



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 FEBRUARY 2019

REPORT ON: STRATEGIC COMMISSIONING PLAN 2019-2022 – PROGRESS UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB5-2019

1.0 PURPOSE OF REPORT

The purpose of this report is to inform the Integration Joint Board of progress made in revising the Partnership's Strategic Commissioning Plan, and provide an opportunity for the Board to comment on the draft Strategic Commissioning Plan 2019-2022.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of the report and the progress made in reviewing the Partnerships Strategic Commissioning Plan (sections 4.2 to 4.6), including the significant contributions made by a range of stakeholders to the preparation of the draft Strategic Commissioning Plan 2019-2022 and further planned consultation activity (section 4.7).
- 2.2 Notes that the current Strategic Commissioning Plan (2016-2021) will remain in place until the replacement plan is approved by the IJB.
- 2.3 Provides comments regarding the draft Strategic Commissioning Plan 2019-2022 (Appendix 1).

3.0 FINANCIAL IMPLICATIONS

- 3.1 The draft Strategic Commissioning Plan outlines a 3 year financial framework within which delivery of the priorities will be set against. This framework will continue to be refined over the period of the plan as assumptions around cost pressures, funding levels, demographic demand and the pace of transformation become clearer. This will in turn, effect the pace of change required to deliver on the priorities.

4.0 MAIN TEXT

- 4.1 Section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Authorities within a three year period of their establishment to undertake a review of the effectiveness of their current strategic plan. Subsequent to this review Integration Authorities may decide to prepare a replacement strategic plan. In August 2018 the IJB directed the Chief Officer, following appropriate engagement and collaboration with stakeholders, to prepare a replacement Strategic Commissioning Plan for the Partnership prior to 31 March 2019 (Article VII of the minute of the meeting held on 28 August 2018 refers).

- 4.2 The process of revising the Strategic Commissioning Plan has been led by the Integrated Strategic Planning Group (ISPG). Since October last year the ISPG has dedicated their meetings to progressing the revision of the plan, with an additional development session being held in December 2018 for ISPG members and other key community planning stakeholders.
- 4.3 The process of revision has drawn on the Scottish Government's overview of the original set of plans published by Integration Authorities (published in 2016) and our own learning from the Partnership's first three years of operation. In-line with the Partnership's ongoing commitment to co-production with communities and drawing on our experience of co-producing a range of strategic commissioning statements for specific care groups over the last three years, the draft Strategic Commissioning Plan has been written primarily to meet the needs of communities, users of health and social care services, their families and carers. Consequently this means that the draft replacement plan is significantly shorter and is more accessible than the current plan. The draft plan does not seek to reflect all of the activity that the partnership will lead or participate in over the next three years, but instead sets out our most important collective priorities for transformation and improvement. The plan complements other strategic plans across the Community Planning Partnership and within the corporate bodies (NHS Tayside and Dundee City Council), emphasising the criticality of partners working together to enhance the health and wellbeing of people across all Dundee localities.
- 4.4 The draft plan sets out four priority areas for the Partnership over the next three year period:
- Health Inequalities - Health inequalities across Dundee have reduced so that every person, regardless of income, where they live or identification with a protected equalities group, has the potential to experience positive health and wellbeing outcomes.
 - Early Intervention / Prevention - Enhanced community based supports are enabling people to take greater control of their lives and make positive lifestyle choices that enhance their health and wellbeing and reduce the need for service based interventions.
 - Localities and Engaging with Communities - People can access services and supports as close to home as possible, with these services and supports responding to the specific needs of the local community.
 - Models of Support / Pathways of Care - People will live more independently at home for longer, supported by redesigned community based, person centered services.

As the Partnership works through these priorities to continue to shift the balance of care it will also embed in all areas of activity improvements in person-centred care and support and strengthened support for carers, and maintain a focus on building capacity and managing our resources effectively. The draft plan recognises the significant demographic and fiscal challenges faced by the Partnership, however sets out key principles regarding how we will utilise available resources (financial, workforce, IT and property) to achieve our vision and to maintain a focus on reducing inequalities and on early intervention and prevention.

- 4.5 Work is also underway to revise the suite of companion documents that support the Strategic Commissioning Plan. Revisions of the Housing Contribution Statement, Workforce and Organisational Development Strategy and Equality Outcomes and Equality Mainstreaming Framework are at an advanced stage and will be presented to the IJB alongside the final Strategic Commissioning Plan. The Partnership's Strategic Needs Assessment was updated in early 2018 and is already available on the Partnership website. The draft plan commits to the revision of the Market Facilitation Strategy and Participation and Engagement Strategy during 2019.
- 4.6 The draft plan has been produced in full compliance with statutory provisions relating to strategic plans (sections 29 to 39 of the 2014 Act) and supplementary national guidance. The current Strategic Commissioning Plan (2016-2021) shall remain in place until the replacement plan is finalised and approved by the IJB.

4.7 The replacement plan continues the Partnership’s existing strategic commissioning approach and draws from our continuous conversations over the last three years with communities, people accessing health and social care services, their families and with carers. A range of stakeholders from the public, third and independent sector have actively contributed to the production of the draft plan. A stakeholder consultation is currently underway (including leadership groups in NHS Tayside, Dundee City Council, the Staff Forum and Community Planning Executive Boards) and an online public consultation will be undertaken during February 2019. The draft plan will also be submitted to NHS Tayside Board and Dundee City Council, Policy and Resources Committee for feedback and endorsement of content. Key themes from these consultation exercises will inform final amendments to the draft plan prior to submission to the IJB on 29 March 2019 for approval. The final plan will be accompanied by a full Integrated Impact Assessment.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Integrated Impact Assessment. There are no major issues.

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it is for information and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

The Integrated Strategic Planning Group, Chief Officer, 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

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.

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

9.0 BACKGROUND PAPERS

None.

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Dundee Health and Social Care
**Strategic and
Commissioning Plan**

2019 - 2022



DUNDEE HEALTH AND SOCIAL CARE STRATEGIC AND COMMISSIONING PLAN 2019-2022

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1. Foreword

Welcome to our Strategic Commissioning Plan 2019-2022. This Plan sets out an ambitious programme of transformational change, building on the achievements we have made since our first Strategic Commissioning Plan was developed in 2016.

This Plan set out our broad strategic priorities for the next three years. It is not a detailed description of all past and future activity, rather it is a Plan that outlines our focus and direction. The Plan transparently describes to all Dundee citizens what we will prioritise and what successful delivery of our actions will mean for people accessing our services, their carers and our communities.

Our first plan stated that we wanted to make a difference to the lives of those who needed our support, and to achieve the best outcomes for families and communities. We also acknowledged that people are at the heart of everything we do and that our communities are unique.

Our commitment to working with the people we serve, remains unchanged. We hope you can identify from our Plan how our priorities have been shaped by our continued conversations with you, the citizens of Dundee, and our partners in Dundee City Council , NHS Tayside, third and independent sectors and others.

The many challenges facing our city are well known. Low life expectancy, too many people living in deprivation and health equality gaps between communities. We are also however an innovative, vibrant city with strong, cohesive communities and an enviable resilience of spirit. We need to build on the recent investment in the City Waterfront area and the opening of the V and A museum. Our city is entering a new era and our Plan describes a strategic direction that captures this ambitious spirit.

It is a Plan that does not shy away from the significant challenges that lie ahead, but we strongly believe that if we focus our resources in the right places, we can improve the health and wellbeing of individual people and whole communities across Dundee.

Over the next three years, we will target our resources across the following four priority areas:

1. Health Inequalities
2. Early Intervention/Prevention
3. Localities and Engaging with Communities
4. Models of Support/Pathways of Care

Our refreshed strategic priorities will maintain our focus on shifting resources from hospitals to community based care to achieve better outcomes for people and to provide easily accessed more personal support, closer to home. Delivery on the ambitions set out in this Plan will bring us closer to our vision that *each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.*

There is however no doubt that the next three years will continue to be financially challenging. We need therefore to focus our resources in a more targeted way. By doing this, we are confident we can still achieve the positive, transformational change needed to improve the health and wellbeing of our citizens. Recent key achievements such as reducing delayed discharges from hospital and improving outcomes for carers illustrate how transformation can still be delivered, despite financial constraints and increasing demand for services.

Over the next three years, we will work ever more closely with our partners to consider our collective resources and how best to use them in more joined up ways of working.

We are enormously grateful to our workforce across all partner organisations. The ideas, creativity and commitment of our workforce and the citizens of Dundee will be central to our success. We urge all those with an interest in health, social care and the wellbeing of the residents of Dundee to contribute to the delivery of our Plan and we look forward to working with partners in this.

Trudy McLeay
Chair, IJB Board

Councillor Ken Lyn
Vice-Chair, IJB Board

David Lynch
Chief Officer, Health and
Social Care Partnership

2. Introduction

2.1 Who We Are

The Dundee Health and Social Care Partnership ('Partnership') is responsible for delivering person centred adult health and social care services to the people of Dundee. The Partnership consists of Dundee City Council, NHS Tayside and providers of health and care services from across the third and independent sector. These organisations work together to provide improved, more integrated, health and social care services.

The Dundee City Health and Social Care Integration Joint Board ('IJB') is the body responsible for the planning, oversight and delivery of the Partnership's services. The IJB consists of voting members from Dundee City Council and NHS Tayside, as well as representative members who are drawn from the third and independent sector, staff, people using services and their carers. The IJB is advised by senior staff including the Chief Officer, Chief Finance Officer, Chief Social Work Officer and Clinical Advisors for Nursing, Primary Care and non-Primary Care.

In accordance with the [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) ('Public Bodies Act'), an Integrated Strategic Planning Group ('ISPG') has been established by the IJB to develop this Health and Social Care Strategic and Commissioning Plan ('Plan') to review progress against the Plan.

2.2 This Plan

This Plan describes our strategic priorities for the next three years and the key actions required as we strive towards delivering our ambitious vision for our city. The Plan provides the citizens of Dundee with an understanding of the main challenges faced by the Partnership and how we intend to prioritise our activity. It represents the knowledge we have gained through our ongoing engagement with communities, people who use health and social care services, their families and with carers. The actions that will underpin our activity are detailed in a series of strategic commissioning statements rather than in this Plan. These actions will continue to evolve alongside this Plan, co-produced along with local people.

Our Plan continues with our existing strategic commissioning approach, strengthening how we use this approach to design, develop and deliver, ever more effective services to meet the changing needs of Dundee's population.

The Plan builds on what has been achieved. It sets out what still needs to be done to ensure that we arrange services and support in a way that helps the citizens of Dundee receive the right information and support at the right time, to live life in the way they want.

The core themes and priorities of the [Health and Social Care Strategic and Commissioning Plan 2016-2021](#) were established following extensive engagement and remain very relevant today. We have embedded strategic planning groups into our everyday ways of working. These groups ensure the voices of specific interest groups are heard and understood. This Plan draws on the key themes from these groups and from national, regional and local policies.

The Partnership will monitor progress on an ongoing basis, reporting through the ISPG, to the IJB and partner bodies. This Plan is not a finite document, rather it is part of a continuing conversation with the people of Dundee and our partners. As the Partnership moves forward we will continue with our longstanding approach to planning sustainable services with Dundee citizens and local communities. We will continue to work through and local and citywide engagement structures in collaboration with partners in the public, independent and third sectors, and in local communities, over the lifetime of the Plan.

2.3 In Summary

Joint working and the effective co-ordination of services across all the key strategic partnerships, including the NHS, third and independent sectors, Community Planning, Children and Families, Community Justice, Neighbourhood Services and Public Protection¹, is essential to the integration of service delivery for individuals, their carers and communities across Dundee.

Health and social care supports and services are already supporting the citizens of Dundee to live longer, increasingly in their own homes and communities. However, more people are also living with increasingly complex needs and we are experiencing a protracted period of challenging public finance; it is therefore

¹ In Dundee our public protection grouping includes the strategic groups with responsibility for the protection of adults and children who are at risk and those tackling violence against women, substance misuse and suicide prevention, as well as for the management of serious violent and sex offenders and responses to humanitarian protection.

understandable that the shape and sustainability of health and social care are in the spotlight. This Plan provides Dundee citizens with a candid insight into the substantive challenges we continue to face within Dundee and how we are working in partnership with Dundee City Council, NHS Tayside, the third and independent sectors, specific interest groups, communities and other partners, to address these challenges.

This Plan is a critical companion document to other substantive plans such as the [City Plan for Dundee 2017-2026](#). Success can only be assured through continued longstanding working with partner organisations. As a Partnership we are emboldened by the new vibrancy felt across the city and we are determined to play a significant role in realising the full potential of each Dundee citizen through enhancing individual health and wellbeing.

3. Vision and Ambition

Our vision for health and social care in Dundee was initially set out in the Partnership’s **Health and Social Care Strategic and Commissioning Plan 2016-2021**:

Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life

The vision sits alongside Scotland’s long term aim for people to live longer, healthier lives at home or in a homely setting. Scotland’s [National Health and Wellbeing Outcomes](#) guide our work, with activity since 2016 concentrated across eight strategic priorities. Figure 1 below demonstrates the relationship between these strategic priorities and the **National Health and Wellbeing Outcomes**:

Figure 1

NATIONAL HEALTH AND WELLBEING OUTCOMES	DUNDEE STRATEGIC PRIORITIES								
		1. Health Inequalities	2. Early Intervention / Prevention	3. Person Centred Care and Support	4. Carers	5. Localities and Engaging with Communities	6. Building Capacity	7. Models of Support / Pathways of Care	8. Managing our Resources Effectively
	1. Healthier living		X	X					
	2. Independent living		X	X	X			X	
	3. Positive experiences and outcomes	X	X	X	X	X	X	X	X
	4. Quality of life	X	X	X	X	X	X	X	X
	5. Reduce health inequality	X				X	X		
	6. Carers are supported				X				
	7. People are safe	X	X	X	X	X	X	X	X
	8. Engaged workforce			X				x	X
9. Resources are used efficiently and effectively						X	X		

Our vision recognises that the demands for health and social care and the environments in which it will be delivered will be profoundly different in future years, including:

- the proportion of people aged over 75 in Dundee – who tend to be the highest users of health and social care services – will increase significantly;
- the continuing shift in the pattern of illness towards long term conditions, particularly with growing numbers of older people with multiple conditions and complex needs such as dementia;
- an increasing population of younger adults (under 65) who have complex health and social care needs, often related to substance misuse and poor mental health;
- an increase in number of hours carers will be caring due to the increasing populations of people affected by long term conditions, frailty and complex needs;
- an enhanced focus on population wide public health responses to health and wellbeing issues such as obesity, mental health, smoking cessation and substance misuse; and
- need for more community and family based supports, including provision of services by the Partnership, third and independent sectors, during a period of sustained financial pressures.

As a Partnership we have made significant advances towards achieving our vision, some of which are highlighted later in this Plan. We are operating in a much more integrated way with our partners. We have made additional investment in early intervention and prevention and we are making positive strides in expanding the effectiveness of primary care to ensure that we deliver as much integrated health and social care as locally as possible. We are particularly proud of our achievements in getting people back to their home from hospital, as soon as is appropriate, through our work to shift the balance of care towards community based services and resources.

We recognise however that our journey has only just begun and the ambition described in our vision has yet to be fulfilled. The pace of transformational change required to improve the health and social care outcomes for the people of Dundee will need to be accelerated over the lifetime of this plan.

The vision established in 2016 for our city remains as relevant for this new Plan and will continue to direct our priorities over the next three years.

Alongside our partners, we will work towards our collective vision by:

- providing citizens with the opportunity to improve their wellbeing, to lead an active healthy life and to make positive lifestyle choices;
- supporting communities to address the impact inequalities has on the health and wellbeing of our citizens;
- investing in early intervention and prevention approaches that are designed to prevent health and social care needs escalating, including prioritising such approaches to those people who are at most significant risk of poor health;
- supporting individuals to make informed choices on living and dying well, and in a place of their choice at the time of end of life care;
- developing outcome focused and asset based approaches which are co-produced with individuals, carers and communities;
- working with our partners, particularly Children and Families Services, to address the needs of people at risk of harm;
- taking a fair and transparent approach to how resources are allocated to ensure investment is made where health and social care needs are greatest;
- maintaining a confident, professional and valued workforce; and
- measuring and reporting our performance on an ongoing and transparent basis.

We look forward to creating a more hopeful and positive future for Dundee citizens by taking a whole systems approach. Our vision however can only be realised by working with all partner organisations, tapping into our collective strengths and creating a cohesive response to the significant health and social care challenges faced across our city. We need to be both bold in our actions and realistic in what is achievable. Resources are limited and we need to therefore work collaboratively with local people, communities and partner organisations, embracing a culture of shared resolve, continuous improvement and innovation.

The **City Plan for Dundee 2017-2026** sets out the wider economic, environmental and social aspirations for Dundee. The transformation and renewed vibrancy of the Dundee Waterfront is testament to how our city can change when partners come together with common purpose. The vision set out in the **City Plan for Dundee 2017-2026** is:

Through Our Partnership, Dundee:

- will have a strong and sustainable city economy that will provide jobs for the people of Dundee, retain more graduates and make the city a magnet for new talent;
- will offer real choice and opportunity in a city that has tackled the root causes of social and economic exclusion, creating a community which is healthy, safe, confident, educated and empowered;
- will be a vibrant and attractive city with an excellent quality of life where people choose to live, learn, work and visit.

Building on the momentum of the **City Plan for Dundee 2017-2026** and other recent transformational local health and wellbeing strategies, there is no better time to reinvigorate our vision for health and social care across Dundee.

4. About Dundee: Demographic Context

4.1 Introduction

Dundee is Scotland's fourth largest city. Like many densely populated cities, Dundee faces a number of serious and pronounced health and social challenges, including reduced life expectancy and higher levels of long term health conditions, teenage pregnancy, domestic abuse, drug and alcohol misuse and imprisonment. These are longstanding challenges, which correlate to the levels of deprivation across the city.

An understanding of communities and people across Dundee is therefore vital in the planning and provision of health and social care services. This section provides a summary of the Dundee population profile and the potential impact on health and social care services, highlighting the challenges that need to be addressed.

Dundee covers the smallest land area of any council in Scotland, with the second highest population density. Studies indicate that higher levels of population density can increase anxiety levels and life satisfaction.²

4.2 Population

The mid 2017 population statistics from the National Records of Scotland confirmed Dundee's population was 148,710³, with a further 22,000 people living outside the city who are registered with Dundee GP practices.

Dundee's population increased by 0.3% over the previous year, slightly lower than the all Scotland population increase of 0.4%. In line with the overall Scottish population, Dundee experienced a slight reduction in the local population, but a 0.4% increase in inward migration.

The proportion of people in each age band in Dundee is generally similar to the rest of Scotland, with the distribution of those under 16, working age and pensionable age broadly similar. It is noteworthy however that the proportion

² [How does where you live affect your wellbeing? The Knowledge Exchange blog](#)

³ [Mid 2017 population estimates Scotland – National Records of Scotland](#)

of people in Dundee aged 19 – 27 is 5% higher than the all Scotland average, which in part reflects the student population resident within the city.

Dundee like the majority of Scotland, has a higher proportion of females (51.8%) to males (48.2%).

The city has a higher proportion of people with one or more disability in comparison to Scotland overall. There is also considerable variation between the eight locality areas in Dundee with East End, Lochee and Coldsides having a higher proportion of people with one or more disability. East End, Lochee and Coldsides have a higher prevalence of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment. (source: 2011 census).

Population projections for Dundee to 2026 show minimal population growth (0.7%), while Scotland's overall population is forecast to grow by 3.2%⁴. Looking further ahead to 2041, Dundee population growth is predicted to continue to lag behind Scotland overall (1.4% versus 5.3%).

4.3 Life Expectancy

Across Scottish councils, Dundee has the second lowest life expectancy. Female life expectancy in Dundee is 79.6 versus 81.1 across Scotland. The gap in male life expectancy is greater, with male life expectancy in Dundee currently 74.5 compared to 77.1 across Scotland.⁵

Across Dundee, life expectancy gaps however increase more dramatically when overlaid with the levels of deprivation experienced. Life expectancy of a female who lives in one of the least deprived areas of Dundee is over ten years more than a male who lives in one of the most deprived areas. While life expectancy is increasing across Dundee and at a faster rate in the least deprived areas, there is still a cohort of people who die prematurely.

4.4 Deprivation

Given these stark variants in how long a person lives and critically how long they live healthily, Dundee needs to invest resources where deprivation is at its most pronounced.

⁴ [Population projections for Scottish areas \(2016 based\) – National Records of Scotland](#)

⁵ [Life expectancy for administrative areas within Scotland 2014/2016 – National Records of Scotland](#)

Deprivation is a deep-rooted and complex web of factors that manifests itself in lower attainment in education, less income, poorer physical and mental health, increased family breakdown and higher levels of drug and alcohol abuse.

37% of Dundee's population is living within the 20% most deprived areas across Scotland, with only 15% of Dundee residents living within the 20% least deprived areas. The levels of deprivation are even more glaring when they are viewed across the eight Dundee localities. More than half of those living in East End, Coldside and Lochee live in the 20% most deprived areas in Scotland, with all three localities suffering from high levels of income and employment deprivation, as well as poor levels of health and housing.

Research looking at how much deprivation impacts on life expectancy between Glasgow and other Scottish cities concluded that over 90 % of premature death could be explained by deprivation. The study confirmed that tackling deprivation should "reduce the health inequalities that exist".⁶

The Scottish Index of Multiple Deprivation recognises the interconnectedness of socio-economic factors, with the Index incorporating seven domains - income, employment, health, education, housing, access and crime. All domains of deprivation need answers and solutions and this Plan should be seen as part of a whole systems response.

4.5 Health Inequalities

Our knowledge of the variant levels of deprivation across Dundee is critical as we plan for the future provision of health and social care services. Deep rooted deprivation is closely linked to health inequalities.

Action on health inequalities requires action across all the social determinants of health. To address health inequalities in Dundee will require actions that involve growing the availability of quality employment and housing and strengthening education. While this Plan can only ever be part of a wider, concerted effort to reduce health inequalities, it is an important piece of the complicated jigsaw of actions.

⁶ [How much of the difference in life expectancy between Scottish cities does deprivation explain?](#)

An illustration of the health inequalities which exist between people living in the most and least deprived areas is shown clearly in the incidence of lung cancer. Registrations of people diagnosed with lung cancer are almost three times higher in the most deprived areas of Scotland when compared to the least deprived areas⁷. The level of Chronic Obstructive Pulmonary Disease (COPD) related hospital discharges provides even greater evidence of the health inequalities that exist, with the incidence of COPD hospital discharges in the most deprived areas ten times that of the least deprived. This is most likely attributed to the historical smoking rate differences between the most and least deprived areas.

Health and wellbeing is known to vary by deprivation. Smoking, unhealthy diet, the consumption of excess alcohol and recreational drugs are more prevalent in the most deprived localities.

Dundee has the 3rd highest prevalence of substance use in Scotland. There are an estimated 2,900 problem drugs users in Dundee; 1,700 are male and 1,200 are female. This represents a ratio of 59% males: 41% females, which is significantly different from the average Scotland ratio of 70% males: 30% females.

A clear inequality exists in drug related hospital discharges with the rate of drug related discharges being 20 times higher in the most deprived areas.

Between 2013 and 2017, an average of 37 drug related deaths occurred each year in Dundee, representing a death rate of 0.25 per 1,000 of population, and the highest rate across Scotland. Both locally and nationally the number of drug related deaths has increased markedly over the past decade and is of significant public health concern.

⁷ [Cancer statistics – ISD Scotland](#)

One example of how we have been working to tackle health inequalities associated with substance misuse within specific localities is the Lochee Hub. Located at the heart of the Lochee community, this hub provides sustainable, secure, respectful, friendly, open and accessible resources that are valued and supported by local people. This includes 'Stay and Play' for parents and children, advice and advocacy for housing and benefits, support to tackle substance misuse and recovery, support for carers, employment support, access to food banks, and peer support.

Staff and volunteers work together to provide activities and services that are open and easily accessible for all. The hub has adopted a whole-family approach, to improve families' experience of services and enhance their outcomes.

There is a strong link between deprivation and alcohol related harm, with individuals from the most deprived areas accounting for four times the rate of A&E attendances.

A further illustration of the health inequalities that exist between the least and most deprived areas of Dundee can clearly be seen in the higher incidence of domestic abuse.

Dundee has the 2nd highest incidence of domestic abuse per 10,000 population, 40% higher than the rate across all Scotland⁸. Given this, Dundee has a clear focus through the Violence Against Women Partnership on addressing domestic abuse as part of a wider response to Public Protection. This includes initiatives such as Safe and Together and the Caledonian Programme which aim to enhance the accountability of male perpetrators of domestic abuse and improve the lives of women and children affected.

The suicide rates in Dundee per 100,000 is 29.2 for males and 19 for females for the period 2013 - 2017. Males in Dundee have the second highest suicide rate in Scotland.

⁸ [Domestic abuse recorded by the Police in Scotland, 2016-17](#)

4.6 Further Information

Further information about Dundee's demographic context and health and social care needs, including how these vary across localities, can be found in our [Strategic Needs Assessment](#) and accompanying **Locality Needs Assessments**.

5. Our Achievements

5.1 Introduction

The Partnership's statutory annual performance reports set out in detail the progress we are making on a daily basis to improve the health and care of Dundee residents and ensure we live as fulfilled and independent lives as possible. The [Annual Performance Report 2017-2018](#) provides a comprehensive insight into the many achievements of the Partnership in its second year of operation.

It is gratifying that Dundee citizens rate their experiences of health and care services very highly. Against most health and social care integration indicators, the people of Dundee express greater satisfaction with local services than the average results across Scotland. Examples of high performing areas for the Partnership include ensuring people feel supported to live as independently as possible, ensuring services are well coordinated and services are maintaining or improving quality of life.

While this Plan quite rightly centres on what more we must do as we move forward, it is useful to reflect on how far we have come since our formation. Over the last three years we have learned that when we focus our resources and commit to a whole systems approach to improvement, we can make substantive progress. We have also learned that positive outcomes are achieved when we co-produce solutions with people who use services, their families and carers. This is best demonstrated by shining a light on two of our achievements:

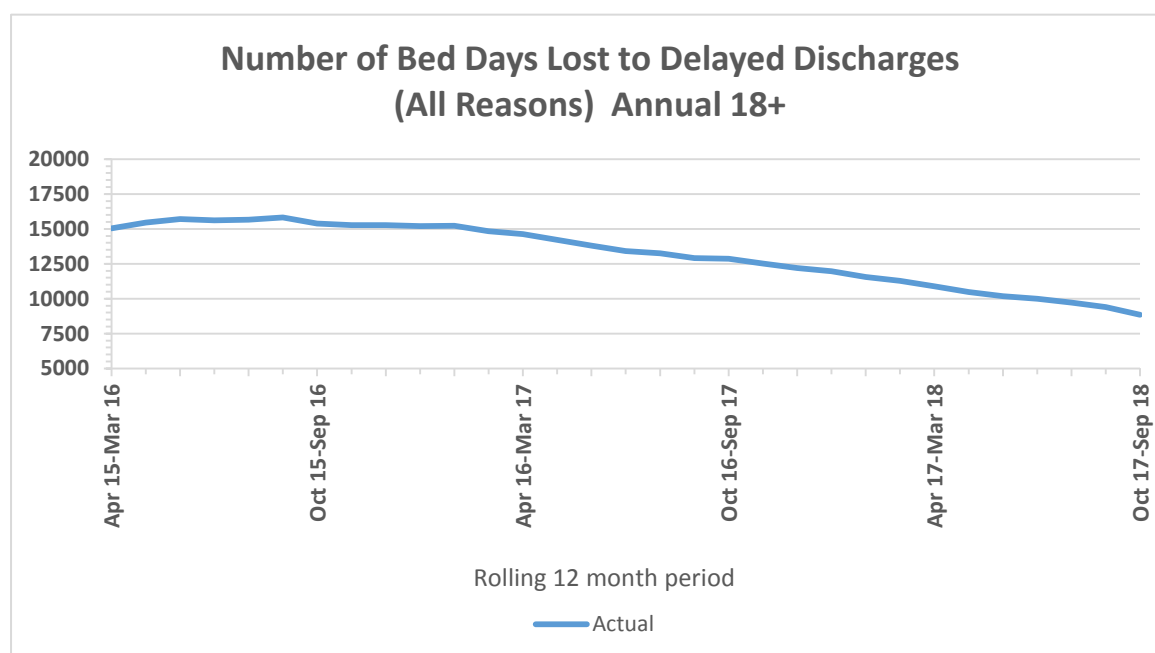
- our progress in reducing the impact of delayed discharge and the length of time people spend in hospital after being admitted in an emergency; and
- our unwavering commitment to recognising the critical importance of carers to delivering on our organisational vision.

5.2 Discharge Management

Across the health system in Scotland, people can often be delayed in hospital as they wait for the right support to return home. Agreeing that a person is fit for discharge, as well as coordinating a support package and enabling carers to be part of discharge planning can be complex and time consuming. Delays can occur when a person is awaiting assessment, care packages, housing, care home or nursing placements (these are known as standard delays). There is also recognition that there are some patients whose discharge will take longer to arrange, such as patients delayed due to awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate or where an adult may lack capacity under adults with incapacity legislation.

All delays have the potential to negatively impact on the person experiencing the delay, their carers and family members. Longer stays in hospital are associated with increased risk of infection and poor mental health, which can increase the chances of readmission to hospital. Delays in discharging patients can sometimes affect the flow of patients through a hospital meaning that beds may not be available for new admissions, with [consequences](#) for waiting times in accident and emergency departments and for planned surgery. This can then impact on cost of hospital care.

In terms of Partnership performance, following a series of concerted initiatives and investment, we have shown a sustained reduction in discharge delays:



The Partnership is proud of its achievements in reducing hospital delayed discharges. Our successes have only been possible by all partners taking a whole systems approach and working collaboratively to deliver better outcomes for Dundee residents. The Partnership has targeted investment in several programmes and projects with the single, conscious objective of ensuring that when people do have to go to hospital they are only there as long as they need to be.

As well as offering additional care at home placements, a Home Care and Resource Matching Unit has increased the efficiency of care at home services. Step down resources have been increased to offer people intermediate care if they need that before returning home. The Integrated Discharge Hub provides a single route for referrals and response to discharge activity, reducing duplication of activity between social work and health services. We have improved the effectiveness and efficiency of assessments for home adaptations and provision of aids for daily living. By increasing mental health officer resources, we have reduced the time taken to review power of attorney and guardianship requests, further streamlining person centred discharge planning.

Our integrated approach to reducing delayed discharges clearly demonstrates that long term challenges can be turned around successfully with the necessary focused response and investment. Our work however is not complete and we plan to introduce improvement actions to enhance our performance further, particular for people aged 18 to 74 who have a complexity of needs.

5.3 Carers

The Partnership recognises the critical contribution that carers make in supporting people they care for and the vital place that carers have in communities across our city. According to the Census 2011, there were around 13,000 carers in Dundee providing support to family or friends who are older, disabled or seriously ill. This equates to approximately 1 in 9 people being carers within Dundee.

Carers face unique challenges and experiences. Local carers tell us that the nature of their caring role means that they often focus on someone else's needs to the detriment of their own, causing negative impacts on their own health and wellbeing. Despite having experience of the needs of the person they care for, carers can sometimes be overlooked when support plans are developed. Carers have told us that want to tell their story only once and not have to repeat it each time they meet different people. They also tell us supports must work better together and should be more flexible to suit the circumstances of both the person cared for and the carer.

We are however making significant progress in working with and supporting carers of all ages in their caring role in our local communities. In 2017, the Dundee Carers Partnership produced, the **Dundee Carers Strategy – A Caring Dundee**. Carer voices were key to how the strategy developed, with a carer noting that *“I feel that things are moving in the right direction for carers. We now have a voice – let's make sure it continues to be heard and acted upon”*.

The carers strategy sets out how we will achieve our vision for:

A Caring Dundee in which all carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring.

The strategy, developed with local carers, is acting as a beacon for a range of actions being taken forward by the Partnership to improve the lives of Dundee carers.

“It’s all about the Break” scheme initially developed as a pilot to support people who use mental health services and their unpaid carers to access new types of short breaks more suited to their needs has since become a mainstream service. The success of the service has been demonstrated by the increasing referral rates and the number of short breaks provided to carers, as well as in the positive personal outcomes achieved by people using services and their carers. The variety of ways in which carers request their breaks also continues to widen.

In partnership with the Dundee Carers Centre, and others, we are further strengthening our focus on the health of carers, through increased promotion of wellbeing checks for carers through the Keep Well Team. Carer feedback has been very positive of the added value of this support. As with the short breaks scheme, referral rates for health and wellbeing checks are increasing.

A major focus for the Partnership to further enhance experiences for carers has been the local implementation of the **Carers (Scotland) Act 2016**, which came into effect in April 2018. Some key activities recently undertaken to fulfil our duties included:

- the provision of learning and development activities for our workforce and partners to enhance their understanding of carers and the Act;
- further developing, with the Dundee Carers Centre, locality models for supporting carers within the service delivery area in which they live;
- creating and delivering a ‘Carers of Dundee’ website and carers factsheets to provide information and advice for local carers and professionals; and,
- introducing a Carers Interest Network to involve practitioners across health, social care, third and independent sector in developing coordinated approaches to supporting carers.

As a Partnership we have taken some big steps to recognise the invaluable and unrivalled contribution carers make in our communities and we are pleased with our expanding range of services, supports and information specifically designed for carers, with carers. We recognise however that there is much more that needs to be done as we work towards delivering **A Caring Dundee**. We have learned that working alongside carers needs to be a mainstream activity across all areas of the Partnership and embedded in everything that we do.

6. Strategic Priorities

6.1 Introduction

When we developed the first strategic plan, we outlined the case for change based on a comprehensive analysis of need, demographics and available resources. We stated that this would involve a process of investment towards some areas of service and disinvestment in others, with resources deployed towards a more preventative and integrated community based approach.

From this we developed a set of eight strategic priority areas, based on our vision, our strategic needs assessment, the case for change, the views of our citizens and partners and the nine **National Health and Wellbeing Outcomes**.

These strategic priorities were:

1. Health Inequalities
2. Early Intervention/Prevention
3. Person Centred Care and Support
4. Carers
5. Localities and Engaging with Communities
6. Building Capacity
7. Models of Support/Pathways of Care
8. Managing our Resources Effectively

We have made significant progress in pursuing a series of actions under each of these priorities. It is now time to review how far we have come in achieving our vision for the citizens of Dundee. As part of our continued conversation with our stakeholders, including people using services and their carers, we have asked ourselves:

- How successful have we been?
- How do we build on what is working well?
- What do we need to do differently to achieve better outcomes for people?
- Can we resource what we would like to do?

By asking ourselves these questions, we have refined and reframed our priorities for the next three years (2019-2022). While we believe that the priorities established in 2016 are still important, we have learned from our models of success, such as how we are reducing delayed discharges, improving outcomes for carers and improving services for older people, that if we focus our attention and resource in a more targeted way, we can achieve transformational change much more quickly.

With this in mind, we are targeting our resources in this Plan to respond to the following four priority areas:

5. Health Inequalities
6. Early Intervention/Prevention
7. Localities and Engaging with Communities
8. Models of Support/Pathways of Care

We will continue to drive positive improvements in Person Centred Care and Support, strengthen support for Carers and ensure a sustained focus on Building Capacity and Managing our Resources Effectively. Rather than having these elements viewed as separate from mainstream activity, we will now embed these as an integral part of how we progress our four refreshed strategic priority areas.

The four refreshed strategic priorities will help us maintain focus on improving outcomes for the people of Dundee. This means bringing change at different levels across the whole system to care for more people in the community. This will bring a shift in resources from hospitals to community based care to achieve better outcomes for people and to provide easily accessed more personal support, closer to home.

This requires us to ensure a shift in:

- **Location** – a move from acute hospital setting to more community based provision, this also includes the development of information systems and workforce capacity that are critical supports for community based services
- **Responsibility** – as we provide more care and treatment in the community professionals and staff will be required to develop their skills, expertise and roles and to work alongside communities to build capacity for care through wider community services and supports

- **Prevention** – care and treatment to prevent or delay more intensive and expensive interventions - by increasing the rate of health improvement particularly in deprived communities by anticipating and addressing the need for care at an earlier stage.

The implementation challenges involved in shifting care out of hospital are considerable, and we acknowledge that more needs to be done to narrow the gap between resources available and demand. Our commissioning intentions as detailed in our refocused strategic priorities will help us bring resources closer to communities.

6.2 Triple Aim

In each of our four strategic priorities we will focus on the ‘triple aim’ as set out in the Scottish Government’s **Health and Social Care Delivery Plan**. The triple aim can be summarised as:

- **‘Better Care’** - improving the quality of care by targeting investment at improvement and delivering the best, most effective support;
- **‘Better Health’** - improving health and wellbeing through support for healthier lives through early years, reducing health inequalities and focusing on prevention and self-management; and
- **‘Better Value’** – increasing value and sustainability of care by making best use of available resources, ensuring efficient and consistent delivery, investing in effectiveness, and focusing on prevention and early intervention.

6.3 Strategic Priority 1 - Health Inequalities

Our Ambition: Health inequalities across Dundee have reduced so that every person, regardless of income, where they live or identification with a protected equalities group, has the potential to experience positive health and wellbeing outcomes.

Health inequalities are preventable and unjust differences in health status experienced by certain population groups. We know that people who live in areas of deprivation have significantly poorer health and live shorter lives. This is evidenced in Dundee, where a disproportionate amount of people affected by substance misuse and long term physical and/or mental conditions live in our most disadvantaged communities.

As well as considering the impact of deprivation on health inequalities, we also need to consider the specific challenges experienced by people who belong to protected equalities groups.⁹ We know that people with protected characteristics can find it difficult to access health and social care services and/or have a poorer experience of their care, often compounding or contributing to poorer health outcomes.¹⁰ Our Equalities Outcomes and Mainstreaming Equalities Framework sets-out our priorities for addressing equality issues.

Dundee has a long history of innovative activity to reduce health inequality across the city. At the time of the first plan we undertook to build on this activity. We understand however that closing the gap on health inequalities will require the concentrated efforts and skills of many statutory, third and independent sector organisations. Partnership activities will only ever form part of a much larger and necessary tapestry of joined up thinking.

⁹ Protected characteristics under the Equality Act 2010 are: age; disability; sex; gender reassignment; pregnancy and maternity; sexual orientation; marriage and civil partnership; religion, belief or lack of religion / belief; and, race.

¹⁰ Scottish Better Together Survey Patient Survey Programme

Key Achievements over 2016-2018

We have taken the following positive steps to improve health equity in the localities in Dundee where there are the most people with the greatest needs:

- redesigned more integrated substance misuse and mental health services to make it easier for individuals and communities to access services;
- developed health inequality sensitive practice amongst health and social care staff, including training more than 1,600 staff to better utilise prevention focused interventions and social prescribing approaches;
- invested in community link workers and other “social prescribing” activity;
- supported initiatives such as the review of Dundee Fairness Strategy and contributed to the Dundee Drugs Commission;
- implemented a multi-agency approach to supporting refugees;
- become a test site for nutrition in communities to support people to eat more healthily and manage weight and have funded and supported voluntary groups to deliver exercise programs in the community;
- invested in programs of peer support across mental health, drug and alcohol and older people services;
- developed a range of GP based services including welfare benefits, listening services and social prescribing; and
- supported the roll out of the Recovery Friendly approach in Dundee’s communities.

Our work to address health inequalities has already had some encouraging results. For example, we have reduced the variation in performance between the most and least deprived areas of Dundee in key health and social care indicators such as emergency bed days, delayed discharges and readmissions within 28 days.

Action Points 2019-2022

Over the next three years, we will further embed our response to reducing health inequalities by:

- developing community health and care centres, community hubs and other models of local service delivery to bring a range of assessment and treatment services to local communities and enhance the accessibility of services and supports;
- aligning our services to support communities experiencing most health inequalities;
- developing a city wide approach to social prescribing and enhancing the skills of staff to use social prescribing approaches in their practice;
- making better use of community resources such as libraries and community pharmacies to promote health and wellbeing, improve accessibility and tailor services to community need;
- changing the approach to employment support to increase employment across marginalised groups;
- working with our partners to support the development and rollout of strategies which help reduce health inequalities, for example the Tayside Public Health Strategy and Dundee City Plan; and,
- developing the way in which we measure and report differences between service use and outcomes for people who experience health inequalities and in the general population of Dundee.

As a Partnership, we have a collective determination to reduce the current health inequalities across our city. We are confident that taking forward the above actions, alongside the critical work of our partners, the health inequality gap experienced by people from protected characteristic groups and from those living in our most deprived areas will have reduced further by 2022.

6.4 Strategic Priority 2 - Early Intervention and Prevention

Our Ambition: Enhanced community based supports are enabling people to take greater control of their lives and make positive lifestyle choices that enhance their health and wellbeing and reduce the need for service based interventions.

By working with people earlier, we can reduce the incidence and impact of ill health and need for social care and target our resources more effectively. It is a difficult choice to prioritise prevention and early intervention when resources are limited. We believe however that a focus on prevention and early intervention is a positive choice which can help offset the need for more intensive or acute involvement at a later date. It is by prioritising early intervention and prevention that we improve outcomes in the longer term, manage demand and release resources. A positive illustration of one of the Partnership's recent successful early intervention and prevention programmes is our work promoting mental health recovery:

To advance mental health recovery in Dundee, the Partnership and the Scottish Recovery Network launched a new initiative called "Making Recovery Real" (MRR).

MRR has placed lived experience of mental health at the centre of all activity, with the understanding those who use services/supports are best placed to design them. In so doing MRR has been able to develop a strategic vision for recovery in Dundee, which is entirely person centred and focuses on improving the experiences and outcomes for people using mental health services/supports.

Extensive and ongoing engagement over the life of the project has told us what best supports recovery is: being heard and understood, particularly by others who have lived experience, sharing recovery stories and being able to support others who have similar experiences.

In the 3 years that MRR has been in place in Dundee we have: created films and workshops to help share recovery stories with the public, service providers, and decision-makers, held events to share the learning and delivered peer to peer training courses.

The work of MRR has resulted in: the creation of more peer recovery roles, both voluntary and paid positions in a variety of settings and the establishment of a

Peer Recovery Network for mutual support and ongoing development. Of the 24 peer graduates who have undergone the peer training six regularly deliver story sharing workshops and participate in events; five have progressed into further training or personal development courses, five have taken up volunteering opportunities, three have gone on to University courses, and three are now in employment.

Our approach to early intervention and prevention must also recognise the critical need to work closely with Community Planning Partners to implement agreed priorities from the **Tayside Plan for Children, Young People and Families**. Improving the health and wellbeing of children and young people, through whole system family based approaches, has the potential to significantly reduce the health and social care needs of the future adult population. This work includes working through Dundee's Protecting People approach to address the impact of trauma experienced in childhood due to experiences such as domestic abuse, parental substance misuse and neglect, and support recovery in the adult population. We also recognise the important role that the Partnership has as a corporate parent in responding to the needs of looked after children and young people, particularly in providing health and social care supports to care leavers until the age of 26.

Key Achievements over 2016-2018

We have pursued a range of successful initiatives to deliver earlier interventions and expand preventative services. Some of our achievements to date include:

- developing and increasing the capacity of money advice services to support prevention;
- developing a programme of co-designed, person centred activities to support mental health recovery in line with the 'Making Recovery Real' initiative;
- co-producing development of supports to young carers along with Dundee Carers Centre and Children & Families;
- implementing pre – exposure prophylaxis to contribute to a reduction in HIV;
- introducing physiotherapists in GP practices as part of primary care transformation programme;
- developing a single referral community rehabilitation pathway across social care, occupational therapy, community rehabilitation and enablement services;
- testing a model of direct access to substance misuse services;

- developing shared priorities with Community Planning partners as part of the Tayside Plan for Children, Young People and Families; and
- establishing with our Public Protection partners, a Transforming Public Protection Programme to enhance leadership and quality of service provision for people at risk.

These actions are ensuring that our services are becoming more efficient, person centred and more easily accessed as early as possible by the people who need them most.

Actions for 2019 - 2022

We will build on our achievements and maintain our focus on prevention and early intervention by having a focus on **Asset Building, Promoting Health and Wellbeing, Improving Service Redesign and Access to services**, and consolidating our approach to **Public Protection**.

Part of the priority on early intervention and prevention is how we increase the capacity of people, families and communities to find the right support for themselves. We will focus on **Asset Building** by:

- optimising people's opportunities to contribute to their families, their community and to the city;
- supporting individuals to maximise their financial situation through work, access to learning and access to the benefits they are entitled to;
- working collaboratively with Children and Families Services and Criminal Justice Services to support families to understand their strengths;
- building capacity within the third sector to identify and meet needs in our communities that support people to live full and healthy lives;
- building on current engagement methods to identify community need and initiatives and further develop community capacity; and
- refreshing the Community Capacity Building Strategy and agree resources to implement and support further development.

We will **promote health and wellbeing** by:

- working with community health networks to promote and support positive health changes;

- engaging people around health and wellbeing, to increase self-care, and avoid longer term ill health through a range of models at an individual level and community level;
- developing services and supports to reduce isolation and loneliness which connect individuals to others, supporting positive mental and physical health; and
- developing approaches that support life style changes to improve health and address our key priorities of tackling obesity, improving mental health and wellbeing and reducing reliance on substances.

We will improve **service redesign and access to services** by:

- developing community health resources within neighborhoods in line with developments across primary care services;
- developing community rehabilitation and enablement approaches which integrate pathways and further develop access to services by communities;
- expanding the Enhanced Community Support Multidisciplinary Team for each G.P. cluster in line with Reshaping Non Acute Care Programme, to ensure individuals receive the appropriate health support at the right time;
- supporting health and social care staff to identify community resources and to sign post/support individuals to access these resources;
- ensuring care pathways, including in practices, are person focused not condition focused, and what matters to the individuals is reviewed, using a collaborative conversation;
- redesigning for chronic pain pathways and develop quality prescribing for chronic pain;
- redesigning sexual and reproductive health service delivery;
- commissioning services with Children and Families Services, particularly in relation to substance misuse, mental health, obesity and parenting support;
- working collaboratively with neighbourhood services, third sector and key partners to deliver joint approaches to preventing homelessness; and
- working with our public protection partners to re-design how we respond in an integrated way to concerns about people at risk and their wider family circumstances.

Our continued commitment to early intervention and prevention is clearly demonstrated in the above actions. We believe this unwavering commitment will improve the health and wellbeing of citizens across the city.

6.5 Strategic Priority 3 - Locality Working and Engaging with Communities

Our Ambition: People can access services and supports as close to home as possible, with these services and supports responding to the specific needs of the local community.

Dundee has a strong ethos of working in partnership with its communities and the people it supports, despite several significant factors, which make the strategic planning of health and social care in Dundee a unique challenge. A number of factors significantly impact on the way in which services are accessed by the population within Dundee:

- geography of Dundee – unlike Scotland’s other major cities Dundee occupies a small geographical area (approximately 60 km²). The city’s compact size coupled with a tradition of community activism creates significant opportunities for collaboration between our workforce, communities and people using services and means that any specific sites of service delivery will be relatively accessible to the whole population;
- GP cluster areas (where GP surgeries are located) – in Dundee GP registration does not correlate with area of residence and therefore, in most instances, it cannot be assumed that GP surgeries are responding to the needs of the local population;
- administrative boundaries – services delivered by Dundee City Council, including those within Children and Families and Neighbourhood Services, are organised in relation to administrative boundaries, however these boundaries do not overlap with GP clusters; and
- definitions of community – Dundee’s communities do not necessarily identify with the locality designations ascribed to them by the Council’s administrative boundaries, with distinctive community identities existing within and across localities.

The Partnership has taken a ‘[locality model](#)’ approach to delivering services to locality areas within the city. This ensures that multi-agency services and specialist services are targeted appropriately to meet the needs of people with specific or complex care needs and their carers. This also supports a manageable communication framework for professionals and providers across localities.

The Partnership is organised into four service delivery areas, with two LCPP areas forming a single Partnership service delivery area, these are:

- Maryfield and East End;
- Strathmartine and Lochee;
- The Ferry and North East; and
- West End and Coldside.

The eight LCPPs are made up of 54 natural neighbourhoods. This can mean that the natural neighbourhoods that sit within the LCPP areas often have differing demographic, health and socio-economic profiles. In addition, people who feel they belong to a neighbourhood or locality may also identify as a member of a non-geographical community based on personal characteristics or experiences, such as people from the same ethnic background or people who are carers or extended family members.

In the first plan we identified Locality Working and Engaging with Communities as one of our eight key strategic priorities. We acknowledged that Dundee has a wide range of people with diverse needs across different parts of the city and pledged to invest in an infrastructure to support the development of locality planning and to allocate resources to implement locality plans.

Since then have worked hard with communities and our planning partners to make progress in how we understand community need and to increase the capacity to plan and deliver services across the city. We have taken a proactive approach to planning and delivering our services in localities, although we acknowledge that there is still much more work to do.

Key Achievements over 2016-2018

We have:

- Through the Engage Dundee consultation process identified and understood better the differences in community priorities for health and social care across the natural neighbourhoods that make up the city. This informed the development eight Local Community Plans, which address health and social care need in each LCPP area.
- Developed Locality Needs Assessments for each LCPP area that have helped us to better understand the specific needs of communities across the city and use this to inform service planning and improvement.

- Enhanced our performance reporting to include performance information at locality and neighbourhood level wherever possible. This is improving the transparency of our public performance reporting and supporting us to target improvement actions to addresses inequality
- Targeted resources, service planning and service delivery at LCPP and neighbourhood level, including:
 - Assessment and service delivery models in services such as Home Care, Care Management for Older People and for Adults with physical disabilities, Community Mental Health Services, Occupational Therapy and Physiotherapy.
 - A locality approach to supporting carers in Coldside and Strathmartine.
 - Testing of the Macmillan Improving the Cancer Journey Service in Coldside and Lochee
 - Health and wellbeing networks
 - Expansion of the leg ulcer clinic to different localities
 - The whole system approach to supporting children and families in Lochee.
 - An East End Health and Wellbeing Drop In Initiative offering a free drop-in service with a focus on wellbeing information, activities and support.
- We have commenced a programme of work to identify where resources are spent within locality areas in the city for some services. This work is helping us to understand how resources are currently distributed across localities.
- We have expanded the use of data to better understand how resources might need to be allocated in the future to meet changing demands for social care services, taking into account factors such as health inequalities and demographics projections.

Actions for 2019-2022

In recognition of the importance of delivering quality services to our citizens we will continue to engage with communities and focus on our programme of work in localities. Much of the work undertaken over the last three years has been focused on helping us to better understand the distinctive needs and expectations of Dundee's localities and neighbourhoods. Over the next three years we intend to specifically focus on how we structure and deliver services to respond to these needs and expectations by **Realigning Statutory Services** and **Maintaining Community Engagement**.

Realigning Statutory Services

- Continue to realign our services to the four service delivery areas in order to ensure people can access services where they are needed most. This also means increasing the level and range of services delivered in localities, in line with the Primary Care Improvement Plan and supporting the implementation of this plan and the role of GPs as 'expert medical generalists'.
- Further develop our carers locality support model to enable implementation across all localities of Dundee.

Maintaining Community Engagement

- Continue with engagement and the delivery of Local Community Plans with communities and planning partners, making sure that communication initiatives resonate across all care groups, young and old.
- Sharing data with communities to enable citizens to continue to inform the Partnership on what success should like from a citizen perspective.
- Refreshing the Partnership's Participation and Engagement Strategy to ensure an integrated approach with wider Community Planning Partners, particularly Community Learning and Development.

6.6 Strategic Priority 4 - Models of Support, Pathways of Care

Our Ambition: People will live more independently at home for longer, supported by redesigned community based, person centered services.

The focus on shifting the balance of care towards more community based models is well recognised, including in the recent Kings Fund report [Reimagining Community Services - Making the most of our assets](#) published in 2018. This report stated that *“A radical transformation of community services is needed, making use of all the assets in each local community wherever these are to be found, breaking down silos between services and reducing fragmentation in service delivery.”*

In line with this thinking, our last plan stated that we wanted to improve the way that people move between large hospitals and the community, and to redesign models of non-acute hospital-based services, re- investing in community-based services including our response to protecting people concerns. We understood that we needed more targeted and specialised residential resources and to invest in accommodation with support and day opportunities. We also needed to maximise the telehealth and telecare supports available to help people live more independently for longer.

Key Achievements over 2016-2018

As discussed earlier, several Strategic Planning Groups have developed strategic plans. These strategic plans outline how we want to improve the way we provide services and support to people in the community. These strategies clearly set a number of priorities for us to action over the next three years. These build on existing service re design which shifts the balance of care into the community.

In addition to the development of these strategies, we have:

- continued to invest in care at home services to increase capacity;
- reviewed current models of residential care for older people, disinvested in residential forms of care and increased investment in accommodation with support;

- initiated the Reshaping Non-Acute Care Program of work, which has reduced the number of hospital beds at Royal Victoria Hospital and reinvested resources released in the multi-disciplinary Enhanced Community Support Service;
- reviewed the current Learning Disability acute liaison service to develop a future model;
- redesigned our discharge models to create an integrated Discharge Hub and implemented the Home and Transition Plan to increase step down options from hospital;
- reconfigured our substance misuse services to create an integrated health and social care service and implemented a redesign of substance misuse services to enable a whole system approach to change;
- developed and commissioned additional accommodation with support houses for adults living with Mental Health difficulties and/or Learning/Autism;
- developed a Rapid rehousing transition plan, as a partnership with Neighbourhood Services, to enable a shift from use of temporary accommodation to supporting people in their own tenancy;
- developed integrated support models to enable refugees to live independently in partnership with Neighbourhood Services and NHS Tayside; and
- introduced the Caledonian Programme to work with perpetrators of domestic abuse.

Actions for 2019-2022

We want to continue to focus on the actions detailed within each of our care group strategic commissioning plans. This will help to further improve the models and pathways of care we have already developed and need to develop for the future. At the same time, we will also continue to support the work of NHS Tayside to support their work in re-designing clinical pathways across a range of service delivery areas.

We have made a commitment to person centred care and to create more flexible options around the type of care available to enhance the outcomes people experience. By remodelling integrated care and support planning we can improve the achievement of the personal outcomes that are important to each person. By furthering the development of self-directed support, we will enable people to take more direct control over their care.

There are a number of 'must dos' across all of our service developments to ensure that it is person centred:

- Sustain and continue to review staff and organisational development programmes to embed person centred practice.
- Simplify our processes and systems to make access to care and support easier.
- Further develop systems and processes to ensure standards of quality and safety and best outcomes for individuals are achieved in the provision of services.
- Invest further in the workforce to develop integrated roles, improve quality and increase capacity.
- Commission internal and external services on a locality basis.
- Increase the balance of care towards care at home services over the period of the plan.

In describing how we will continue to implement change, we have highlighted in this section the main transformation programmes which will take place over the next 3 years. Some highlighted priorities in specific areas include:

- Primary Care Transformation and Improvement Plan – modernise primary care services, with a specific focus on general practice and the introduction of the new GP contractual arrangements and the development of a multidisciplinary approach to primary care.
- Community Health Services – review the model of health interventions in the community to develop locality models which include Health and Community Care Centres, community based clinics; integrated community health and care roles and a modernized community nursing service.
- Community and Independent Living Services- remodel services to deliver an integrated model which supports early intervention, active and independent living and improved outcomes.

- Care at Home Services – remodel the in-house service to ensure it is person centred, efficient and responsive to the increasing needs of the population. Implement the tendering of commissioned services.
- Substance Misuse – redesign integrated services for adults who use substances to improve access to recovery orientated treatment services and supports and improve outcomes for people and their families. This will include a shift towards locality aligned service delivery to meet the needs of a population with complex needs and risks.
- Mental Health and Wellbeing – remodel community services by developing early intervention services and crisis care models, including services delivered from GP practice. This will build on the emerging Mental Health and Wellbeing Strategy and Suicide Prevention Strategy.
- Homelessness and Complex Needs – implement lead professional model, redesign of temporary accommodation and rapid rehousing to improve access and coordination of support and outcomes for people who have a complexity of needs.
- Sexual and Reproductive Health - redesign sexual health and reproductive services to maximise efficiency and a focus on outcomes while maintaining access to adults and young people with specialist sexual and reproductive health needs.
- Learning Disability – increase the provision of community health supports and opportunities for adults with a learning disability and/or autism to receive more personalised support in leisure, recreational and social activities, including in the evening and at weekends.
- Palliative Care – remodel specialist services and develop pathways which support a shift to community service delivery.
- Protecting People – actively lead and contribute to the implementation of the Transforming Public Protection Programme.
- Community Justice – work with the Scottish Prison Service and other partners to support the planning and delivery of the Women’s Custody Unit.

7. Digital Technology

7.1 Background

The Partnership, providers, people who use services and their carers already access and use digital technologies such as telecare, equipment and adaptations to support independent living and access health and social care information through a range of websites.

Over the next three years, we will continue to develop digital technologies to deliver more positive outcomes for people across Dundee. Digital technology will become an ever increasing enabler as the Partnership seeks to deliver on its ambition and vision, with technology playing a critical role in areas such as shifting the balance of care from the acute to primary care sector.

7.2 Dundee Smart Health and Care Strategy

We have developed a strategy on the use of technology - [Dundee Smart Health and Care Strategy](#).

This strategy will ensure that the use of technology within the Partnership will support the achievement of all four strategic priorities set out in this Plan by:

- promoting equality and social inclusion;
- addressing health inequalities;
- supporting early intervention and prevention;
- protecting people from harm;
- increasing the accessibility and efficiency of services so that people can gain the right support at the right time; and
- increasing opportunities for people to be involved in the design and development of supports and services.

To support implementation of our strategic approach to technology, we have adopted the following guiding principles:

- co-producing our developments with people who use services, carers and our workforce;
- ensuring technology is easy to access and available for use in citizens' homes and communities;

- using technology to improve outcomes for citizens and communities;
- integrating technology into system redesign so that technology is fully accessible and integrated into service delivery;
- promoting innovation and personalisation in the use of technology;
- ensuring equality in our approach so access to technology is fair, consistent and free from discrimination; and
- promoting best practice in use of technology and ensuring compliance with national standards.

7.3 Outcomes

The Partnership's focus on technology and achievement of the strategic outcomes set out in the Dundee Smart Health and Care Strategy should improve health and wellbeing, support increased independent living, engender greater personal accountability and enhance personal empowerment. Each of these positive outcomes, complements our determination to reduce health inequalities across Dundee.

7.4 Longer Term

The Scottish Parliament's Health and Sport Committee report on technology and innovation in health and social care stated that '*Digital technology has the potential to change the face of health and social care delivery.*' The Annual Report by England's Chief Medical Officer titled 2040 – Better Health Within Reach looks even further ahead, providing examples of currently available artificially intelligent health diagnostic and monitoring devices and envisages a future that includes their expanding use.

Over the longer term, the Partnership recognises it will need to radically develop the way technology is used to ensure we can provide sustainable, person centred, locally delivered services that can adapt to the city's changing demographics and financial outlook.

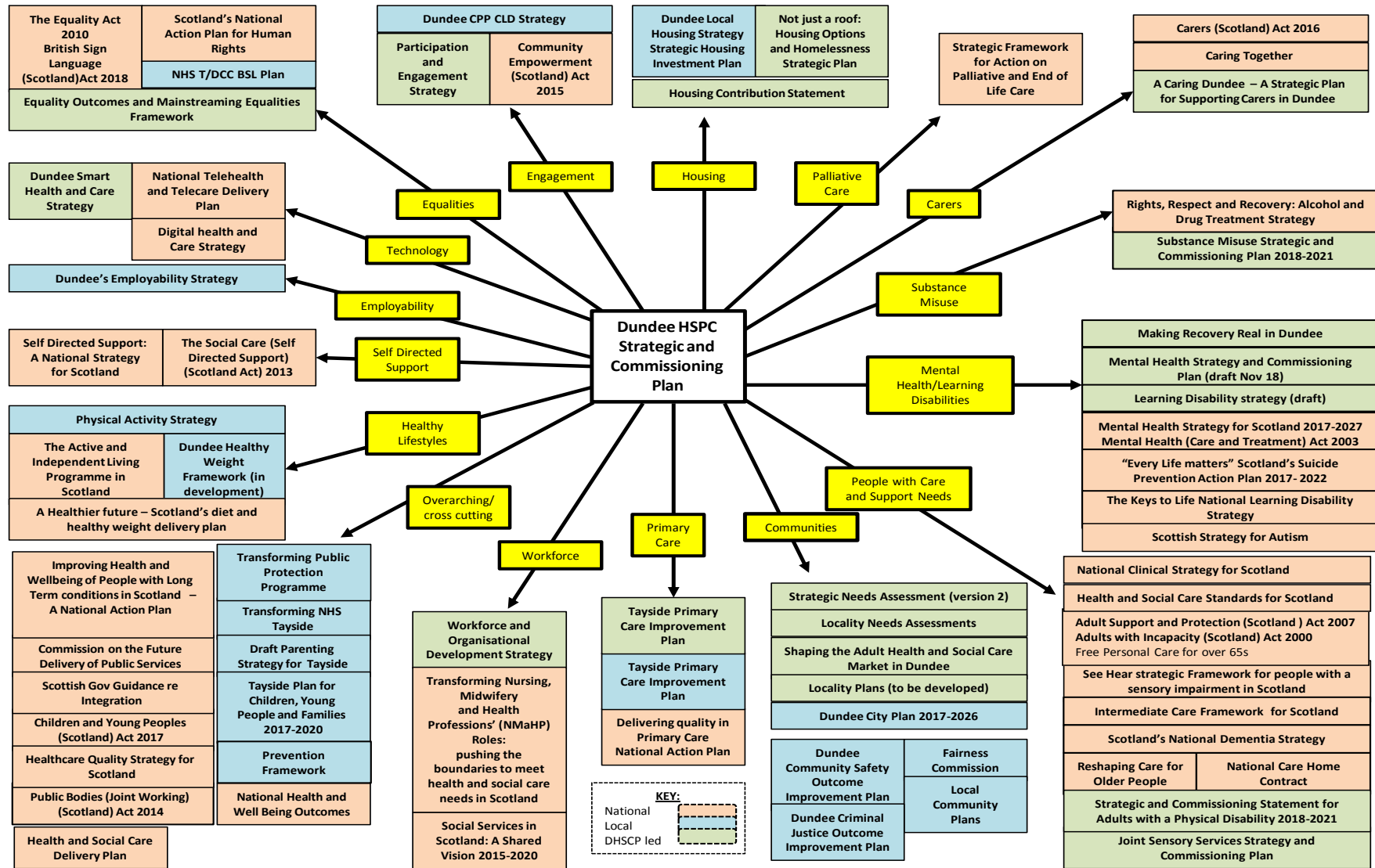
8. Legislative and Policy Context

8.1 Background

To ensure that we achieve more positive health and wellbeing outcomes for the people of Dundee, it is important that we incorporate relevant national, regional and local policies as we plan, design and deliver services.

The policy context which supports and drives this Plan is comprehensively detailed in the **Health and Social Care Strategic and Commissioning Plan 2016/2021**. There have however been noteworthy changes in terms of the legislation and policy context since our first plan was agreed. Figure 2 provides a summation of the current national, regional and local policy context:

Figure 2



8.2 National Context

At a national level, new ideas have emerged around the delivery of health and social care, with an intensifying focus on further shifting the balance of care from hospital to community based settings. This Plan responds to the changing national policy landscape, including the:

- [Carers \(Scotland\) Act 2016](#), which places a range of duties on Integration Joint Boards to support unpaid carers, including developing a carers strategy and having clear eligibility criteria in place.
- **Free Personal Care for under 65s** extends free personal care to all under 65s who require it regardless of condition.
- [General Medical Services \(GMS\) Contract in Scotland 2018](#) envisages a radical change and expansion within primary and community care across Scotland. The Contract acknowledges the need to shift the balance of work from GPs to multi-disciplinary teams.
- [Health and Social Care Standards](#) set out what people should expect when using health, social care or social work services in Scotland. For the Partnership, the standards mean a new framework for inspections will be progressively introduced for own services. We will work with our third and independent sector providers to evaluate contracted services against the new standards.
- [Mental Health Strategy 2017-2027](#) ensures we respond to mental health problems with the same commitment as we do with physical health problems. Consistent with the national strategy, we are setting an ambitious set of priorities in our emerging strategic commissioning plan for mental health and wellbeing, focusing on prevention and early intervention and guided by the views of people living in Dundee who have experienced mental health challenges.
- [Public Health Priorities for Scotland](#) sets out a national approach to improving the health of the population, centred on six priorities - healthy communities; early years; mental wellbeing; use of alcohol, tobacco, drugs; a sustainable economy; and healthy eating and physical activity.

In addition, to these most recent, significant national developments, the Partnership has developed this Plan within the context of a wide range of other national policies, reviews and strategies produced since the development of our **Health and Social Care Strategic and Commissioning Plan 2016-2021**, including:-

- [Health and Social Care Delivery Plan](#);
- [National Clinical Strategy for Scotland](#);
- [National Health and Social Care Workforce Plan](#);
- [Scotland's Digital Health and Care Strategy](#);
- [Social Services in Scotland: A shared vision and strategy 2015-2020](#); and
- [Strategic Framework for Action on Palliative and End of Life Care](#).

8.3 Regional/Local Context

This Plan also aligns our new priorities with the developing Tayside public health strategy and several landmark regional and local plans, including:

- **City Plan for Dundee 2017-2026** - Dundee's City Plan identifies the biggest strategic priorities, opportunities and challenges ahead as the Community Planning Partnership improves the city over the next ten years. The City Plan strategic priorities are Fair Work and Enterprise; Children and Families; Health, Care and Wellbeing; Community Safety and Justice; and Building Strong and Empowered Communities. All of these priorities will complement this Plan in delivering a better future for Dundee citizens.
- **Dundee Community Justice Outcome Improvement Plan** – Sets out how we and our community justice partners will work together with communities to reduce re-offending through developing the community justice workforce and providing interventions at every stage of the community justice pathway (prevention, community alternatives, and support to those in custody and post custody support).
- [Fighting for Fairness](#) – This report, prepared for the Fairness Commission, sets out a series of recommendations to help Dundonians struggling with poverty. These recommendations have been collated under the themes of people and money, mental health and stigma.
- [Tayside Drug Death Annual Report](#) – sets out a series of recommendations to reduce drug deaths across Tayside;

- [Tayside Plan for Children, Young People and Families 2017 – 2020](#) – Community Planning Partners in Angus, Dundee and Perth & Kinross have set out their vision for reducing inequalities and improving outcomes for all children in Tayside. This includes joint priorities to address the impact of substance misuse, mental health and obesity on the lives of children and to enhance parenting support.
- [Tayside Primary Care Improvement Plan \(PCIP\)](#) builds on the **General Medical Services (GMS) Contract in Scotland 2018**. Developed by the Partnership with Angus and Perth & Kinross partnerships and NHS Tayside, it will systematically reshape primary care services over the next three years to meet the needs of communities.
- **Transforming NHS Tayside Programme** - NHS Tayside is leading on a range of improvement projects including the development of an Integrated Clinical Strategy that will support NHS Tayside and Integration Joint Boards to develop new service models and pathways for the local population for the next five to 10 years.

We are closely aligning how we plan and deliver services across localities. Aligning services in this way helps support the requirements of other plans, particularly the **General Medical Service Contract** and PCIP, with the PCIP requiring a shift to allow GPs to fulfill their role as “expert medical generalists” at the heart of coordinating clinical care for patients. GPs will be leaders of multi-disciplinary teams delivering a range of services such as:

- Community mental health - delivered by nurses, occupational therapists
- Community treatment – delivered by nursing, healthcare assistants
- Pharmacotherapy services – delivered by pharmacists
- Physiotherapy
- Urgent care services - delivered by paramedics
- Vaccination services - delivered by nurses

This Plan is also influenced by a series of Partnership strategies, each of which respond in detail to different needs across the city. It is by planning and working together with council, NHS, third and independent sector organisations and people accessing services and their carers that we can make the positive changes that Dundee citizens need. These local strategies are led by Strategic Planning Groups, which comprise of people who use services, their carers and people delivering services.

The Partnership currently has the following Strategic Planning Groups:

- Alcohol and Drugs *
- Carers
- Community Rehabilitation and Independent Living
- Frailty
- Homelessness and Complex Needs
- Learning Disability and/or Autism
- Mental Health and Wellbeing
- Physical Disability
- Sensory Services
- Suicide Prevention *

* The Strategic Planning Groups for Alcohol and Drugs and for Suicide Prevention also form part of wider strategic planning arrangements for Public Protection.

Many of the Strategic Planning Groups have developed strategic plans since the first **Health and Social Care Strategic and Commissioning Plan 2016-2021** was developed. The following strategic plans have been approved by the IJB:

- [**A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee**](#) – This plan focuses on the vision to create a *'Caring Dundee, in which all carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring.'* The plan identifies the actions required to achieve four outcomes for carers – *'I am identified, respected and involved; I have had a positive caring experience; I can live a fulfilled and healthy life; I can balance my life with the caring role.'*
- [**Dundee Smart Health and Care Strategy**](#) – This plan sets out the commitment to becoming a leader in the use of technology to improve the lives of people living in Dundee.
- [**Joint Sensory Services Strategic and Commissioning Statement 2017-2020**](#) – The statement provides the strategic direction for developing services and support for people with sensory requirements.
- [**Not Just a Roof! Housing Options and Homelessness Strategic Plan 2016-2021**](#) – This plan sets out how partners, including people with lived experience of homelessness, will work together to ensure that the people of Dundee live a fulfilled life in their own home or homely setting and are able to access quality information, advice and support if they do become homeless.

- [Strategic and Commissioning Statement for Adults with a Physical Disability 2018-2021](#) – This plan focuses on five key action areas to improve outcomes for people with physical disabilities in Dundee - improving health and social care support; having somewhere to live and the support to live there; learning and working , keeping safe and taking risks.
- [Substance Misuse Strategic Commissioning Plan for Dundee](#) - This plan proposes a focus on the prevention of substance misuse to achieve the vision that *‘People in Dundee thrive within safe, nurturing and inclusive communities supported by effective alcohol and drug services that focus on prevention, protection, resilience and recovery.’*

In addition, strategies are currently in development for frailty, learning disability and autism, mental health and wellbeing, suicide prevention and humanitarian protection and active and independent living. These strategies are being developed with some consistent guiding themes that include a focus on mental health promotion, prevention and early intervention and person centred, strength based approaches to care and support services.

There are also other important documents that complement this plan, including:

- [Equality Outcomes and Mainstreaming Equalities Framework](#), which describes the equality outcomes that have been developed for the Partnership, alongside a framework and reporting cycle for the review of the Partnership’s progress in mainstreaming equalities.
- [Housing Contribution Statement](#) outlines the contribution of the local housing sector to achieving the outcomes identified in this Plan.
- [Strategic Needs Assessment \(version 2\)](#) describes the socio demographic characteristics of Dundee as well as levels and patterns of health and social care needs
- [Shaping the Adult Health and Social Care Market in Dundee \(2017-2021\)](#) represents a continuing dialogue between the Partnership, providers, people using services, carers and other stakeholders about the future shape of our local social care market and how, together, we can ensure this is responsive to the changing needs and aspirations of Dundee’s citizens.
- [Workforce and Organisational Development Strategy](#) sets out how the Partnership recruits, develops and retains the right people, in the right place, at the right time to deliver positive outcomes for the people of Dundee.

9. Resources

9.1 Financial

Context

The 2016-2021 Strategic and Commissioning Plan was set within a context of an increasingly challenging financial time for the public sector. This was due to the UK Government's tight control over the nation's finances, increased demand and rising costs of service provision particularly health and social care services. Three years on, this position remains unchanged and with the impact of Brexit on the UK economy unclear, it is unlikely that this will change over the duration of this plan.

The delegated budget consists of financial resources provided by NHS Tayside and Dundee City Council. The financial position of both statutory partners has been well publicised in recent times with both organisations being required to make significant levels of efficiencies and savings to bring expenditure in line with available funding. The financial challenges facing these organisations therefore has a direct impact on the level of funding the IJB receives to plan and deliver effective integrated health and social care services.

However, this challenging financial environment also offers opportunities for us to work closely with our partners to deliver services more effectively. Although our finances have reduced, we still have a substantial budget of around £250m, which when used in combination with our skilled workforce and the resources our partners have at their disposal, we can confidently deliver the ambitions as set out in this Plan.

What We Have Done With Our Resources

Since the establishment of the Partnership in 2016, we have worked hard to make the best use of our resources and to effect change in the way services are delivered in line with our strategic priorities. Despite the national funding challenges, the Scottish Government has supported the integration of health and social care, mainly through "top slicing" NHS funding and directing it to partnerships. This is part of a key policy of shifting the balance of care from hospital or bed based care to more community based services.

We have used this funding to support testing different models of care, to recognise increased demand for services, to implement key policies such as ensuring the payment of the living wage for all adult social care workers, to support social care pressures and to fund new legislation such as the Carers Act, and from April 2019, Free Personal Care for Under 65s.

It is by investing in tests of change, that we have been able to develop a multi-professional model of care within the community (the Enhanced Community Support model) and start to shift resources locked in hospital beds to support the roll out of this model across the city.

We have also invested over £1.1m to increase the number of social care at home hours provided by the third and independent sectors. This increases community capacity and supports people returning home from hospital thereby shifting the balance of care from hospital to community and reducing the number of people unduly delayed.

However, although our resources are substantial, they remain under considerable pressure when offset by demand and cost of services. Much of our activity is currently underpinned by non-recurring funding, this includes the use of reserves built up in previous years. This position has been highlighted by Audit Scotland who stated their concerns about the financial sustainability of the Partnership within the 2017/18 Annual Report.

Three Year Financial Framework

In recognition of the financial challenges we face we have developed a Transformation Programme, this acts as an over-arching programme of activity, which is key to ensuring that we can be financially sustainable in the long term. The Programme includes consideration of how we bring more services together in our main service areas, and how we explore ways of doing things differently to provide better outcomes for those in need within the city.

The estimated scale of transformation and efficiency savings required will be set out as part of the Three Year Financial Framework and will be detailed in the table below (to be completed). This framework sets out the estimated resources the IJB is likely to have over the next three financial years set against anticipated increases in expenditure due to increases in demand and cost of providing services (e.g. pay inflation) – and resultant gap between funding and service provision.

	2019/20 (Year 1) £000	2020/21 (Year 2) £000	2021/22 (Year 3) £000
Base Budget	tbc	tbc	tbc
Estimated Additional Costs	tbc	tbc	tbc
Estimated Budget Requirement	tbc	tbc	tbc
Estimated Funding Provided	tbc	tbc	tbc
Transformation Required	tbc	tbc	tbc

These will be completed once final delegated budgets are confirmed by Dundee City Council and NHS Tayside

Note: These figures are subject to change throughout the lifetime of the plan as assumptions become reality.

The Scottish Government continues to support the integration of health and social care through the latest Scottish Budget, with the announcement of a further transfer of funding from the NHS budget to Partnerships via local authorities. This consists of £160m in 2019/20, year 1 of this plan. This is required to cover the cost of the implementation of Free Personal Care for Under 65s, the costs associated with the second year of the Carers Act, an increase in the living wage, and other cost pressures within the sector including demographic demand. This is in addition to other specific additional funding for areas delegated to IJB's such as Primary Care Improvement Funding and Mental Health Funding which provide significant opportunities to enhance community based health and social care services.

The estimated additional funding for 2019/20 for Dundee IJB for these areas are:

Funding Stream	Estimated Dundee Allocation (£000)
Carers Act – Stage 2	301
Free Personal Care for Under 65s	888
Investment in Community Health and Social Care	3,252
Primary Care Improvement Funding	275
Mental Health Action 15 Funding	178
Total Additional Funding	4,894

It is not anticipated that support for investment in community based health and social care will come solely from additional Scottish Government funding. The legislation underpinning integrated health and social care services makes provision for partnerships to influence the size and shape of some elements of acute sector hospital based services, and enables the transfer of funding from that sector to the community. This is called the Large Hospital Set Aside and is largely based on the cost of unplanned admissions to hospital.

By planning across the whole unplanned care pathway with the health board and the council we can make this pathway more effective. We can influence this by ensuring community based services are effective in preventing people being admitted to hospital in an unscheduled way. It is by reducing unscheduled admissions and having a safe and supportive environment for people to go home to that people are discharged more quickly from hospital. This should reduce the number of hospital beds required and release savings which can be used to reinvest in the community services.

The Scottish Government states that there should be a focus on this activity over the coming period and that they will work with partnerships, health boards and councils to support change in this area. The number of days Dundee citizens spend in hospital as a result of an emergency has fallen significantly from 120,989 in 2016 to around 103,000 in 2018. We expect this number to fall further throughout 2019/20 to around 97,000. While there is still much to do, this shows that the work we've done to date can make a significant difference

9.2 Workforce

We have developed a Workforce and Organisational Development Strategy to ensure that the Partnership recruits, develops and retains the right people, in the right place, at the right time to deliver positive outcomes for the people of Dundee. This strategy covers all staff within those service areas as detailed within the Integration Scheme. This includes staff employed by NHS Tayside, Dundee City Council, third and independent sectors, volunteers, peer mentors and unpaid carers. The Partnership acknowledges that the vision and priorities within the Plan will ultimately be realised by the actions and behaviours of our integrated workforce.

The strategy will:

- provide a framework for a positive and enabling organisational culture;
- give clarity of direction to our workforce working in health and social care services;
- ensure that the priorities for our workforce are aligned with the priorities of our citizens and the priorities set out by the Integration Joint Board and our change programmes;
- support leadership at all levels to give clear direction to employees and the success of integrated services; and
- deliver a framework for continuous professional development.

We recognise the distinct perspective each individual brings to their role and value the contribution they make to the health and well-being of the people of Dundee. Understanding of both the similarities and differences of the integrated workforce is key to the successful implementation of our strategy. The strategy details how we will support and develop our whole workforce to work in a co-productive, engaged, flexible way to improve the outcomes for the citizens of Dundee.

9.3 Information Technology

Using Information Technology (IT) to its full potential is essential if our workforce is to operate efficiently, flexibly and securely. In a sustained period of financial constraint and increasing demand for more individualised services, access to effective, innovative IT and real time information has never been more pronounced.

As the Partnership is provided with IT support services by Dundee City Council and NHS Tayside, it is critical that all partners continue to work together to meet the specific IT needs of the integrated health and social care workforce.

Working with our partners, our IT priorities over the next three years include:

- the implementation of modern, secure, compatible, email systems;
- the introduction of secure interfaces between recording systems to allow for streamlined systems, improved access to information and reduced duplication of data entry; and
- supporting our workforce with technology for mobile working.

Delivering on these priorities will not only drive efficiencies for our workforce, but importantly will deliver a more personalised, local experience for people using our services. We will also continue to build on recent innovations such as Attend Anywhere, which allows online outpatient clinics for up to six people in online meeting rooms. This means saved travel time for health professionals and patients.

9.4 Property

The Partnership delivers a range of services from properties across Dundee. This includes office accommodation, hospital based services, commissioned services provided by third or independent sector providers and residential or day services. Property is a critical component of our ability to deliver services within environments that are modern, compliant, functionally suitable, and sustainable and, where applicable – close to the localities where people live.

As decision making with regards to purchase, rental, decommissioning and capital investment rests with Dundee City Council and NHS Tayside Health Board, we will continue to work closely with our partners to ensure we strengthen our integrated approach to property so that it supports delivery of this Plan.

The Partnership's key objectives for developing property to support our Vision are:

- to rationalise our centralised office based property footprint through better use of flexible working arrangements and information technology. This will include supporting Dundee City Council and NHS Tayside to deliver their property rationalisation plans and managing the property implications of our Reshaping Non-Acute Care Programme.
- to shift the balance of service delivery from large centralised, office based accommodation to more shared, localised accommodation. This will include considering how we move towards a property estate that supports general practice and wider community based teams, in the right locations. This may mean fewer practice buildings, with practices co located with the teams that support them as part of an integrated approach to service delivery.

- to continue to develop a range of accommodation for individuals with health and social care needs. Priorities within this include taking account of those people transitioning from young adult services to adult services, those people currently placed outwith the city in specialist services, and those people currently or likely to stay in hospital unless individually designed accommodation and support is available.
- to enhance the provision of health and social care services in local communities in order that the Partnership makes better use of all available accommodation across the city. This approach will support enhanced local delivery of services, more integrated ways of working and help to shift the balance of care towards community settings.

Additional detail on these objectives can be found in our Property Strategy 2019-2021.

10. What Success Looks Like

We believe that if we have achieved the Vision set out in this plan that:

- communities and individuals will thrive in the areas they live in;
- the need for the intervention of services will have reduced and there will be a greater role for community based supports;
- the health and social care inequality gap will have reduced for both people living in deprivation and who are part of protected equality groups;
- fewer people will access hospital acute services and more resources will have been released to support enhanced provision of community care responses;
- citizens will be receiving the support they want, in the locations they want, at the time they need it from a workforce that is actively working together across the health and social care system;
- more people will be taking greater control of their lives and feel more motivated to make lifestyle choices that will positively enhance their health and wellbeing; and
- citizens will be protected from harm and are supported to recover from the impact of trauma.

As a Partnership we will continue to monitor and report our progress in these areas through the range of performance reporting and quality assurance activities that we have developed over the last three years. However, we know that we must now have a clearer focus on understanding what success looks like from a citizen perspective and co-producing with communities approaches to measuring our progress against this. Whilst we will continue to report publicly against the National Health and Wellbeing Indicators, we are committed to further developing approaches that focus on health and social care outcomes at a locality and neighbourhood level.

The Dundee Strategic and Commissioning Plan and associated documents were produced, on behalf of the Dundee Integration Joint Board, in partnership with a wide range of stakeholders and was overseen by the Integrated Strategic Planning Group.

Get in touch:

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