple and complex needs receive co-ordinated, whole family support at an early stage.	Services have worked together to understand and manage the local impacts of the transition to the National Care Service.	All Carers are confident that they are listened to, valued and supported. They feel well and are able to live a life alongside caring.
Children and young people are supported into adulthood by services that work together to meet their needs.	The enduring impact of drug and alcohol use has been decreased through a focus on prevention.	Everyone in Dundee is living (increased life expectancy and increased healthy life expectancy).

²⁰ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

<p>People at risk of harm are effectively identified at an early stage and are effectively supported by services who work in partnership to help them be safe and well.</p>	<p>The enduring impact of poor mental health and wellbeing has been decreased through a focus on prevention.</p>	<p>People living in the most deprived communities are living longer (increased life expectancy and increased healthy life expectancy).</p>
<p>People are receiving the information and support they need to help them to cope with the cost of living crisis, including to help to stay safe and be well.</p>	<p>There are fewer drug and alcohol related deaths.</p>	<p>People are protected from harm and supported to recover from the impact of trauma.</p>
<p>People and communities affected by poverty are getting more targeted support at an earlier stage to prevent this leading to poor outcomes for health, social care and other aspects of their life.</p>	<p>There are fewer deaths by suicide.</p>	<p>People and communities are confident that their views and ideas are listened to, valued and used effectively across the whole community planning partnership to improve outcomes.</p>
<p>People are receiving the help they need to live a healthy lifestyle, including eating well and staying active. There is a specific focus on supporting children and young people.</p>	<p>The IJB and other organisations have better evidence about the impact their services and supports have on people's health and wellbeing outcomes.</p>	<p>More people are a healthy weight and regularly participate in physical activity.</p>
<p>There is a partnership approach to identifying and supporting unpaid carers of all ages. Services who support unpaid carers work closely with services who provide care and support.</p>	<p>Planning for improvements to health and social care outcomes is better co-ordinated across all members of the Dundee Partnership. There is a whole-system approach to improving health and wellbeing outcomes.</p>	
<p>Services work well together to collect, understand and use information about health and social care to improve services for people.</p>		
<p>Health and social care services in Dundee have actively contributed to the co-design process for the National Care Service.</p>		

Communities experience a co-ordinated approach to gathering information about their needs and priorities for health and social care and related services.		
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The IJB will publish an annual delivery plan that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual delivery plan can be found here (link to be added).

The IJB's performance framework will set out how the IJB will measure their progress towards making these changes and tell the public about this. The performance framework and performance reports can be found here (link to be added).

CONSULTATION DRAFT

Measuring the Change

IJBs have a duty to measure the progress they are making against the 9 National Health and Wellbeing Outcomes²¹. The Scottish Government has created a list of 23 indicators to help IJBs to do this. Dundee IJB reports publicly on its performance against these outcomes in quarterly and annual performance reports. You can see an overview of these outcomes and indicators [here](#).

As well as monitoring these national outcomes and indicators the IJB must also measure its progress towards meeting the ambition, priorities and short, medium and long-term changes in this plan. The IJB is committed to reporting the progress that is being made to the public. The detailed plan for measuring and reporting this information will be published in an IJB Performance Monitoring Framework and the IJB will publish this by the end of June 2023. It will focus on two things:

- Developing ways to share the progress that has been made to complete actions in the IJB's Annual Delivery Plan. This will include finding ways to share this with local citizens in a meaningful and accessible way.
- Reporting the impact of these actions on the health and wellbeing of people in Dundee. This will include setting out the specific data the IJB will measure and report. For some data it will include setting targets for the change the IJB wants to see over the next 10 years.

The IJB will also continue to publish data through the performance information that Dundee City Council, NHS Tayside and the Dundee Partnership publish. It will also take part in reporting arrangements for IJBs that support the Scottish Government to publish national performance information for health and social care services.

²¹ You can find out more about the 9 National Health and Wellbeing Outcomes at:

<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/>

You can find out more about the 23 National Health and Wellbeing Indicators at:

<https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2015/04/health-social-care-integration-core-suite-indicators/documents/core-suite-integration-indicators/core-suite-integration-indicators/govscot%3Adocument/00475305.pdf> This includes information about how the indicators are measured and reported.

Resources and Risks

Resources to Support Delivery

There are a range of resources that the IJB can use to support the actions in the Annual Delivery Plan and to achieve the ambitions set out in this strategic framework. These are:

- **Financial resources** – the money that is available to the IJB to fund health and social care services and supports.

Dundee City Council and NHS Tayside give the IJB funds to spend on the delivery and improvement of adult health and social care services. The IJB uses these funds to buy services and supports that meet the needs of people in Dundee and that help to achieve the ambitions and priorities set out in this strategic framework. The Scottish Government and other organisations sometimes also provide extra funds to the IJB to spend on specific things, like the priorities they have set in national plans and policies for health and social care.

In 2022/23 Dundee City Council and NHS Tayside gave the IJB just over £284 million to spend on adult health and social care services.

Every year the IJB must decide how it will spend the money it has, they do this by setting a balanced budget. It cannot spend more than it has been given by the Council, NHS Tayside and other funders, this means that decisions sometimes have to be made to spend less buying one type of service so that more can be spent on new or improved services in another areas.

In 2022/23 the IJB spent most of its budget on:

1. Services for older people (23.2% or £65.9 million)
2. Services for people who have a learning disability (11.5% or £32.7 million)
3. Prescribed medications (11.4% or £32.3 million)
4. General medical services provided by GPs (10.4% or £29.5 million)
5. Family health services including community dental, optical and pharmacy services (8.4% or £23.9 million)

The cost of delivering health and social care services is increasing. This is because of things like pay increases for the health and social care workforce and increased cost to services of energy, rent and other things that are impacted by inflation. Increased need and demand for services also makes the overall cost of providing services higher. At the same time the IJB, and other public services, have not had an increased amount of funding to meet these increased costs.

- **The health and social care workforce** – these are the people employed by Dundee City Council, NHS Tayside and the third and independent sector who work in health and social care services. This includes services that are paid for by the money that the IJB has but also people who work in other organisations that have an impact on health and wellbeing.

****Please note that the format of this information is still being developed****

The Partnership has 995 individual staff (working the same amount of hours as 900 people who work full-time) who are employed by Dundee City Council and 1,555 (working the same amount of hours as 1,325 people who work full-time) staff who are employed by NHS Tayside.

.The largest staff groups are nurses (825), social and home care workers (615) and allied health professionals (320). These posts collectively account for 67% of the total Council and NHS health and social care workforce.

87% of the total Council and NHS health and social care workforce are female.

Across each health and social care service area, at least 40% of the total NHS and Council employed workforce is aged 50+

108 employees stated they have a disability which is 4.3% of all employees. This is lower than the 8.3% of Dundee residents aged 16-74 who stated in the 2011 Census that they have a disability which limits day to day activities a lot.

54 employees stated they were from a minority ethnic background, which is 2.1% of all employees. This is lower than the 5.6% of Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2011 Census.

- **Property** – the IJB does not own any property. Health and Social Care services and supports are delivered from places that are owned by other organisations. This is normally Dundee City Council and NHS Tayside, but can also be buildings owned by the third and independent sector. Across the Dundee Health and Social Care Partnership services and supports are delivered from a wide range of different places, including:

****Please note that the format of this information is still being developed****

23 General Practices	4 hospitals	4 care homes	4 day centres
2 respite units	42 community-based venues used by social care teams	1 palliative care unit	7 other community-based service delivery sites
1 equipment store	1 record store	6 office bases	Shared sites of service delivery in Angus and Perth & Kinross

Service delivery sites in the third sector and independent sector

The long-term ambition is that health and social care services and supports will be delivered from places that are modern, fit for purpose and are used to their maximum potential. There are some important changes that will make it challenging to do this: Dundee City Council and NHS Tayside are both working to reduce the number of premises they have in the city and the physical condition and design of some properties is not suitable for modern ways of delivering services. However, developments in digital technology and changes in the way that the health and social care workforce work are factors that will help to make better use of the buildings that are available to the Health and Social Care Partnership in the future.

- **Digital** – this is the IT and technology available to support the delivery of health and social care services. The IJB does not own these resources, they are normally provided by Dundee City Council and NHS Tayside. It includes the IT equipment and systems that are used by the health and social care workforce, but also resources that they use to provide care to people and for people to look after their own health and wellbeing.

The IJB will publish a Resource Framework by the end of June 2023. This will describe in more detail the financial resources the IJB has and how it plans to use them. It will also set out how the IJB will work with Dundee City Council and NHS Tayside to secure the workforce, property and digital resources that are required to deliver the ambition for health and social care in Dundee.

Risks to Delivery

There are a number of potential risks that could impact on the delivery of this strategic framework. The IJB regularly considers these risks and how their impact can be reduced. It also has systems in place to identify any new risks and consider how they can be managed. Information about the risks to the delivery of this strategic commissioning framework is regularly reported to the IJB. In April

2023, when this framework was written, the biggest risks to the delivery of the strategic commissioning framework were:

- Planned reductions in the financial resources the IJB has to support the delivery and improvement of health and social care services and supports.
- Difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience, to deliver the actions and ambitions.
- Limited money in Dundee City Council and NHS Tayside to invest in and improve community-based buildings from which health and social care services are delivered.
- The impact of the cost of living crisis on the health and wellbeing needs of people. These impacts might mean that actions planned have less overall positive impact on people's health and wellbeing.
- The longer-term impact of the COVID-19 pandemic on health and social care needs and outcomes for people in Dundee.
- Challenges faced by providers of health and social care services in the third and independent sector in meeting increasing costs with less funding available to them.
- The impact of changes to the way health and social care services are planned and delivered in Scotland, through the introduction of a National Care Service.

An overview of current risks will be provided each year as part of the IJB's Annual Delivery Plan.

Explanation Notes

Term	Explanation
Acute services	This is short-term treatment, normally in a hospital, for a severe injury or episode of illness or an urgent medical condition.
Adult screening programmes	Screening is the process of identifying people who appear to be healthy but may be at an increased risk of a disease or condition. There are a number of screening programmes in Scotland. These are designed to detect early signs of a disease or condition and provide referrals and treatment as early as possible.
Capacity building	This is the process of developing and strengthening the skills, abilities and resources that individual people, communities or organisations have to survive, adapt and thrive.
Community-based	The services and supports provided by the IJB through Dundee Health and Social care Partnership are often identified as community-based services. These are services that are delivered from and within local communities. This might be in people's own homes as well as in places like health centres.
Co-production	This is a way of working where people have a meaningful role in designing and improving health and social care services and supports. Everyone involved works together on an equal basis to design a service or to make a decision together.
Delivery plan	This is the plan that the Dundee Health and Social Care Partnership makes each year about the actions it will take to deliver the big changes the IJB has said must happen in their strategic framework. It tells people how these changes will be made in practice.
Deprivation / deprived areas	Deprivation is the result of a lack of income and other resources. In Scotland the Scottish Index of Multiple Deprivation (SIMD) is a tool that is used to identify places in Scotland where people are experiencing disadvantage across different areas of their lives.
Dundee Partnership / Local Community Planning Partnerships (LCPP)	<p>This is Dundee's Community Planning Partnership; this is the name given to all services that come together to take part in community planning. They are responsible for producing the City Plan, which sets out the big issues impacting people in Dundee and how partners will work together to make improvements.</p> <p>Within the Dundee Partnership there are 8 Local Community Planning Partnerships (Strathmartine, North East, Coldside, West End, The Ferry, Maryfield, East End, Lochee). Each one brings together elected members, people living in the area and staff from services who work in the area to plan and deliver better services for that community.</p>
Early intervention	This is a way of working that aims to ensure people get the care, support and information that they need as early as possible so that their situation does not get worse.
Eligibility criteria	This is a way of deciding whether or not a person's health and social care needs are at the level where they should receive support from public sector services, for example care at home services funded by the Health and Social Care Partnership.

Enabling independence	This is a way of working that aims to support people to be able to continue to look after their own health and wellbeing as much as is possible in their specific circumstances. It involves services working with people to understand what support they need to live independently, including equipment that might help them.
Equality	Equality is about making sure that every person has an equal opportunity to make the most of their lives and talents. It is about the belief that no-one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability.
Equality outcomes	This is a result that the IJB aims to achieve in order to eliminate discrimination, advance equality of opportunity or foster good relations with people / groups of people who have a protected characteristic.
Fairness	This is about the unfair differences between outcomes for people in Scotland because of socioeconomic disadvantage. This means things like have a low income, living in a deprived area, not having any savings or other forms of wealth (like owning a home) and not having enough materials things (like clothes and other essential items).
Health and Social Care Partnership	The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) required Local Authorities (Councils) and Health Boards to integrate the planning of some health services and functions and most social care functions. Dundee City Council and NHS Tayside deliver integrated services as Dundee Health and Social Care Partnership (sometimes shortened to the 'Partnership,' 'DHSCP' or 'HSCP' or H&SCP). The HSCP is a way for both organisations, along with the Independent and Third Sector, to deliver the services planned by the IJB.
Independent sector	Privately owned companies delivering health and social care services. This can be single care home organisations to large providers in health and social care.
Inequalities / health inequalities	Health Inequalities are the differences that exist between the health of different population groups. This type of gap exists between people with different personal characteristics (such as their age, sex or whether or not they have a disability) and between people who live in poorer and more affluent areas of the city.
Integrated care and support	This is a way of working where services and supports working very closely together to assess and meet people's needs. It might include people from different professions working together in the same team.
Integration Joint Board (IJB)	The IJB is the formal legal body that is responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults. Some of the membership of the IJB is defined in legislation. Details of the current Dundee City IJB membership is available at https://www.dundeehscp.com/dhscp-who-we-are The IJB
Life expectancy	This is a statistical measure of the average time a person is expected to live.
Long-Covid	This is a term used to describe the effects of Covid-19 that last for several weeks or months beyond the initial illness.

Long-term conditions	This is an illness that cannot be cured, however it may be able to be controlled with medicines or other treatments. Examples of long-term conditions include diabetes, arthritis, asthma and some mental health conditions.
National Outcome	These are the things that the Scottish Government has decided are important that everyone can experience or achieve. They describe the type of place they want Scotland to be.
Participatory budgeting	This is a form of participation where people are involved in the process of deciding how public money will be spent.
Personalised / personalisation / personal outcomes	This is a way of working where services and supports focus on people as unique individuals. This includes thinking about their specific individual needs, as well as the things each person wants to achieve or be better about their life (their personal outcomes). It involves delivering services in a flexible way and adapting them to the unique individual, rather than providing one standard services to everyone.
Post diagnostic support	This is the range of services and information available to people once they have been diagnosed with a health condition.
Prehabilitation	This is a way of working with people to help them get ready for medical treatment. It aims to help people leave hospital sooner after their treatment, have fewer side effects and cope better with ones that do happen, and to have a quicker overall recovery.
Prevalence	This is the proportion (or percentage) of people in the population who have a specific characteristic. For example, 5% (1 in 20) people in Scotland have diabetes.
Prevention	This is a way of working that aims to tackle the underlying causes of poor health and wellbeing. Instead of waiting for people to become unwell or need support from services, the aim is to prevent that happening. This way of working often involves working with whole communities or populations.
Primary care	This is the day-to-day healthcare available in every local area including: GPs (general practitioners)-the family or local doctor and community and practice nurses.
Protected characteristic / Communities of interest	The Equality Act 2010 defines nine protected characteristics. These are the characteristics where evidence shows that people experience significant discrimination in areas like employment, provision of services and access to services. Communities of interest are communities of people who share the same characteristics.
Rehabilitation	This is a way of working with people who have a medical condition or disability to help them to live as independently as possible. This can include working with people to help them to manage symptoms, changing their environment to better meet their needs, using assistive equipment and providing information to help people to manage their own health and wellbeing needs.
Resources	These are the things that the IJB and other partners have available to them to invest in health and social care services and supports. This can include money, the workforce, property and IT resources (such as IT equipment and systems).

Self-care / self-management	This is a way of working that focuses on supporting and empowering people to manage their own health needs and conditions. It can include things like supporting people to manage their own medication or treatment, or to monitor their condition and know when to ask for more support.
Self-Directed Support	This is a way of providing social care support that aims to give people more control, choice and flexibility of their own lives and the support they want. It is a method of arranging social care support in a tailor-made way so that people can live independently and with the best possible quality of life.
Social determinants of health	These are non-medical things that impact on health outcomes and have a big influence on health inequalities. Some important social determinants are: income, education, unemployment, food insecurity and housing conditions.
Social prescribing	This can be undertaken by anyone working within health and social care services. It is a way of working that focuses on referring people to a range of non-medical services that can support their health and wellbeing. It involves helping people to find the services that would best meet their needs, as well as supporting them to access those services.
Strategic commissioning	This is a process for understanding needs and planning how to invest money and other resources to meet that need and deliver better outcomes for people.
Strategic needs assessment	This sets out current and (predicted) future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within an IJB area.
Strategic priorities	These are the important areas that planners decide to work together to on to make improvements and improve outcomes for people.
Third sector	This includes charities, social enterprises and voluntary groups, In health and social care. They deliver essential services including those commissioned by the Health and Social Care Partnership.
Transitions	Transitions can take place in health and social care when people have significant changes in their life circumstances and / or move between different services and supports. For example, when young people move into adulthood they also move from children's service into adult services.
Unpaid carer	This is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will not be paid for the care they give, although may or may not receive carers allowance or carer premium. Some carers look after more than one person.
Unscheduled care	This is health care that was not planned in advance. This might be accessed through services like NHS 24, GP Out-of-Hours Service or at A&E.

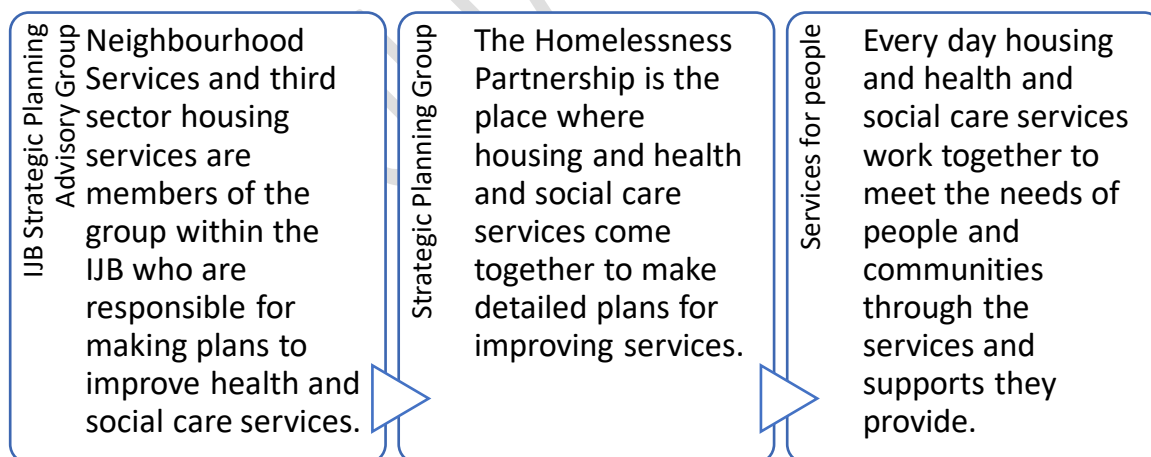
Appendix 1 - Housing Contribution

Dundee City Council Neighbourhood Services and the IJB know that living in good quality, safe, stable and secure housing has a positive effect on people's overall health and wellbeing. They also know that, poor quality accommodation, being at risk of homelessness, anti-social behaviour, high energy costs and low incomes may have a negative impact on health and wellbeing.

The housing sector has an important role in supporting the IJB to achieve its ambition for health and social care. This is reflected in the requirement (Section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014) to produce a Housing Contribution Statement as part of the IJB's Strategic Commissioning Plan. This Housing Contribution Statement sets out how the local housing sector will actively work with the IJB to help them achieve their priorities and ambitions. The Dundee IJB published its last Housing Contribution Statement in February 2020, it can be found [here](#).

The Local Housing Strategy (2019-2024) (link to be added) is the document that sets out plans for tackling fuel poverty, and for providing housing, housing support and homelessness services. A new Local Housing Strategy will be written over the next year, this will provide a good opportunity for the IJB and Neighbourhood Services to work together to produce a new Housing Contribution Statement that focuses on the new ambition and priorities for health and social care as well as the new priorities for housing. The IJB will publish a fully updated Housing Contribution Statement by June 2024.

While work is happening to produce the new Local Housing Strategy and Housing Contribution Statement the IJB, Neighbourhood Service and other local housing organisations will continue to work together.



Many people in Dundee have a housing need that impacts on their health and wellbeing. Some of the biggest challenges are:

- Homelessness, fuel poverty and poor housing conditions impact the most on people, including unpaid carers, who live in the poorest areas of the city and people who have protected characteristics.

- Many people find themselves in a housing crisis and this also has an impact on their health and wellbeing. This might be because of abuse in a relationship, difficulties they have living independently because of poor mental health and wellbeing or because the housing they have isn't right for their physical health needs.
- There is not enough housing of the right type and in the right area to meet everyone's needs, including their health and social care needs. This is a problem across other areas in Scotland too. People might have to wait for the right housing for them, including 'particular needs' housing that has been designed to meet the needs of people who are disabled or have long-term health conditions (including wheelchair accessible housing).

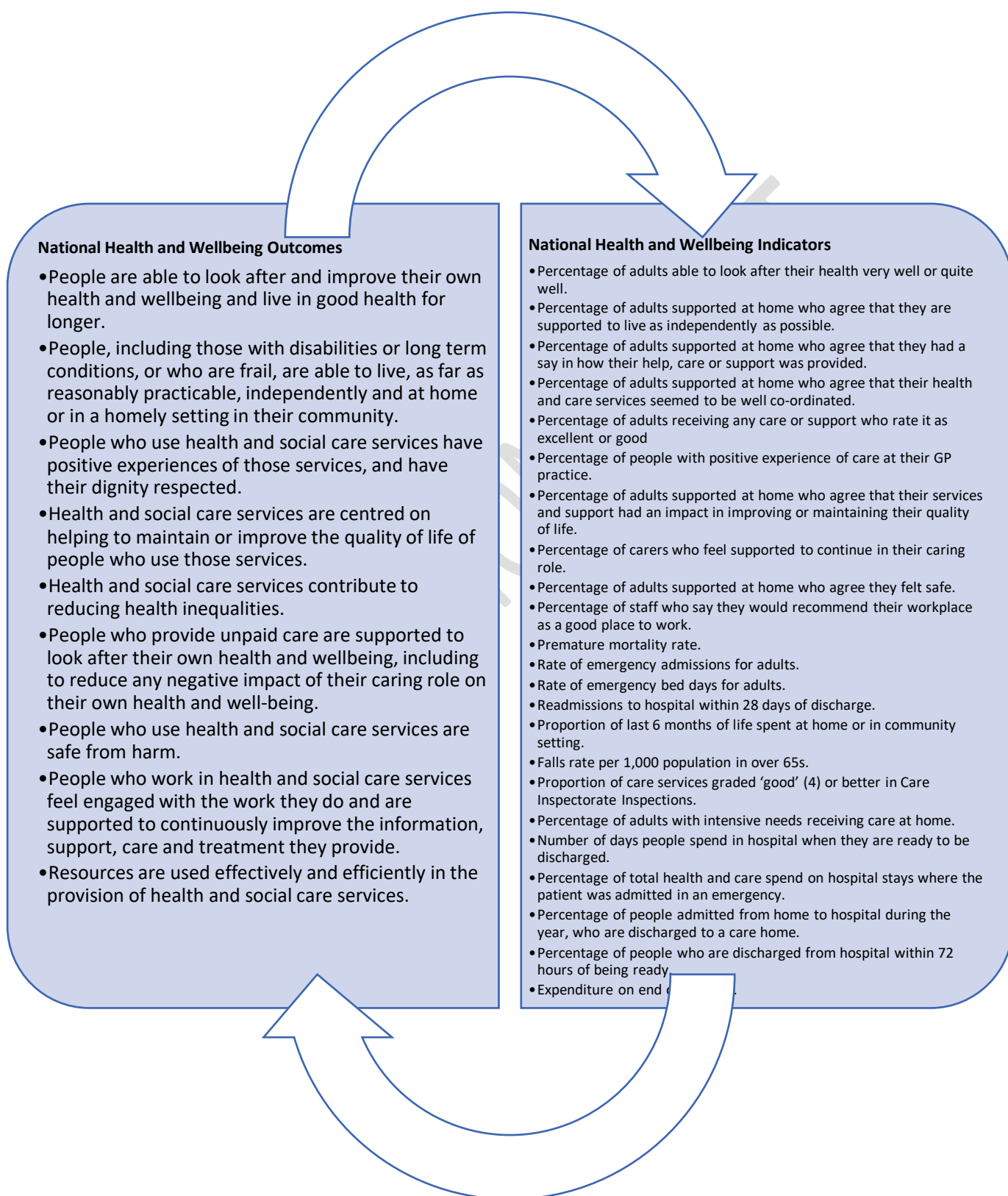
****Please note that additional information about levels of need and demand is to added the three points above****

Until the new Local Housing Strategy is written, Neighbourhood Services and the IJB will continue to work together to tackle these issues. Some of the most important things they will focus on are:

IJB Strategic Priority	Local Housing Strategy (2019-2024) Priority
INEQUALITIES	<ul style="list-style-type: none"> • Tackling homelessness and supporting vulnerable people • Tackling fuel poverty • Housing options and homelessness prevention
SELF CARE	<ul style="list-style-type: none"> • Housing support • Particular needs housing • Housing adaptations
OPEN DOOR	<ul style="list-style-type: none"> • Housing options and homelessness prevention
PLANNING TOGETHER	<ul style="list-style-type: none"> • Housing support • Regeneration • Particular needs housing • Housing adaptations
WORKING TOGETHER	<ul style="list-style-type: none"> • Improving standards in the private rented sector

More information about the specific actions that will be taken over the next year is included in the IJB's annual delivery plan (link to be added).

Appendix 2 - National Health and Wellbeing Outcomes and Indicators



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