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

City Chambers
DUNDEE
DD1 3BY

11th August, 2026

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

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Joint Board which is to be held on Wednesday, 19th August, 2026 at 10.00 am in Committee Room 1, 14 City Square.

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

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday 17th August, 2026.

Yours faithfully

DAVE BERRY
Chief Officer

A G E N D A

1 APOLOGIES

2 DECLARATION OF INTEREST

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

3 MINUTES OF PREVIOUS MEETING - Page 1

(a) The minutes of previous meeting of the Integration Joint Board held on 24th June, 2026 are submitted for approval.

(b) ACTION TRACKER **- Page 9**

The Action Tracker (DIJB36-2026) for meetings of the Integration Joint Board is submitted for noting and updating accordingly.

4 DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE - Page 13

(Report No DIJB42-2026 by the Chief Officer, copy attached – for decision).

5 REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT - Page 43

(Report No DIJB39-2026 by the Independent Chair, Dundee Drug & Alcohol Partnership, copy attached – for decision).

6 ANNUAL PERFORMANCE REPORT 2025/26 - Page 67

(Report No DIJB40-2026 by the Chief Officer, copy attached – for noting).

7 ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2025/2026 - Page 149

(Report No DIJB43-2026 by the Clinical Director, copy attached – for noting).

8 PERFORMANCE AND AUDIT COMMITTEE ANNUAL REPORT 2025/26 - Page 161

(Report No DIJB37-2026 by the Chief Finance Officer, copy attached – for decision).

9 THE PUBLIC BODIES (JOINT WORKING) (INTEGRATION JOINT BOARDS) (SCOTLAND) AMENDMENT ORDER 2025 - Page 167

(Report No DIJB34-2026 by the Chief Officer - for decision).

10 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT ANNUAL REPORT 2025/26 - Page 171

(Report No DIJB25-2026 by the Chief Finance Officer, copy attached – for decision).

11 FINANCIAL MONITORING POSITION AS AT JUNE 2026 - Page 237

(Report No DIJB38-2026 by the Chief Finance Officer, copy attached - for decision).

12 2026/27 BUDGET AND SAVINGS DELIVERY PROGRESS UPDATE - Page 279

(Report No DIJB41–2026 by the Chief Finance Officer, – for decision).

13 MEETINGS OF THE INTEGRATION JOINT BOARD 2026 – ATTENDANCES - Page 303

A copy of the attendance return (DIJB35-2026) for meetings of the Integration Joint Board held over 2026 is attached for information.

14 IJB DEVELOPMENT SESSIONS

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

9th September – Review of Risk Appetite
28th October – Budget Development
4th November – Workforce Planning (including absence)
16th December – Budget Development

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

15 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held on Wednesday, 21st October, 2026 at 10.00am – venue TBC.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

Role	Recipient
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Bob Benson
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	David Cheape
Non Executive Member	Colleen Carlton
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Chief Officer	Dave Berry
Acting Chief Finance Officer (Proper Officer)	Christine Jones
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Jayne Smith
Registered medical practitioner (not providing primary medical services)	Dr Sanjay Pillai
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Nicola Stevens
Person providing unpaid care in the area of the local authority	Martyn Sloan
Clinical Director	Dr David Shaw
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Vacant
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(b) CONTACTS – FOR INFORMATION ONLY

Organisation	Recipient
NHS Tayside (Chief Executive)	Nicky Connor
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Paul Thomson
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	Sharron Wright
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Kathryn Sharp

Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Joni McBride
Regional Audit Manager – NHS	Barry Hudson
Audit Scotland (Audit Director)	Pauline Gillen
HSCP (Interim Head of Heath & Community Care)	Angie Smith
HSCP (Head of Heath & Community Care)	Jenny Hill
Health and Social Care Partnership	Shahida Naeem
Dundee City Council – Finance	John Moir
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Ross Reid
Dundee City Council (Members' Support)	Susan Young

At a MEETING of the **DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held at Dundee on 24th June, 2026.

Present:-

Members	**Role**
Ken LYNN (Chair)	Nominated by Dundee City Council (Elected Member)
Bob BENSON (Vice Chair)	Nominated by Health Board (Non Executive Member
Colleen CARLTON	Nominated by Health Board (Non Executive Member)
David CHEAPE	Nominated by Health Board (Non-Executive Member)
Dorothy MCHUGH	Nominated by Dundee City Council (Elected Member)
Siobhan TOLLAND	Nominated by Dundee City Council (Elected Member)
Dave BERRY	Chief Officer
Christina COOPER	Third Sector Representative
Christine JONES	Acting Chief Finance Officer
Jim McFARLANE	Trade Union Representative
Raymond MARSHALL	Staff Partnership Representative
Alison PENMAN	For Chief Social Work Officer
Dr David SHAW	Clinical Director
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Nicola STEVENS	Service User Representative
Dr David WILSON	NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)

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

Jillian GALLOWAY	Angus Health and Social Care Partnership
Jenny HILL	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Jocelyn LYALL	Chief Internal Auditor
Jane MOUG	Angus Health and Social Care Parntership
Krysta REYNOLDS	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership

Ken LYNN, Chairperson, in the Chair

I APOLOGIES FOR ABSENCE

Apologies for absence were submitted on behalf of:-

Member	**Role**
Glyn LLOYD	Chief Social Work Officer
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)
Jayne SMITH	Registered Nurse

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING

(a) The minute of meeting of the Integration Joint Board held on 15th April, 2026 was submitted and approved.

(b) ACTION TRACKER

The Action Tracker (DIJB19-2026) for meetings of the Integration Joint Board was submitted and noted.

Following questions and answers the Integration Joint Board agreed:-

(i) that in relation to action number 5, it was agreed that an actual date would be identified in relation to the budget consultation with a caveat that it may need to be moved nearer the time.

IV PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT

There was submitted Report No DIJB27-2026 by Bob Benson, Chairperson of the Performance and Audit Committee, providing an Assurance Report to the Integration Joint Board on the work of the Performance and Audit Committee.

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

V DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2025/2026

The Integration Joint Board agreed that this would be deferred to the next meeting.

VI UNAUDITED ANNUAL ACCOUNTS 2025-26

There was submitted Report No DIJB28-2026 by the Chief Finance Officer presenting the Integration Joint Board's Unaudited Annual Statement of Accounts 2025-2026.

The Integration Joint Board agreed:-

(i) to consider and agree the content of the Unaudited Final Accounts Funding Variations as outlined in Appendix 1 of the report;

(ii) to approve the Draft Dundee Integration Joint Board Annual Corporate Governance Statement as outlined in Appendix 2 of the report;

(iii) to note additional Operational Improvement Plan funding received from NHS Tayside (from Scottish Government allocation) and approved earmarking this within IJB Reserves to support whole-system and financial pressures in 2026/2027, as detailed in section 3.5 of the report;

(iv) to note the Integration Joint Board's Unaudited Annual Statement of Accounts 2025/2026 as outlined in Appendix 3 of the report; and

(v) to instruct the Chief Finance Officer to submit the Unaudited Accounts to the IJB's external auditors (Audit Scotland) by 30th June, 2026 to enable the audit process to commence.

Following questions and answers the Integration Joint Board agreed:-

(vi) to note that work was being undertaken along with Public Health colleagues to look at the patient journey into and through the Emergency Department to identify if a different pathway should be introduced;

(vii) that more detail on the analytical work that had been carried out in relation to readmissions would be shared with IJB members; and

(viii) to note the main strategic challenge for the IJB was long-term financial sustainability.

VII FINANCIAL MONITORING POSITION AS AT MARCH 2026

There was submitted Report No DIJB23-2026 by the Chief Finance Officer providing an update of the year-end financial position for delegated health and social care services for 2025/2026.

The Integration Joint Board agreed:-

(i) to note the content of the report including the year-end operational financial position for delegated services for the 2025/2026 financial year end as at 31st March, 2026 as outlined in Appendices 1, 2, and 3 of the report;

(ii) to note the continuing actions being led by Officers and Senior Management to deliver planned savings and address the financial overspend position (as detailed in sections 4.5 and 4.6 of the report);

(iii) to note the utilisation of further £500k of previously earmarked Transformation Reserve funding to offset the year end financial deficit (as detailed in sections 4.6.4 and 4.7.4 of the report); and

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

Following questions and answers the Integration Joint Board agreed:-

to note that an options appraisal was underway by NHS Tayside in relation to Kingsway Care Centre and the use of the estate and the outcome would be reported to a future IJB meeting;

(v) that consideration would be given to how to further enhance the absence and wellbeing information presented to IJB members and whether the data from the last five years could be provided;

(vi) that a further discussion would take place about whether the additional analysis requested on absence and wellbeing would be considered at the August IJB meeting or at a future development session; and

(vii) that consideration would be given to adding additional narrative to future reports that would give more assurance to IJB members.

VIII DUNDEE INTEGRATION JOINT BOARD BUDGET UPDATE 2026/27

There was submitted Report No DIJB26-2026 by the Chief Finance Officer providing an update on the delegated budget for 2026/2027 and implications for the range of investments and interventions to set a balanced budget for Dundee Health and Social Care Partnership for 2026/2027.

The Integration Joint Board agreed:-

(i) to note the year-end financial position from 2025/2026, as detailed in section 4.2 of the report;

(ii) to note and accept the confirmed Budget Settlement offer from NHS Tayside following Tayside Health Board 2026/2027 approval in April 2026, which resulted in £1.37m less recurring funding from 2026/2027 than IJB planning assumptions, as detailed in section 4.3 of the report leading to a net reduction in assumed available resources for 2026/2027 of £1m; and

(iii) to acknowledge the risk associated with the additional funding gap for 2026/2027 and noted the proposal to address this through enhanced management actions, as detailed in section 4.4 of the report.

Following questions and answers the Integration Joint Board agreed:-

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

IX TAYSIDE TOGETHER PALLIATIVE CARE MATTERS FOR ALL STRATEGY

There was submitted Report No DIJB31-2026 by the Chief Officer presenting and seeking approval for the Tayside Together Palliative Care Matters for All Strategy.

The Integration Joint Board agreed to note and approve the content of the Tayside Together Palliative Care Matters for All Strategy as attached as Appendix 1 to the report.

Following questions and answers the Integration Joint Board agreed:-

(i) that comments received would be passed on to the Steering Group.

X TAYSIDE PRIMARY CARE FOUNDATIONAL STRATEGY 2026-28

There was submitted Report No DIJB29-2026 by the Chief Officer presenting the Tayside Primary Care Foundational Strategy 2026-2028, developed by Angus Integration Joint Board as Lead Partner, for approval.

The Integration Joint Board agreed:-

(i) to approve the Tayside Primary Care Foundational Strategy 2026–2028;

(ii) to note the NHS Tayside Board endorsement and system-wide engagement; and

(iii) to acknowledge the requirement for ongoing system-wide governance through the Primary Care Board and Integrated Care Board.

Following questions and answers the Integration Joint Board agreed:-

(iv) to note thanks to Angus Health and Social Care Partnership for their leadership on the Strategy and for bringing it to the meeting today; and

(v) to note the assurance from Jillian Galloway in relation to the positive involvement of the Director of Public Health in developing meaningful indicators.

XI OUT OF HOUR MODEL OF CARE OPTION APPRAISAL

There was submitted Report No DIJB33-2026 by the Chief Officer providing the outcome of the structured options appraisal process, led by Angus Integration Joint Board as lead partner as part of the NHS Tayside GP Out of Hours Reform Programme and to note the progress to implement the preferred future service model.

The Integration Joint Board agreed:-

(i) to support the preferred GP Out of Hours service model identified through the options appraisal process;

(ii) to note the robustness of the appraisal methodology, workforce modelling and engagement activity;

(iii) to support progression to detailed implementation planning, workforce transition arrangements and associated governance processes;

(iv) to note that the proposed model can be delivered within the current financial envelope and would support the development of a more sustainable and resilient model for Out of Hours provision across Tayside; and

(v) to note the wider strategic alignment with the Urgent and Unscheduled Care Optimising Access Workstream, Care Closer to Home agenda and Sub-National Planning programme.

Following questions and answers the Integration Joint Board agreed:-

(vi) to note that the documents that were referred to in the document at Appendix B would be issued to members; and

(vii) to note that Jillian Galloway would be happy to have discussions out with the meeting in relation to the impact on emergency services etc.

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

There was submitted Report No DIJB22-2026 by the Chief Officer seeking approval of the Integration Joint Board's statutory annual report in relation to the Health and Care (Staffing) (Scotland) Act 2019.

The Integration Joint Board agreed:-

(i) to note the requirement on Dundee Integration Joint Board to produce and publish an annual report under Section 3 (6) of the Health and Care (Staffing) (Scotland) Act 2019 by 30th June, 2026 (as at sections 4.2 and 4.3 of the report);

(ii) to approve the proposal that the Dundee Integration Joint Board and Dundee City Council produce and publish a joint annual report covering all aspects of social care and social work services (including early years services and housing support services) (as at section 4.4), which was consistent with arrangements implemented in 2025;

(iii) to approve the content of the draft annual report (as at Appendix 1 of the report) as this related to the functions of the IJB and noting that the content within the report that related to the functions of Dundee City Council would be considered at their City Governance Committee on 22th June, 2026; and

(iv) to note the planned approach to publication of the report following its approval by both the IJB and Dundee City Council (as at section 4.6 of the report).

XIII INFORMATION GOVERNANCE ANNUAL ASSURANCE REPORT

There was submitted Report No DIJB24-2026 by the Chief Officer providing assurance regarding the effectiveness of Information Governance (IG) arrangements across Dundee Health and Social Care Partnership (HSCP). It outlined compliance with relevant legislation and clarified the respective roles and responsibilities of Dundee City Council and NHS Tayside in relation to the management of personal and sensitive information. Annual Information Governance reporting was an action within the Governance Action Plan.

The Integration Joint Board agreed:-

(i) to note the contents of the report;

(ii) to note the assurance that appropriate Information Governance arrangements were in place across Dundee HSCP;

(iii) to acknowledge the respective responsibilities of Dundee City Council and NHS Tayside as partner organisations; and

(iv) to note the improvement actions identified and support continued development of integrated Information Governance arrangements.

Following questions and answers the Integration Joint Board agreed:-

(v) to note that work would be undertaken with the partner bodies, as the data controllers, in relation to the delivery of the Single Patient Record under the Care Reform (Scotland) Act.

XIV ANNUAL COMPLAINTS AND FEEDBACK REPORT 2025/26

There was submitted Report No DIJB21-2026 by the Chief Officer providing an analysis of complaints and feedback received by the Dundee Health and Social Care Partnership over the past financial year, 2025/2026. This included complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure and the Dundee City Integration Joint Board Complaint Handling Procedure.

The Integration Joint Board agreed to note the analysis of Dundee Health and Social Care Partnership's complaints performance and governance during 2025/2026, improvement actions, service compliments and development of Care Opinion as outlined in the report.

XV CATEGORY 1 RESPONDER – ANNUAL REPORT 2025/26

There was submitted Report No DIJB30-2026 by the Chief Officer presenting an annual report of activity related to its status as a Category One Responder under the Civil Contingencies Act 2004.

The Integration Joint Board agreed:-

(i) to note the contents of the report; and

(ii) to instruct the Chief Officer to bring forward a further annual report, for the period 2026/2027, in twelve-months in addition to any relevant reporting on Category 1 Responder activity made during the year.

XVI CHILDREN'S SERVICES PLANNING PARTNERSHIP PLAN 2026–2029

There was submitted Report No DIJB20-2026 by the Chief Officer presenting the Children's Services Planning Partnership (CSPP) Plan 2026–2029.

The Integration Joint Board agreed:-

(i) to note the statutory requirements relating to Children's Services Planning Partnership;

(ii) to note the Children's Services Planning Partnership Plan 2026–2029 (as at Appendix 1 of the report), which would be considered for approval by Dundee City Council on 22th June, 2026; and

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

Following questions and answers the Integration Joint Board agreed:-

(iv) to note that consideration would be given to bringing the annual progress report to the IJB.

XVII MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB32-2026 for meetings of the Integration Joint Board held to date over 2025.

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

XVIII IJB DEVELOPMENT SESSIONS

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

9th September – Review of Risk Appetite
28th October – Budget Development
4th November – Topic TBC
16th December – Budget Development

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

XIX DATE OF NEXT MEETING

The Integration Joint Board agreed to note that the next meeting of the Dundee Integration Joint Board would be held on Tuesday, 19th August, 2026 at 10.00am in Committee Room 1, 14 City Square.

Councillor Ken LYNN, Chairperson.

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ITEM No …3(b)……..

DIJB36-2026

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETING ON 24TH JUNE 2026

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Original Timeframe	Status	Comment
1	20/08/25	IV	FINANCIAL MONITORING AS AT JUNE 2025	That consideration would be given to having a Development Session on the absence position.	Chief Officer	~~December 2025~~ ~~April 2026~~ September 2026	Complete	Originally intended to be incorporated into a budget development session, however this has not been possible. A standalone session will be provided in November 2026. In the meantime, the financial monitoring report now includes further info on absence levels.
2	20/08/25	XIII	REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT	That further information would be provided to a future IJB meeting in relation to residential rehab and the alcohol pathway review.	Acting Head of Service, Strategic Services	June 2026	Complete	Contained within report DIJB39-2026
3	18/02/26	VIII	STRATEGIC RISK MANAGEMENT ARRANGEMENTS	That consideration would be given to including risk in a future Development Session.	Chief Officer	~~April 2026~~ September 2026	Complete	Development session scheduled for September 2026.
4	18/02/26	X	FINANCIAL MONITORING POSITION AS AT DECEMBER 2025	That consideration would be given to including workforce planning in a future Development Session.	Chief Officer	~~April 2026~~ September 2026	Ongoing	Date to be scheduled - provisionally November 2026.
5	15/04/26	V	STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE – ANNUAL REVIEW	That Martyn Sloan's query about whether he can stay on the ISPAG when his IJB responsibilities change would be further explored.	Chief Officer	September 2026	In progress	Discussion to be held with Legal Services once further information is available from Scottish Government regarding implementation of changes to voting membership.
6	15/04/26	V	STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE – ANNUAL REVIEW	That a discussion would take place with Kathryn Sharp about the feasability of having an older person representative, and wider representation, on the ISPAG.	Chief Officer	August 2026	In progress	This will be raised and discussed at the next meeting of the Strategic Planning Advisory Group in early August.

7	15/04/26	V	STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE – ANNUAL REVIEW	That a discussion would take place with Councillor McHugh in relation to the re-instatement of the Frailty Strategic Planning Group.	Interim Head of Health & Community Care	June 2026	Complete	Agreement has been reached regarding principles for the SPG going forward. An initial meeting is to be set to develop terms of reference and membership.
8	15/04/26	VIII	FINANCIAL MONITORING POSITION AS AT FEBRUARY 2026	That consideration would be given to incorporating detail on recovery of income for chargeable services into future Financial Monitoring reports.	Acting Chief Finance Officer	October 2026	In Progress	Consideration will be given to incorporating this into 2026/27 Financial Monitoring reports, following further ongoing work relating to Improved Billing and Income Maximisation processes.
9	24/06/26	V	DUNDEE INTEGRATION JOINT BOARD ANNUAL INTERNAL AUDIT REPORT 2025/2026	That consideration of this report would be deferred to the next meeting.	Acting Chief Finance Officer	August 2026	Complete	Report re-submitted for 19 August 2026 meeting.
10	24/06/26	VI	UNAUDITED ANNUAL ACCOUNTS 2025-26	That analytical work that had been carried out in relation to readmissions would be shared with IJB members.	Acting Head of Service, Strategic Services	August 2026	Complete	Summary of information has been issued.
11	24/06/26	VII	FINANCIAL MONITORING POSITION AS AT MARCH 2026	That consideration would be given to how to further enhance the absence and wellbeing information presented to IJB members and whether the data from the last 5 years could be provided.	Acting Chief Finance Officer	August 2026	Complete	A standalone session will be provided in November 2026. In the meantime, the financial monitoring report now includes further info on absence levels.
12	24/06/26	VII	FINANCIAL MONITORING POSITION AS AT MARCH 2026	That further discussion would take place about whether the additional analysis on absence and wellbeing would be consideration at the August IJB meeting or at a future development session.	HSCP Management Team	August 2026	Complete	Development session to be provided in November 2026.
13	24/06/26	VII	FINANCIAL MONITORING POSITION AS AT MARCH 2026	That consideration would be given to adding additional narrative to future reports that would give more assurance to IJB members.	Acting Chief Finance Officer	October 2026	In Progress	Further assurances around Management Actions will be incorporated into future

								Financial Recovery Plan reports.
14	24/06/26	VIII	DUNDEE INTEGRATION JOINT BOARD BUDGET UPDATE 2026/27	That recommendation 2.3 would have the reference to 'approve' removed and an additional recommendation would be added regarding the Direction to be issued to NHS Tayside and Dundee City Council.	Acting Chief Finance Officer	August 2026	Complete	Report updated to reflect revised approved recommendations
15	24/06/26	IX	TAYSIDE TOGETHER PALLIATIVE CARE MATTERS FOR ALL STRATEGY	That comments received would be passed on to the Steering Group.	Chief Officer	August 2026	Complete	Comments have been shared
16	24/06/26	XVI	CHILDREN'S SERVICES PLANNING PARTNERSHIP PLAN 2026–2029	That consideration would be given to submitting an annual progress report to the IJB.	Chief Social Work Officer	August 2026	Complete	This will be reflected in the IJB agenda tracker for future years

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ITEM No …4……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19TH AUGUST 2026**

REPORT ON: **DELIVERY OF PRIMARY CARE IMPROVEMENT PLAN – ANNUAL UPDATE**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB42-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the implementation of the Dundee Primary Care Improvement Plan for 2025/26 and seek approval for the continued implementation of the Dundee Primary Care Improvement Plan for 2026/27

2.0 RECOMMENDATIONS

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

2.1 Notes the progress in implementing the Dundee Primary Care Improvement Plan (PCIP) 2025/26 (attached as Appendix 1) and the key achievements as described in Section 4.

2.2 Approves the proposed actions for Dundee Health & Social Care Partnership for 2026/27 as described in Appendix 1 and notes the proposed allocation of funding as detailed in Section 3, subject to confirmation from NHS Tayside of the Agenda for Change uplift allocation for 2026/27.

2.3 Note that aspects of the Plan which have been directed by the Scottish Government to be fully implemented continue to have ongoing gaps, for a range of reasons outlined.

2.4 Instructs the Chief Officer to issue directions to NHS Tayside to implement the specific actions relevant to them in Appendix 1.

2.5 Notes the previous agreement to delegate the monitoring of the Dundee allocation of the Primary Care Improvement Fund to the Dundee Primary Care Improvement Group as noted in Section 3.9.

2.6 Instructs the Chief Officer to provide a further report on progress made against delivering the Dundee Primary Care Improvement Plan 2026/27 to a future IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 The Plan is supported by Scottish Government funding – Primary Care Improvement Fund (PCIF) - linked to the General Medical Services (GMS) 2018 contract. The spend has increased in 2025/26 as teams have continued to develop services and recruit staff to deliver the services.

3.2 A comparison of 2025/26 planned spend and actual spend is detailed in Table 1. And the year-on-year increased spend and service growth is shown in Table 2.

Table 1 2025/26 spend against allocation

	Approved PCIF Planned Spend	Actual Funding / Expenditure
	£'000	£'000
SG Allocation Plus AfC & HSCP Contributions	***6259***	**6259**
Expenditure -		
VTP	*540*	524
Pharmacotherapy	*1000*	1,034
CT&CS	*2,172*	2,089
Urgent Care	*1,154*	1,097
FCP / MSK	*621*	629
Mental Health	*325*	253
Link Workers	*268*	274
Other	*179*	140
Total	***6,259***	**6,040**
Year End Carry Forward	***0***	**220**

Table 2 Summary of Year-on-Year actual spend.

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
VTP	76	157	171	220	441	482	511	524
Pharmacotherapy	208	352	494	589	758	769	912	1034
CT&CS	50	355	772	890	1,585	1,862	1,950	2,089
Urgent Care	43	125	241	377	690	800	953	1,097
FCP / MSK	0	150	255	359	407	527	574	628
Mental Health	6	81	157	126	246	307	298	253
Link Workers	0	153	192	192	220	291	230	274
Other		88	247	201	698	641	361	140
Total	**383**	**1,461**	**2,528**	**2,955**	**5,046**	**5,678**	**5,787**	**6,040**

3.3 The allocation letter for 2026/27 has recently been received and is in line with expectations. National core funding has remained at £190.8m in 2025/26. This comprises funding for PCIF inclusive of previous years' Agenda for Change uplift costs. In 2024/25 & 2025/26 AfC uplifts were provided to Health Boards as an in-year allocation.

3.4 The sum of £220k from 2025/26 has been carried forward to contribute to this year's allowance.

3.5 The Planned spend for 2026/27 is noted in Table 3 below, including some further anticipated recruitment where teams are currently not at full capacity. Indicative recurring spend is also noted in this table, based on the assumption that all teams are fully recruited for the entire year.

3.6 2026/27 Agenda for Change pay award has been agreed at 3%; it is assumed that additional Scottish Government monies have been provided to NHS Tayside as baseline funding but the amount to be provided to DHSCP is not confirmed.

Table 3 Proposed 2026/27 Financial Plan

	2026/27 Planned Spend			Indicative Full Year Cost*** (Recurring)
	£'000			£'000
SG Allocation *	**6,335**			**6,335**
Utilisation of b/f Reserves	**220**			
Forecast Expenditure -				
VTP	524			524
Pharmacotherapy	1,165			1,511
CTAC	2,272			2,286
Urgent Care	1,201			1,314
FCP / MSK	649			723
Mental Health	288			386
Link Workers	293			293
Total	**6,391**			**7,036**
Strategic Earmark / Contingency / (Slippage)	123			(741)
				0
Other **	40			40
Total	**40**			**40**
Projected Total Annual Spend	**6,555**			**6,335**

*Including receipt of locally agreed inter-IJB reallocation of funding from Angus IJB and Perth & Kinross IJB. This assumes AFC uplifts for 24/25 and 25/26 remain the same previous year. Assumes no AFC 26/27 uplift funding being received.
** Expenditure levels being reviewed, and alternative sources of funding being sought.
*** Full year cost based on all post holders being at top of scale. The Full year slippage will be covered by staff turnover and the fact that not all post holders being at top of scale.

3.7 Recruitment challenges have been experienced across most teams to a limited extent but the most significant being in relation to the Patient Assessment & Liaison Mental Health Service (PALMs Service) due to the application of the Organisational Change policy by NHS Tayside resulting in vacancies being placed on hold.

3.8 The expectation from Scottish Government remains that all areas of the Memorandum of Understanding (MOU) will be delivered but the greatest focus is on three areas as noted in previous reports: Pharmacotherapy, Care and Treatment Services (CTACS) and Vaccination Transformation Programme (VTP), which are all legally required to be provided.

3.9 The financial management of the Primary Care Improvement Plan is delegated to the Chief Officer, Chief Finance Officer and Clinical Director, as agreed previously, with the monitoring of this budget overseen by the Dundee Primary Care Improvement Group. The Local Medical Committee remains core to this process and has to agree all plans, including finance.

3.10 Local Transitionary payments - a payment to general practice for work they continue to undertake that should now be delivered by other teams within the HSCP/NHS Tayside - may be required to practices for the three agreed core areas which should have been implemented from April 2023. No additional funding is available to support this, and any locally agreed arrangements would need to come from the existing PCIF envelope. To date, no Transitionary Payment arrangements have been required for Dundee Primary Care Improvement Fund services.

4.0 MAIN TEXT

4.1 Background

4.1.1 The current changes to the GMS contract were introduced in 2018, when a Tayside Primary Care Implementation Plan and a local delivery plan for Dundee were both introduced. There have been a number of changes agreed with the Scottish Government in relation to national expectations of implementation over that time, partly due to the impact of the pandemic. The initial 3-year timescale was extended for this with implementation for three core areas due to be fully in place by April 2023.

4.1.2 The IJB has previously considered papers setting out the context and challenges within primary care, and this has set a context for the approval by the IJB of the annual Primary Care Improvement Plan. This paper provides an update to those previous plans.

4.1.3 The following are the nationally agreed priorities for the primary care improvement plans:

- The Vaccination Transformation Programme (VTP)
- Pharmacotherapy Services
- Community Treatment and Care Services (CTACS)
- Urgent Care
- Additional professional roles - such as musculoskeletal focused physiotherapy (FCP) services and mental health
- Community Link Workers (often referred to as social prescribers)

4.1.4 The Dundee Primary Care Improvement Group (DPCIG) was established in 2018 with a remit to develop the Dundee Plan and take responsibility for implementation going forward. The Tayside General Medical Services Contract Implementation and Advisory Group (CIAG) support work at a regional level, ensuring sharing of good practice and coordination, particularly of the regional aspects of the contract delivery. This group feeds into the Tayside Primary Care Board. There are also a number of regional and local subgroups which lead the development of the service areas. Given the breadth of services that sits within this overall context this is broad ranging and a number of these have much wider links.

4.1.5 Reporting to the Scottish Government continues on an annual basis for both financial governance and more detailed progress of delivery.

4.2 Progress in 2025-26

4.2.1 Progress is outlined in Appendix 1. Some key points to note are:

- Transfer from practices to VTP within Dundee has been fully implemented.
- First Contact Physiotherapy (FCP) has carried out a review of clinic availability and utilisation which has improved timely access. Difficulties with premises is causing some limitations upon the number of available clinics, this is however not currently impacting significantly on service delivery,
- There has been successful recruitment to pharmacy posts throughout the year. This is a significant step forward in the provision of this service, an area of delivery which is the most detailed in the contract. There have been significant areas of work for which there was limited or no ability to develop the service, however, successful recruitment has enabled service development; some hubs have moved to a pharmacist light model, allowing

pharmacists to make use of their advanced skills for the benefit of patients. This model will be fully implemented across all hubs in 2026/27.

- The Care and Treatment Team has continued to expand the chronic disease monitoring it delivers. With the introduction of the new diabetes pathway, most practices have taken the opportunity to transfer work to CTACS and, as a consequence, an increasing number of patients are using the service and being seen in a location closer to them. However, the increasing activity has led to a very high volume of incoming calls. Temporary administrative posts have been deployed to increase the percentage of calls that can be answered, an email address introduced to offer an alternative means of contact and a request raised with the digital provider, OneAdvance, to consider what is needed to introduce online booking. The Children & Young People pathway for phlebotomy and wounds has been fully implemented. The use of new software Consultant Connect enables access to better quality photography of wounds and a more efficient system for managing wound care remotely and liaising with GPs. The ability to expand to meet the increasing needs is being impacted by premises constraints.

- The Urgent Care Team remains focussed on supporting those living in care homes and all practices and care homes are now supported by this model. During 2025/26 wider work on urgent care pathways continued with opportunities for early intervention across teams a key area focusing on frailty with a view to reducing unnecessary admission to hospital.

- The Patient Assessment and Mental Health Liaison Service (PALMS) development has been hampered significantly by recruitment issues. The challenge has been recruitment of 3.0 wte posts that could not be progressed due to NHS Tayside's Organisational Change process and has necessitated a focus on maintaining service provision with a temporary reallocation to minimise inequity of care across Dundee practices. Development of a hub and spoke model has paused due to staff levels however it will be progressed at the earliest opportunity to provide peer support to staff and address the inequity of service provision across the city.

- The social prescribing Primary Care Link Workers continue to support all practices. The service benefited from an additional associate practitioner fixed term post for a period of seven months, which assisted in managing the waiting list.

4.2.2 Both the PALMS team and the Link Workers are partly funded via Action 15 Mental Health funding as well as PCIF. Linked work regarding mental health and wellbeing in primary care is focusing on how the Partnership maximise what it can deliver with current funds, identifying how pathways can be developed that support care, and any key gaps, for both adults and children.

4.2.3 Space in primary care remains a challenge, as outlined in the GP Premises Strategy 2023, previously presented to the IJB, with the latest update to IJB in February 2025 (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 19 February 2025 refers). Opportunities for co-location with practices continue to be sought but with limited progress, due to demands on clinical space. Space in practices is reviewed when opportunities arise to reconfigure underused space to support more appropriate clinical and admin space.

4.2.4 The opportunity for the Care and Treatment model lends itself to a wider community approach including use by services who are based in secondary care, who may wish to use this model to support community delivery of services currently provided from acute settings. Discussions with respect to the creation of a community phlebotomy service have progressed; a project initiation document has been agreed, and the project board has been established.

4.2.5 Practice-based innovations have been supported, primarily funding a subscription to the MedLink® platform. The software supports workflow functionality across participating GP practices, streamlining administration behind the recall of patients for long term condition monitoring. The platform also offers the opportunity for practices to use a structured questionnaire to gather meaningful information prior to a clinical review.

4.3 Plans for 2026-27

4.3.1 The Dundee Primary Care Improvement Plan for 2026-27 is detailed in Appendix 1, along with the associated finance. There continues to be ongoing challenges for teams in delivering a consistent service at all times given the limited staffing for many of these aspects of care.

4.3.2 The service area where there is a significant gap between the PCIP ambition and delivery is mental health. PALMS & Sources of Support local and regional actions continue to be developed to try to support this. The level of demand for CTACS services continues to rise, exceeding capacity although long term solutions to premises and digital challenges would go some way to addressing this. Recruitment challenges still exist through the application of the organisational change policy with one permanent post and two short, fixed terms posts being released but progressing slowly through the vacancy management arrangements.

4.3.3 As noted in section 3.10 further guidance or instruction on any transitional payments will impact on progress and finance if it is required locally.

4.3.4 The G.P. IT re-provisioning programme has progressed with all practices who were on the former Vision system now on the new system, including the transfer of the EMIS practice in Dundee. A new national provider has been appointed, following the demise of the previous provider, and the service has transitioned to OneAdvance. This has led to delays in implementing any further new developments.

4.4 Next Steps

4.4.1 The Primary Care Improvement Group will continue to support and monitor the development of the programme and its impact. Actions will be progressed as outlined in Appendix 1 to implement the plan.

4.4.2 The staffing gap in PALMS, progressive recruitment to full establishment over the year by Pharmacy and a lower spend on consumables in CTACs has led to an under spend in 2025/26. With full recruitment to the majority of PCIP posts PCIG will continue to monitor the budget closely to achieve a balanced budget in 2026/27, in part achieved by the 25/26 underspend which has been carried over, the allocation of which requires approval of the Local Medical Committee.

4.4.3 Services are developing their approaches to gaining feedback from service users to enable more informed development of services.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

Improvement Group, which has members from the G.P. Subcommittee/Local Medical Committee has developed the paper at Appendix 1.

7.2 As noted in section 4, there is ongoing work to engage with the public who will use these services, and gain feedback on any improvements that can be made within the seven services outlined in the plan. This is closely linked to wider work to sustain practices longer term and other strategic plans agreed by the IJB for primary care.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Officer

DATE: 4 August 2026

David Shaw
Clinical Director

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB42-2026
2	Date Direction issued by Integration Joint Board	18 August 2026
3	Date from which direction takes effect.	18 August 2026
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend, or cancel a previous direction – if yes, include the reference number(s)	Yes – DIJB 57-2025
6	Functions covered by direction	Specific actions relevant to NHS Tayside in the Tayside Primary Care Improvement Plan and Dundee action plan.
7	Full text of direction	Dundee IJB directs NHS Tayside to implement, with immediate effect, the specific actions relevant to them in the Tayside Primary Care Improvement Plan as outlined in the Dundee Action Plan (Appendix 1).
8	Budget allocated by Integration Joint Board to carry out direction.	£6,555k
9	Performance monitoring arrangements	Performance will be reviewed on a regular basis, (currently 2 monthly) by the Dundee Primary Care Improvement Group
10	Date direction will be reviewed.	August 2027 (or earlier if required).

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Primary Care Improvement Plan (PCIP) Appendix1

Report No.	Meeting / Period	Author	Version
	IJB - 19th August 2026	David Shaw; Gail McClure	Final

1. Vaccination Transformation Programme (VTP)

Lead Officer(s)	Consultant in Public Health Medicine/Immunisation Co-Coordinator

2025/26 Delivery Summary

The vaccination programme has transferred completely from delivery by general practice.

Completed Actions:

- Improvement in uptake of vaccinations for residents in care homes.
- Focus on inclusivity.
- Responsive to revisions of the national UK schedules.
- New Child Health Immunisation System.

Financial Summary (2025/26)

Area	Spend (£k)	Commentary
Programme Delivery	524 k	

Service Summary

All national vaccination programmes delivered to the population of Dundee with the aim of maximising uptake of all cohorts. The vaccination services are working to implement the 5-year Vaccination Framework with a dedicated focus on addressing inequalities in vaccination opportunities.

With system wide improvement groups there has been improvements in the update and delivery process for Care Home vaccination delivery.

Inclusivity is a core element of vaccination planning and is supported by an established multidisciplinary group.

New Child Health System implemented, this has some ongoing challenges that are being addressed.

2026/76 Planned Activity

Financial Plan (2026/27)

Area	Proposed Spend (£k)	Notes
VTP	£524k	

Key Actions:

- Responsive to revisions and additions to the national UK programmes.

- Wider system support/influence on vaccination uptake – introducing Making Every Contact Count (MECC) to specialised services to promote conversations around vaccinations.

- Refresh the childhood and school age immunisation improvement group, aligned to the 5-year vaccination framework, with a focus on improving uptake, reducing inequalities, strengthening children not brought and follow up processes, and using data to better understand variation across localities, schools, and communities. This will include closer working with Public Health, Health Intelligence, HSCPs, Education and community partners to support targeted engagement and access.

Risks & Issues

- Challenging deadlines for the introduction of new programmes
- Workforce challenges, recruitment and retention
- Financial Challenges

2. Pharmacotherapy Services

Lead Officer(s)	Associate Director of Pharmacy

2025/26 Delivery Summary

The Pharmacotherapy Service continues to deliver to all GP Clusters in Dundee.

Completed Actions:

- There has been successful recruitment of pharmacists to vacant posts.
- All Dundee pharmacy hubs are technician led.
- Skill mix continuing to evolve.

Financial Summary (2025/26)

Area	Spend (£k)	Commentary
Programme Delivery	£1034k	

Service Summary:

Several pharmacist posts have been filled which will allow all pharmacists to deliver high quality pharmaceutical care. Technician upskilling is allowing experienced pharmacists to move away from hubs and focus on clinically complex tasks.

2026/27 Planned Activity

Financial Plan (2026/27)

Area	Proposed Spend (£k)	Notes
Programme Delivery	£1,165k	2.05 WTE vacancies as of May 2026, with 0.89 WTE due to commence Sept 26. There are some temporary underspends due to scale points / progression posts funded at higher banding.

Key Actions:

- Some hubs have gone to a “pharmacist light” model with others working towards this. The aim is that all hubs are “pharmacist light” allowing the pharmacists to use their advance practice skills, thus allowing pharmacists to deliver the clinically focussed aspect of their role.

- The Technician role has started to expand to include medicines reconciliation in Care Homes. Work is ongoing to progress this.

- We are working with Medicine for Elderly colleagues to support poly pharmacy reviews.

Risks & Issues:

- The increased staffing levels are welcomed but due to lack of clinical space the service is unable to commit to face-to-face clinics in some clusters.

- Staffing is adequate for now; however, any movement can have a major impact on delivery.

3. Musculoskeletal (MSK)Services: First Contact Physio

Lead Officer(s)	Andrew Suttie, Head of Occupational Therapy and Physiotherapy, DHSCP; Robert Ives FCP Clinical Lead - Dundee

2025/26 Delivery Summary

The First Contact Physio Service (FCP) continues to deliver efficient, timely, patient centred care whilst experiencing high demand.

Completed Actions:

- Lochee eConsult trial has finished. The low volume of patients with a high conversion rate to face to face review has had a limited benefit and low impact and it has been decided not to continue.
- Review of clinic availability and utilisation – improved timely access.
- Dashboard updated and capturing key data. Added time to review.

Financial Summary (2025/26)

Area	Spend (£k)	Commentary
Programme Delivery	**628k**	

Service Summary:

The FCP service has continued to review access and utilisation of clinic capacity, resulting in improved timeliness of patient appointments, with utilisation consistently exceeding 95%. The majority of patients continue to be effectively managed within primary care (~60%), with fewer than 20% requiring onward referral, demonstrating the impact of FCP in reducing pressure on secondary care pathways. A trial in Lochee of eConsult demonstrated low patient volumes and a high conversion rate to face-to-face review, leading to the decision not to continue this approach. Improvements have also been made to data capture and reporting, with an updated dashboard now in place. Ongoing monitoring of prior assessments by other healthcare professionals continues to support safe and appropriate patient management and protected capacity of FCP clinics.

2026/76 Planned Activity

Financial Plan (2026/27)

Area	Proposed Spend (£k)	Notes
Programme Delivery	£649k	

Key Actions:

- Capture data on previously unrecorded FCP clinical activity (i.e. results follow up, referrals).
- Optimisation and consistency of FCP dashboard across Tayside.

- Standardisation of Key Performance Indicators for FCP across Tayside to monitor.
- Standardised Patient Reported Experience Measure (PREM) review for FCP.

Risks & Issues:

- Access to MacKinnon centre for FCP clinics, under review as reception cover may be removed.
- Potential for increased demand secondary to scheduling of patients in the emergency department.
- Overall continued high demand.
- End of non-recurring funding which had supported 0.6 WTE FCP post.

4. Mental Health Services: PALMS

Lead Officer(s)	Consultant Clinical Psychologist, Dr Helen Nicholson-Langley, & Colleagues

2025/26 Delivery Summary

PALMS continues to operate in 19 Practices across Dundee City but faces ongoing long-term vacancies due to recruitment restrictions from NHS Tayside. Currently the service is operational with just 4.3wte (of 8.0wte when fully staffed). No development beyond basic service delivery has been feasible and remains unlikely until recruitment is addressed.

Financial Summary (2025/26)

Area	Spend (£k)	Commentary
Programme Delivery	**253k**	

Service Summary:

- The greatest challenge for PALMS has been recruitment with 3.0WTE band 6 posts being withheld as part of the NHS Tayside Organisational Change Process for Learning Disabilities (closure of Strathmartine Hospital). Posts have been vacant since: 1.0wte February 2025; 1.0wte August 2025; 1.0wte October 2025.

- 2025/2026 has, by necessity focused on maintaining PALMS provision, with temporary reallocation, to minimise inequity of care across Dundee Practices. This has come at a cost for individual practices and their patients with less access within practice to specialist mental health assessment and advice; for members of the PALMS team this has had a negative impact effectively preventing any opportunity to develop the team/service.

- Significant vacancy factor, and unnecessary delays to recruitment places additional pressures on PALMS staff in post, wider services within practice and GPs who provide mental health appointments where PALMS is not available.

- Vacancies also mean having to repeatedly establish and advertise or raise awareness of the service.

Completed Actions:

- Maintained maximum PALMS provision despite significant reduction in whole time equivalent (w.t.e0 due to significant and long-term vacancy factors and delays in recruitment. This has included review and temporary re-allocation of sessions to share limited resources.

- Established routine use of Dashboard with LIST support to improve quality of data reporting and identify trends.

- Within Practice informatics updated to increase awareness of PALMS, and update of patient stories.

- Continued to support highly autonomous practitioners through the provision of clinical and group supervision whilst establishing professional nurse forum for PALMS Mental Health Specialists, contributing to improved job satisfaction and staff retention.

- Established and maintained referral pathways to local statutory and non-statutory services including referrals to secondary mental health care and direct to psychological interventions (e.g. digital therapies, Change Up (anxiety) group intervention, Building Confidence Group, TAACT, Early Intervention for Psychosis).

- A two-week audit of care with patient feedback in March 2026 was very positive. Patients who accessed PALMS found the service helpful and supportive, suggesting good quality of care.

2026/27 Planned Activity

Financial Plan (2026/27)

Area	Proposed Spend (£k)	Notes
Programme Delivery	£288k	This represents the PCIF funded element to the service

Key Actions:

- To overcome recruitment delays within NHS Tayside and urgently recruit to the full complement of 8.0wte band 6 CMHN/Mental Health Specialist posts.

- To re-establish and maintain consistent PALMS resource in every practice.

- To continue to use the Dashboard for quality data to understand and improve capacity/demand and trends for PALMS including e.g. to understand and reduce Did Not Attend (DNA) rate, understand local population needs, and support joint working with practice MDTs.

- To re-introduce community pop-ups to raise awareness of PALMS *before* patients contact the Practice to reduce reliance on within practice navigation and booking.

- When staffing is improved, to progress review of model in consultation with Primary Care and in readiness for the new model of care for Adult Mental Health in Tayside. This may include re-branding of PALMS based on partnership feedback and offering brief, low intensity interventions in line with stepped care.

- Develop the PALMS team to improve team morale and retention of staff.

Risks & Issues

- Band 6 CMHN/Mental Health Specialist posts have been withheld from recruitment by NHS Tayside due to unrelated organisational change process for Learning Disabilities Services. This has resulted in 3.0wte vacancy factor between Summer 2025 and May 2026 when there was an additional 0.4wte vacancy due to retirement – also paused. The Reduction of the Working Week (RWW) as part of the Agenda for Change pay deal means that between 1st April 2024 and 1st April 2026 there has been a further loss of approximately 0.3wte across the PALMS team. Combined this 3.7wte equates to almost half the PALMS capacity which is 8.0wte when fully staffed.

- Continued delays in recruitment to Band 6 CMHN/Mental Health Specialist posts due to NHS Tayside's additional controls around recruitment, even after agreement to recruit 1.0wte on a permanent basis and 2.0wte on a fixed term basis until end of December 2026, means that PALMS remains significantly understaffed. This in turn leads to inequity of service across Dundee Practices and negatively impacts staff morale and job satisfaction.

- PALMS will need to adapt in light of the new model of care proposed for Adult Mental Health in Tayside. This will require a clear investment in order to implement given the model includes low intensity interventions and a stepped care approach beginning in Primary Care.

5. Sources of Support

Lead Officer(s)	Senior Nurse, Primary Care and Health Inclusion

2025/26 Delivery Summary

Sources of Support continue to provide a high-quality service within General Practice.

Completed Actions:

- Significant activity undertaken to roll out a direct booking system across practices. Currently the achievement rate is that 71% of practices have transitioned to direct booking which will make referral access to the Service quicker and easier for practices and patients.
- Established a robust data collection of service using Microsoft Forms (MS) forms and ongoing support of LIST team.
- Practice Link Workers and Team Leader have continued to engage and develop close working relationships with Practice Teams, offering education and support to new team members to promote the service.

Financial Summary (2025/26)

Area	Spend (£k)	Commentary
Programme Delivery	274k	This represents the PCIF funded element to the service.

Service Summary:

The Sources of Support Team continue to work closely with each Practice across Dundee, with all Practices having an identified Primary Care Link Worker. Service data collected via MS forms and supported by the LIST team shows the highest numbers of patients referred living in SIMD 1 and 2.

The top 3 reasons for referral remain Mental Health & Wellbeing, housing issues and financial issues, with high numbers also referred for social isolation and loneliness. The age range of the most referred patients is between 26-64 years, with a fairly even spilt of males/females of 55% - 45% respectively. The Service benefitted from a 12-month PCIF funded WTE Associate Practitioner Post, however due to recruitment delays this post was not filled until August 2025 and this funding ended in March 2026.

2026/27 Planned Activity

Financial Plan (2026/27)

Area	Proposed Spend (£k)	Notes
Programme Delivery	£293k	

Key Actions:

- To achieve direct booking across all remaining Practices in Dundee.
- To continue to monitor and refine data collected via Microsoft Forms (MS) to inform future service delivery needs.
- To develop and improve patient feedback pathways; creating a service poster with a QR code linked to MS forms; a QR link to Care Opinion and providing paper copies to support inclusion and choice. This will align with all teams in the health inclusion service which include the Health Inclusion Nurse team and the Macmillan Improving Cancer Journey team.
- Re-establish the quarterly service newsletter for Clusters/Practices to share service information and evidence activity.
- Develop a process to monitor appointment uptake and availability when booked directly through vision at Practice level.
- To continue to engage with the Scottish Community Link Worker Network to support ongoing education and development opportunities

Risks & Issues

- Reduced link worker W.T.E due to unforeseen overspend has impacted on the ability to provide full cover to all areas.
- Impact of long-term absence in the Associate Practitioner team has resulted in a review of the workload and necessitated a reduction to level of service provision.
- Monitoring appointment bookings, uptake and availability when Practices are booking appointments directly into Vision at Practice Level.

6. Urgent Care

Lead Officer(s)	Integrated Manager, Urgent Care

2025/26 Delivery Summary

Dundee Frailty at Home provides a same day home visiting service to residents of care homes registered with a Dundee GP. In addition, it provides assessment, treatment, and support to frail elderly people in their own homes, preventing deterioration, preventing unnecessary admission to hospital, and supporting people on discharge from inpatient settings. The service is part funded via PCIF.

Completed Actions:

- Excellence in care review completed and action plan being implemented as part of ongoing service arrangements.
- Pathway from ED/ ED Observational Unit developed.
- Dundee Frailty at Home (DFaH) added as option via Consultant Connect to provide professional to professional discussion particularly with Scottish Ambulance Service (SAS).
- Wards established on TRAK to allow performance reporting consistent with other Tayside Frailty at Home teams.
- DFaH moved from EMIS to MORSE patient management system.
- Trial of extended working hours undertaken.

Financial Summary (2025/26)

Area	Spend (£k)	Commentary
Programme Delivery	1,097k	This represents the PCIF funded element to the service

Service Summary:

What the Frailty at Home Team provides:

The Dundee Frailty at Home team supports older people living with frailty by offering:

- Rapid multi-disciplinary assessment in the person's own home.
- Short-term, intensive support following illness or deterioration.
- Close working with hospital frailty services to enable earlier discharge.
- A locality-based, cluster approach, aligned with other health and social care services to better meet community needs.

What difference does this make for people

- Many people can avoid hospital admission altogether or return home sooner, we have seen a reduction in the number of emergency admissions to Ninewells for those aged 65+.
- People spend less time in hospital with a reduced chance of avoidable readmission.
- Independence and confidence are supported in familiar surroundings.

Whole system's impact:

- Supports Primary Care to support frail elderly patients in their own homes.
- Strong links with hospital frailty units support safe step-down care and seamless escalation.
- Supports the national Home First approach.
- Smoother working across the interface of primary and secondary care.

For people living with frailty, this means staying in control of their lives, supported safely at home wherever possible.

Recognition of excellence:

Gillian Phimister, Dundee-based Advanced Nurse Practitioner and Adult Nursing Award runner-up at the RCN Scotland Nurse of the Year 2026 awards.

2026/27 Planned Activity

Financial Plan (2026/27)

Area	Proposed Spend (£k)	Notes
Programme Delivery	£1,201k	

Key Actions:

- Develop and implement AHP pathways within the service as part of wider frailty pathway.
- Continue to develop whole system pathways for frail elderly people in Dundee including working with Out of Hours to ensure continuity of care and streamlining of pathways.
- Further explore opportunity and need for extended working hours, including identifying resources required to support this.
- Agree DFaH role in supporting optimisation of medications for frail elderly people in Dundee.
- Relocation of East team to Mackinnon Centre.

Risks & Issues

- Current accommodation in Wallacetown is unsuitable. Likely to be substantial investment required to allow move to Mackinnon.
- Lack of single patient records makes it very difficult to ensure that all relevant information is visible to relevant clinicians at the right time. Risks associated with duplicating information across several systems, being explore on Tayside basis.

7. Community Treatment and Care Services (CTAC)

Lead Officer(s)	Community Nurse Manager, DHSCP

2025/26 Delivery Summary

Completed Actions:

- All 21 practices can access CTACS for non-urgent phlebotomy, chronic disease monitoring (CDM), ear irrigation and wound care including removal of clips/sutures. An agreed list of injections can also be booked into wound clinics. We also have clinics for injections only – 5 sessions/week in 3 locations to help with the demand and to free up wound appointments.

- ECGs carried out as part of new hypertension diagnosis – small numbers requested.

- All practices are now onboard with new diabetes pathway – new Primary care page on SCI-diabetes now used for all patients attending CTACS.

- Phlebotomy/CDM – 69 clinics/week; 132 sessions in 18 locations; 7 days week with options to attend early and late appointment slots.

- Ear clinics – 9 clinics/week; 15 sessions in 8 locations – 5 days/week.

- Wound clinics – 37 clinics/week; 66 sessions in 11 locations – 7 days/week with options to attend early and late appointments.

- Children/young people age 5 -12 years can now access appointments for phlebotomy and simple wound care. Over 12s can attend any site for phlebotomy. Children age 5 -11 for phlebotomy can attend 1 x site (Lochee) – 1 x session/week. Wound care for children is delivered from 4 x sites – Lochee, Westgate, Hillbank and BFHC.

- Consultant Connect can now be used to share photos of wounds with non-medical prescribers (NMPs) who can't attend clinics for review. Photos can also be sent to GPs. Previously, nursing staff used old cameras and that had poor picture quality and had to be uploaded and emailed. This process is much more efficient.

- Patients can now request appointments via email, if they prefer, or can't wait in the call queue. (approximately 250-300 appointments booked each month via email).

- All practices have access to the anti-coagulation service (non-PCIF). Service continues to reduce with the introduction of DOAC's (Direct Oral Anticoagulant), but we still have 10 clinics/13 sessions per week in 10 locations.

- All patients have access to community leg ulcer clinics (non-PCIF) 8 clinics/week; 16 sessions in 3 locations. Patients can now be referred from wound clinics to leg ulcer clinics without GPs needing to refer via SCI-gateway.

Financial Summary (2025/26)

Area	Spend (£k)	Commentary
Programme Delivery	2,089k	

Service Summary:

- Currently, waiting times for phlebotomy/CDM appointments have increased to between 9-19 days depending on the site requested. Wait for age 5-11 years is currently 21 days. This has been made worse with the removal of clinics from Ryehill due to environmental concerns.

- High volume of incoming calls to the service for appointment booking. (approximately 13k-15k incoming calls monthly with approximately 70% being answered and 30% abandoned in the queue) Only approximately 8k-9k calls can be answered within 30 minutes with current staffing compliment. Two temporary posts due to end in July and October. If these posts aren't extended it will mean longer waiting times for patients calling and more pressure on the team. Previously admin staff shortages resulted in frequent complaints from patients and additional stress on the team.

- Recent increased demand for wound care – number of injections in each clinic already reduced to three. Approximately 25% of wound appointments are taken up by injections.

- Current review of anti-coagulation service due to unexpected retirement of Clinical Lead and reduction in caseload. This has left a gap in clinical support/governance. Lease for current INR monitors expires in December 2026. Near patient testing may need to cease and laboratory based venous sampling commence. This will cause possible delays in treatment for patients. An SBAR has been completed detailing risks and shared with management team for escalation.

- IT infrastructure: ongoing problems with staff accessing Vision Anywhere. Database in progress detailing all IT service desks tickets. Recent Netcall outages x 2 meaning no incoming calls could be answered during this time (raised as major incident both times).

- Environmental concerns remain in Ryehill. All clinics recently had to be closed for two months due to mould/damp. Ongoing improvement works at present, but clinics re-opened on the 1st of June 2026. Some short term solutions while Ryehill closed with some practices offering clinical space in the short term.

- Slow recruitment processes mean recruitment can take up to four months, leaving the service short with clinics needing to be closed. Current Band 3 post waiting on redeployment checks before it can be advertised

- Difficult to cover maternity posts - 1 post from July 2025- July 2026 not filled (0.8 WTE). Another maternity due to start July 2026 for one year. Financial authorisation given to backfill. Post awaiting partnership authorisation.

2026/27 Planned Activity

Financial Plan (2026/27)

Area	Proposed Spend (£k)	Notes
Programme Delivery	£2,286k	

Key Actions:

- Aim to be fully recruited with maternity post also backfilled (from July) to support service delivery.
- Increase phlebotomy capacity where possible – continue to review clinics monthly and realign any that are underutilised.
- Complete anti-coagulation service review in order for CTACS senior team to plan service delivery.
- Agreement to make temporary admin posts permanent.
- Improvement works to be completed in Ryehill to prevent future clinic closures.

Risks & Issues

- Activity continues to increase placing additional demands on the service, coupled with reduced working week reducing available resource. The service continues to review service delivery to identify actions they can take to mitigate the risk, for example stock controller and move to shorter appointments for diabetes review.
- Premises: The service may not be able to deliver services from the MacKinnon Centre if a solution is not found for reception cover, this would reduce capacity by 300 appointments per week. Environmental concerns continue over the premises at Ryehill despite the recent improvement work undertaken.

8. Primary Care Premises, Infrastructure & I.T. Systems

Lead Officer(s)	Senior Manager, Primary Care; Head of Assets Management, NHS Tayside; Service Delivery Manager, Digital Directorate

2025/26 Delivery Summary

Premises and Digital are not delegated functions and ultimately rest with NHS Tayside to provide based on evidence of need provided by HSCP.

Completed Actions:

- One lease acquisition request for premises currently occupied by two Dundee GP Practices has been approved by NHS Tayside and progressed following the provision of the required capital funding by Scottish Government.
- One lease assignation request was approved in principle by NHS Tayside however Scottish Government has advised *'as at this time we do not wish for any GP Lease Assignations to be accelerated. The policy provides ample assurance that Health Boards will take on relevant leases when they fall due, but we do not wish to bring these costs forward unless there are significantly compelling reasons to do so. As at this time it is our position to reiterate our commitment to take on the lease in 2030/31":*
- Scottish Government appointed an alternative provider, OneAdvance, to provide the digital system for general practice, including VISION Anywhere and VISION 360, as the previous provider had entered administration.

2026/27 Planned Activity

Key Actions:

- Two further lease acquisition requests for two Dundee GP practices are to be progressed this year. Both leases currently end in June and July 2027, respectively.

Risks & Issues

- Lack of capital funding to support lease assignations 2027/28 may destabilise the two practices seeking to transfer their leases through an inability to recruit partners due to issues linked to leases.
- There is insufficient suitable accommodation to support delivery of service.

- CTACS and FCP experience intermittent outages with VISION Anywhere and VISION 360 impacting on the delivery of service. This has been escalated to OneAdvance to find a permanent solution.

9. Workforce Planning and Development

2025/26 Delivery Summary

Completed Actions:

- Funding secured for Career Start GP Programme for 25/26.

2026/27 Planned Activity

Key Actions:

- Funding secured for Career Start GP Programme for 2026/27.
- Progress further development of integration of Multi-Disciplinary Team (MDT) and wider general practice teams in light of outcomes from Scottish Government Primary Care Phased Investment Programme.

10. Sustainability/Scalability

2025/26 Delivery Summary

Completed Actions

- A fourth sustainability survey has been undertaken; we will identify any local actions that will support practice sustainability.

Partially Completed Actions:

- Dundee HSCP Primary Care Team has supported the development of the Project Implementation Document that has establish the framework for the regional development of a community phlebotomy service to encompass secondary care requests.

2026/27 Planned Activity
Key Actions:

- Dundee HSCP Primary Care Team will continue to participate in the development of the community phlebotomy service with the objective of supporting patient care closer to the patient whilst ensuring that this does not inadvertently negatively impact on existing PCIP services.

11. Evaluation

Lead Officer(s)	Service Leads; PH Intelligence Team; LIST

2025/26 Delivery Summary

Partially Completed Actions:

- Dashboards are in place for FCP and further dashboards have been developed for PALMS and Sources of Support. Tayside wide KPIs have been developed for all MDT services and have been submitted for approval.

2026/27 Planned Activity

Key Actions:

- The outcomes of the national phased investment programme, which has recommended the development of more meaningful indicators demonstrating the impact on patients and the wider system, will be considered.

12. Communication & Engagement

Lead Officer(s)	NHST Communication Team

2026/27 Delivery Summary

Completed Actions:

- National assets were deployed to maintain a programme of public information.
- GP TVs have been installed and are functioning in the majority of practices in Dundee. An additional suite of assets has been developed for practices to display in their waiting rooms, the assets describe services, for example Integrated Cancer Journey or the Listening Service.

2026/27 Planned Activity

Key Actions:

- The outcomes of the national Primary Care phased investment programme with respect to communication will be reviewed to assess those that would benefit patients in Dundee.

ITEM No …5……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 AUGUST 2026**

REPORT ON: **REDUCING HARM FROM DRUG AND ALCOHOL USE – UPDATE REPORT**

REPORT BY: **INDEPENDENT CHAIR, DUNDEE DRUG AND ALCOHOL PARTNERSHIP**

REPORT NO: **DIJB39-2026**

1.0 PURPOSE OF REPORT

1.1 To provide the Integration Joint Board with a summary overview of progress made during the third year of the Dundee Alcohol and Drug Partnership's Strategic Framework 2023-2028 and inform them of priorities for the fourth year of delivery. To seek approval of the 2025-26 annual return from the Dundee Alcohol and Drug Partnership to the Scottish Government.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report, including the progress toward implementation of the Dundee Alcohol and Drug Partnership's (ADP) delivery plan (section 4.2).

2.2 Approve the draft ADP 2025-2026 Annual Report, noting that the draft has been submitted to the Scottish Government on the 03 July 2026 to meet their submission date guidelines (section 4.3 and appendix 1).

2.3 Note that gaps identified through the annual return survey have already been identified as key priorities within the revised ADP Delivery Plan for 2026-27.

3.0 FINANCIAL IMPLICATIONS

3.1 Delegated resources to the Dundee Integration Joint Board (IJB) provide funding for statutory and commissioned drug and alcohol services. These resources are managed within the overall Dundee IJB Financial position. Additional funding is allocated annually from the Scottish Government to manage developments to support national drug and alcohol priorities. The specific utilisation of these funds is managed via Dundee Alcohol and Drug Partnership to meet local priorities within these national guidelines.

3.2 The value of additional Scottish Government allocation funding for drug and alcohol services in Dundee was approximately £1.6m in 2025/26, and with a similar value recently confirmed to be available in 2026/27. The totality of this funding will be used to support the ongoing implementation of the delivery plan with direction of spend provided through the publication of the Alcohol and Drug Partnership's Strategic Framework.

4.0 MAIN TEXT

4.1 BACKGROUND

4.1.1 The Alcohol and Drug Partnership's (ADP) strategic framework and delivery plan were published in January 2023 and sets out the vision that "*People in Dundee thrive within safe, nurturing and inclusive communities, supported by accessible and effective alcohol and drug services that focus on prevention, protection, harm-reduction, resilience and recovery."* This vision is underpinned by five key priorities:

- Reducing significant harms linked to drug and alcohol use by delivering the right care in the right place at the right time.
- Reducing the enduring impact of drug and alcohol use through an increased focus on prevention.
- Empowering people with lived experience to participate in and influence decision-making, commissioning, planning and improvement.
- Promoting cultures of kindness, compassion and hope, tackling stigma and discrimination and embedding trauma-informed approaches.
- Ensuring appropriate and effective governance arrangements and strengthening communications with stakeholders.

During 2025–26, the ADP received updates on year three delivery plan progress and shared priorities delivered through the cross-cutting Protecting People sub-groups, which report jointly to the ADP, Children at Risk Committee, Adults at Risk Committee and Community Justice Partnership.

4.1.2 The ADP's work continues to be shaped by poverty, deprivation, trauma and adversity, all of which contribute to high levels of drug and alcohol-related harm. Local partners remain committed to reducing current and future harm, and significant progress has been made in year three of the strategic framework (2025–26) against the five key priorities. Key achievements are summarised in section 4.2.

4.2 OVERVIEW OF KEY ACHIEVEMENTS

4.2.1 The implementation of the national Medication Assisted Treatment (MAT) Standards remained a key area of work for Dundee ADP during 2025/26. The national benchmarking position published in July 2026 showed Dundee performing strongly across the standards, with Blue ratings for MAT 1 to MAT 5 and MAT 5, Green for MAT 6 to 10 and Provisional Green for MAT 4. This reflects the significant improvement made locally since 2022 and the sustained work of partners to provide fast access to treatment, choice of medication, harm reduction support, trauma-informed practice and independent advocacy. The reduction in grading for MAT 4, is related to newly introduced criteria for process around the provision of vaccination for Hepatitis B. Seventeen ADPs (57%) were assessed as green or blue, and 13 ADPs (43%) were assessed as provisional green. The main reason for this was the introduction of new stretch criteria related to the provision of vaccinations at the time of MAT delivery. All original criteria from last year relating to the provision of wound care, IEP, Naloxone, BBV testing are still in place and being fully met within Dundee.

Table 1: **MAT Standards Benchmarking by Reporting Year - Dundee**

	MAT 1	MAT 2	MAT 3	MAT 4	MAT 5	MAT 6	MAT 6	MAT 7	MAT 8	MAT 9	MAT 10
2022						N/A	N/A	N/A	N/A	N/A	N/A
2023											
2024											

2025											
2026											

	Red	2022	MAT 6 to MAT 10 were not assessed
	Provisional Amber	2023	MAT 6 and MAT 10assessed separately
	Amber	2024	MAT 6 and MAT 10 assessed jointly
	Provisional Green	2025	MAT 6 & 10 assessed jointly
	Green	2026	MAT 6 & 10 assessed jointly
	Blue*		

*Blue status awarded after sustained implementation of a MAT standard at green status for at least two consecutive years

4.2.2 The benchmarking report does not directly measure outcomes for individuals, but it does identify areas where services can continue to improve from the perspective of people affected by substance use. During 2025/26, Dundee continued to offer rapid access to assessment and treatment, with no significant waiting times reported. People continued to have a choice of treatment options, including methadone, oral buprenorphine and long-acting injectable buprenorphine. Support for people following a non-fatal overdose also remained a priority, with partners continuing to strengthen the response across specialist services, A&E, harm reduction services and third sector provision.

4.2.3 Harm reduction activity continued to adapt to changing patterns of drug use, including cocaine, benzodiazepines, cannabis, alcohol, opiates and poly-drug use. The harm reduction hub at Albert Street remained an important flexible access point for people who are not ready for structured treatment, offering injecting equipment provision, blood-borne virus testing, naloxone distribution, overdose prevention training and wider support. Partners also increased the promotion of naloxone, including nasal naloxone, to family members and communities. This work is particularly important given recent national and local concerns about increasing overdoses, suspected drug-related deaths, reduced ambulance attendance and potential contamination of substances. Whilst it is recognised that Dundee is providing a comprehensive harm reduction service made up of evidence-based interventions there is an ongoing need to understand what else might make a difference. Individual complexity and multiple needs feature in those experiencing non-fatal overdoses and drug related deaths, the ADP is committed to pushing further on assertive outreach approaches and considering further how when individuals and families come into contact with health services in an acute or life-threatening event, we can ensure our response is adequate. The ADP will continue to have this work as a priority objective within the delivery plan.

4.2.4 Dundee has continued to progress support for people who use non-opioid drugs. A non-opioid brief intervention and referral pathway has been developed and tested, alongside workforce development to help staff respond more confidently to changing substance use trends. Specific work has also progressed around cocaine, including the development of a cocaine brief intervention training model and use of local data and public health needs assessment information to inform future service design. This will remain a priority as local partners continue to respond to emerging trends and the needs of people for whom opioid substitution treatment is not appropriate. Cocaine Anonymous has re-established itself as an organisation in Dundee, this is welcome and it will be a positive route to understand better the lived experience of people using cocaine as well as gaining insights from this organisation.

4.2.5 Work to improve the local alcohol pathway also continued during 2025/26. This included further review of harm, detoxification and rehabilitation processes, and continued development of a revised multi-agency pathway. There has also been a focus on Alcohol Brief Interventions and supporting frontline staff to identify and respond to alcohol-related harm. It should be noted however that a recent national Summit on Alcohol Brief Interventions lead by Public Health Scotland emphasised the efficacy of this intervention as remaining a very strong and successful

intervention when applied reliably. The challenge both nationally and locally is that the profile of ABIs is reduced compared to when it was first introduced to the health and care system back in the early 2000's. The Community Alcohol Programme has continued to provide a structured detoxification and relapse prevention option, with positive feedback from people using the service.

4.2.6 The Non-Fatal Overdose response continued to be a significant area of multi-agency work. The current pathway brings together notifications from emergency and health services, multi-agency review and follow-up support. Recent reporting has highlighted increasing complexity among people experiencing non-fatal overdose, including physical health needs, mental health needs, poverty, housing issues and poly-drug use. The ADP has therefore agreed that the next phase of this work should focus on strengthening accountability, improving data collection and monitoring, clarifying pathway ownership, improving links between services and ensuring long-term sustainability.

4.2.7 Support for people experiencing both substance use and mental health difficulties has continued through the Multi-Agency Consultation Hub (MACH), which provides joint assessment, referral and coordinated planning. This has helped strengthen partnership working for people with complex needs and supports the wider development of mental health and substance use pathways. Further work is also underway through Tayside and local mental health models of care to improve responses for people requiring crisis, home treatment or inpatient support alongside substance use support.

4.2.8 The Dundee Recovery Network continued to grow during 2025/26, with people with lived and living experience contributing to local community planning, recovery activity and ADP-funded community projects. Recovery Month was supported by the ADP and included a wider range of community-based events celebrating recovery and challenging stigma. People with lived and living experience also continued to contribute through community projects, creative work and peer-led activity, supporting a stronger focus on recovery, hope and inclusion across Dundee. Work has also taken place led by the Third Sector considering the concept of Inclusive Recovery Cities, there is broad support for this form may different stakeholders however the ADP is considering this in the context of our overall approach and the implementation of the Charter of Rights.

4.2.9 The ADP continued to support stigma reduction and prevention activity through Local Community Planning Partnerships and partnership work with community and creative organisations. Prevention activity included support for Planet Youth, implementation of the Dundee Alcohol and Drug Prevention Framework and work to improve monitoring and evaluation of local prevention activity.

4.2.10 During 2025/26, the ADP continued to develop a rights-based and trauma-informed approach. The Charter of Rights for People Affected by Substance Use has begun to inform local engagement, advocacy and planning, and its fuller implementation is a key feature of the 2026/27 Delivery Plan. Across Tayside, a high proportion of frontline staff have completed psychologically and trauma-informed training, supporting more compassionate and effective responses. Continued workforce development will be required to ensure the human rights approach is embedded consistently across services.

4.2.11 Independent Advocacy continued to be available for people accessing specialist substance use services, including those receiving MAT and those supported through shared care arrangements with Primary Care. Advocacy has helped people remain engaged with services, navigate support and participate in lived and living experience activity. Longer-term funding remains a key consideration if this support is to be mainstreamed and sustained.

4.2.12 The residential rehabilitation pathway continued to develop during 2025/26. An external evaluation of the Dundee pathway has highlighted strong person-centred practice and positive

outcomes for people supported through residential and community-based rehabilitation. The ADP will consider the final evaluation findings and use them to further strengthen assessment, preparation, family support, aftercare and links with community recovery supports. It should be noted that the evaluation of this pathway was noted to be an exemplar in practice with noticeable difference to other areas in terms of the level of support given to individuals and their families with positive effects. The key components of success demonstrate a great benchmark for other services to evaluate against.

4.2.13 Work has continued with Scottish Families Affected by Alcohol and Drugs to strengthen family-inclusive practice and the Whole Family Approach. This has included scoping work, training and planning to improve support for families affected by substance use and to increase opportunities for families to remain involved in their loved one's recovery journey where appropriate. This remains an area requiring further development, planning and resource.

4.2.14 The ADP has continued to review how services are commissioned and funded. The Finance and Commissioning Review is intended to provide a clearer picture of current funding allocations, gaps, duplication, pressures and opportunities for collaboration across public and third sector provision. This is particularly important given the challenging financial context, short-term funding risks and the need to align investment with local and national priorities.

4.2.15 Progress has also been made in relation to future service development. A feasibility study with Dundee University is progressing to consider the potential need for a safer consumption facility in Dundee. Work on drug checking has been affected by national licensing issues, which are also impacting other areas in Scotland. The ADP will continue to monitor national developments and consider local learning, evidence and community need as these areas progress.

4.2.16 The delivery environment remains challenging. Dundee continues to experience high levels of need and demand, and the nature of drug and alcohol use is changing. Services are responding to more complex presentations, including poly-drug use, mental health needs, poverty, housing issues and trauma. Sustaining progress with the MAT Standards, extending rights-based approaches, securing longer-term funding for key supports, strengthening family-inclusive practice and shifting more resource towards prevention and early intervention will remain priorities for 2026/27. Work to improve performance reporting and longer-term outcome monitoring will be supported through the Protecting People Performance Management Subgroup.

4.3 ANNUAL REPORT TO SCOTTISH GOVERNMENT

4.3.1 ADPs are required to submit an annual report to the Scottish Government on their activities and achievements across drug and alcohol policy areas. Returns are published as national statistics in the autumn and inform national programmes of work. Dundee's draft return was submitted on 03 July 2026 to meet the reporting deadline of 10 July 2026. The IJB is asked to approve the annual report, attached as appendix 1, so it can be confirmed as Dundee's final submission.

4.3.2 Dundee ADP's Survey 2025/26 return demonstrates continued progress in embedding lived and living experience, delivering harm reduction and recovery support, reducing stigma through community-led approaches, and supporting people across justice, treatment and family pathways. The survey also highlights a clear understanding of emerging challenges, including psychostimulant use, refining pathway development, workforce development needs, strengthening family-inclusive practice, and expanding rights-based and trauma-informed approaches. These areas are reflected within Dundee ADP's 2026/27 Delivery Plan and will form key priorities for the coming year.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has

not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

5.2 As described at section 4.1.2, please note that the strategic framework and delivery plan were subject to a full Integrated Impact Assessment at the point of consideration and approval by the Chief Officers Group.

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

Members of the Alcohol and Drug Partnership, Chief Officer, Chief Finance Officer, Heads 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.

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

9.0 BACKGROUND PAPERS

None.

DATE: 08 July 2026

Pamela Dudek
Independent Chair, Dundee Alcohol and Drug Partnership

Rhian Ferguson
Senior Officer, Protecting People

Appendix 1 – Alcohol and Drug Partnership Annual Reporting Survey 2025-26
Draft Dundee Response (as submitted to Scottish Government on 03 July 2026)

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2025/26

Survey Content

This survey collects information from all ADPs in Scotland on a range of aspects relating to drug and alcohol policy delivery **during the financial year 2025/26**. The survey consists of single option and multiple-choice questions, with several open text questions. Multiple-choice options are provided for ease of completion, and it is not expected that all ADPs will have all options in place. The survey does not aim to capture the full breadth of your work but focuses on areas where progress is not otherwise reported nationally.

Questions cover a range of drug and alcohol policy areas and aim to minimise other requests to ADPs over the year. The survey includes both established questions to enable year on year comparison and new questions reflecting current and anticipated data needs.

The Survey has been reviewed and streamlined this year to reduce reporting burden. This is the final ADP Survey of the National Mission on Drugs. Following publication of Preventing Harm, Promoting Recovery: Scotland's Alcohol and Drugs Strategic Plan in March 2026, this survey will be reviewed to ensure alignment with future national priorities.

ADPs are not expected to contact services to respond to questions about activities they undertake in the ADP area. Where questions relate to service level activities, we are interested in the extent to which you are aware of these as an ADP.

Survey purpose and data handling

The data collected in this survey will be used to understand progress and support monitoring and evaluation of the National Mission and help shape future drug and alcohol policy and planning. It will inform work across policy areas such as the Whole Family Approach, surveillance, and residential rehabilitation. The data will also support the work of national organisations involved in local delivery.

We will publish data from closed questions at an ADP level to enable best use of survey data and ensure transparency. Summary findings from open questions will also be reported on. Your survey response is stored securely in line with data protection legislation through the Questback platform. By completing the survey on behalf of my ADP, I understand that I am voluntarily consenting to participate and am free to withdraw at any time.

Publication of findings

Findings will be published as Official Statistics in the autumn, including data tables of ADP-level survey responses. The publication reporting on the 2024/25 ADP survey is available on the Scottish Government website. As in previous years you may also wish to publish your own return.

Timescales

The deadline for returns is Friday 10 July 2026. Your submission should be signed off by the ADP. We recognise that the timing of ADP meetings varies. If sign-off cannot be achieved by the submission date, please indicate this in your return and, where possible, provide an expected sign-off date in the open text box.

Questions - If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

ADP Name

1. Which Alcohol and Drug Partnership (ADP) do you represent? (single select)

- Aberdeen City ADP
- Aberdeenshire ADP
- Angus ADP
- Argyll & Bute ADP
- Borders ADP
- City of Edinburgh ADP
- Clackmannanshire & Stirling ADP
- Dumfries & Galloway ADP
- **Dundee City ADP X**
- East Ayrshire ADP
- East Dunbartonshire ADP
- East Renfrewshire ADP
- Falkirk ADP
- Fife ADP
- Glasgow City ADP
- Highland ADP
- Inverclyde ADP
- Lothian MELDAP ADP
- Moray ADP
- North Ayrshire ADP
- North Lanarkshire ADP
- Orkney ADP
- Perth & Kinross ADP
- Renfrewshire ADP
- Shetland ADP
- South Ayrshire ADP
- South Lanarkshire ADP
- West Dunbartonshire ADP
- West Lothian ADP
- Western Isles ADP

Section 1 - Cross-cutting priority: Surveillance and Data Informed

2. Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? If drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group or similar'. (multiple choice)

- Alcohol death review group
- Alcohol harms group
- **Drug death review group or similar X**
- Drug trend monitoring group/Early Warning System
- None of the above
- Other (please specify in open text box)

3. Do families have the option to be involved in alcohol and drug death review groups? (single select)

- Yes
- **No X**
- Don't know

4. If yes, please provide details. (open text question)

5. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, nitazines, xylazine etc.)? (single select)

- Yes
- **No X**

6. If yes please provide details of any revisions
(open text question)

Section 2 - Cross-cutting priority: Resilient and Skilled Workforce

7. New drug and alcohol staffing resources were published in 2025. How useful if at all do you think each of the following workforce resources are for the development of the sector in your area?

Resource	Not useful	Moderately useful	Very useful	Don't know
Drugs and alcohol workforce: knowledge and skills framework			X	
Drug and alcohol workforce: learning directory			X	
Pathways to employment: supporting people with lived and living			X	

experience of substance use in to work (employer toolkit)				
Pathways to employment: your guide to a career in substance use services (employee toolkit)		X		
Substance use - supporting employees with lived and living experience: guiding principles			X	

8. Please describe how these resources are currently being used in your ADP area, and/or how they may be used in future? Please specify which resource(s) you are referring to. (open text question)

We plan to utilise these resources going forward, initially looking at the Knowledge and Skills Framework. This is recognised as a gap locally so having the national resource helps provide guidance to navigate local discussions and plans.

Section 3- Cross cutting priorities: Lived and Living Experience (LLE)

9. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Select all that apply. (multiple choice)

- **Engagement with recovery communities X**
- **Experiential data collected as part of the Medication Assisted Treatment (MAT) programme X**
- Feedback / complaints process
- L**ived / living experience panel, forum and / or focus group - Used when in relation to specific pieces of work X**
- **Through lived and living experience involvement in steering groups, working groups and/or boards. X**
- **Questionnaire / survey – Used when in relation to specific pieces of work X**
- No formal mechanism in place
- Other (please specify in open text box)

10. Have people from any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Select all that apply. (multiple choice)

- **People who are current or former employees or volunteers at the ADP or drug and/or alcohol services X**
- **People who are not employed at the ADP or at drug and/or alcohol services X**
- **People who are currently accessing treatment or support for problem drug use X**
- People who are currently accessing treatment or support for problem alcohol use

- People with living experience of drug and/or alcohol use who are not currently receiving treatment or support
- People who are experiencing homelessness
- **Women X**
- Young people
- Other (please specify in open text box)

11. In what ways are people with lived and living experience and / or family members able to participate in ADP decision-making? Select all that apply.

	People with lived and living experience	Family members
Through ADP board membership		X
Through a group or network that is independent of the ADP		
Through an existing ADP group/panel/reference group		
Through membership in other areas of ADP governance (e.g. steering group)		
Not currently able to participate	X	X

Section 4 - Cross cutting priorities: Equalities and Human Rights

12. In the past year, to what extent has your ADP used the Charter of Rights for People Affected by Substance Use to inform service design, delivery and monitoring? (single select)

- Not at all
- **Planning to use it X**
- Some use in specific activities (e.g., staff training, service planning)
- Regularly used in ADP policy, practice, and partnership working
- Other (please specify in open text box)

13. Please indicate in which of the following areas the Charter of Rights for People Affected by Substance Use has been used to inform development in your ADP area (select all that apply): (multiple choice)

- Service design or commissioning
- Staff training or professional development
- **Engagement with people with lived and living experience X**
- **Complaints, advocacy, or rights-based processes X**

- Organisational policy or governance
- None of the above
- Other (please specify in open text box) - **Our local aim is to utilise the Charter to inform all areas listed above. This is a key feature of our 2026-27 delivery plan.**

Section 5 - Cross cutting priorities: Reduce Stigma

14. Please describe what work has been carried out in 2025/26 in your ADP area to reduce stigma for people who use substances and/or their families.
(open text box)

The ADP allocated funding to all the Dundee Local Community Planning Partnerships (LCPPS) to progress local projects to address stigma. The Dundee Recovery Network contribute to challenging stigma for people who are using substances. During Recovery Month we held a events across the city, run by a range of groups including introductions to Peer Work, recovery friendly drop ins, exhibitions of work done by people in recovery, open days and more. These events were run groups that do specialist work with people in recovery but in community spaces, making clear that their spaces were accessible and friendly to people affected by substance use. This challenges the stigma in many community localities across the city and again had messaging that put recovery front and centre. We work in partnership with Just Bee Productions to develop musicals based on people lived experience which they write, stage and perform. This provides opportunities for people to develop skills and confidence and to share their stories in a way which is creative and well supported. As people are involved throughout the process, they can share their story through the development of the show and don't necessarily have to perform in the show. These shows challenge many traditional thoughts about both mental health and substance use.

15. Please describe any future plans in your ADP area to reduce stigma for people who use substances and/or their families.
(open text box)

The following action features within our 2026-27 delivery plan: *Address substance use related stigma through public awareness campaigns*

Through our Workforce Development sub-group we hope to reduce stigma through a range of training opportunities.

Section 6 - Fewer people develop problem substance use

16. Do you provide targeted prevention communications to the following groups of people at an ADP level (not at a service level)? This includes communications delivered in any format, for example in person, at events, leaflets and posters, and online content (e.g. websites and social media). Select all that apply.

- People from minority ethnic groups
- People who are non native English speakers.
- People from religious groups
- **People who are experiencing homelessness X**
- People who are LGBTQI+
- **People who are pregnant or peri-natal X**
- **People who engage in transactional sex X**
- People who have been involved in the justice system
- **People with hearing impairments and/or visual impairments X**
- **People with learning disabilities and literacy difficulties X**
- People with physical disabilities
- **People with long-term health conditions X**
- Veterans
- **Women X**
- None of the above
- Other (please specify in open text box)

17. Which of the following education or prevention activities were funded or supported by the ADP and which age groups were they targeted at? Select all that apply. Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). Note: Some treatment and support options are not applicable for some age groups. Select all that apply. (multiple choice)

	0-15 years (children)	**16-24 years (young people)**	**25 years+ (adults)**
Campaigns / information	X		
Harm reduction services			X
Learning materials	X	X	
Mental wellbeing education/activities			
Peer-led interventions			
Physical health education/activities			
Planet Youth	X		
Pregnancy & parenting			
Youth activities			

Section 7 - Risk is reduced for people who use substances

18. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Select all that apply.
(multiple choice)

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies			X	X
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices	X	X		X
Homelessness services	X	X	X	
Hospitals (incl. A&E, inpatient departments)	X	X		X
Justice services	X			
Mental health services				
Mobile/outreach services	X	X	X	
Peer-led initiatives	X			
Prison	X	X		X
Sexual health services		X		X
Women support services	X			
Young people's service	X			

19. Is there demand for any specific harm reduction intervention/service not currently available in your ADP area? Please provide details.
(open text question)

While a range of harm reduction interventions are available across Dundee, there are identified gaps in provision.

Hillcrest Futures has an embedded lived experience framework and support peers throughout the organisation carrying out a variety of roles and deliver peer-led naloxone and overdose initiatives providing people with the meaningful involvement required to strengthen engagement, improve service design, and enhance the reach of harm reduction interventions.

Hillcrest Futures new service - Safer Futures is a test of change for 12 months in which Hillcrest Futures will deliver harm reduction brief interventions through a dedicated project worker and peer worker based within acute settings in Ninewells Hospital and support links for those back into services in Dundee.

There is also a need for improved harm reduction provision for young people. Hillcrest Futures currently delivers harm reduction interventions to young people through our STRIVE service 12-21 in partnership with the Corner NHS; however, more targeted naloxone awareness and provision is needed for young people and families affected by parental substance use, recognising the increased risks and impact of substance use within the family environment.

Additional demand exists for improved drug intelligence and early warning systems to ensure services and communities can respond effectively to emerging drug trends and associated harms. Hillcrest Futures will be launching drug checking as part of a Scotland pilot programme along with Glasgow and Aberdeen, no confirmed date of when this will start yet. This will contribute to enhanced drug intelligence, provide timely information on local substance trends, and strengthen harm reduction interventions at the point of contact.

There is also a need for services to continue adapting to changing patterns of substance use, including increasing crack cocaine use, through targeted harm reduction approaches and workforce upskilling in relation psychostimulants. STRIVE Team were trained in cocaine Brief interventions via TCA but further service roll out would be beneficial. Currently the supply of crack pipes within Enhanced IEP and pharmacies settings is still prohibited. The supply of pipes would increase access to this population

Hillcrest Futures currently have a list of naloxone TFT and refresher training dates that are shared with the ADP.

Hillcrest Futures deliver woman's only groups at The Centre @ Southward Road as well as supporting the Bella Centre in Dundee providing one to one support, recovery groups and overdose awareness.

Hillcrest Futures has 2 peer workers based within HMP Perth prison delivering recovery activities and harm reduction interventions within the Recovery tower. Preparing people for liberation and making links back into local services.

Section 8 - People most at risk have access to treatment and recovery

20. Which partners within your ADP area have documented pathways in place to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Select all that apply.
(multiple choice)

- **Community recovery providers**
- **Homeless services**
- **Hospitals (including emergency departments)**
- **Housing services**
- Mental health services
- **Police Scotland**

- **Primary care**
- **Prison**
- **Scottish Ambulance Service**
- Scottish Fire & Rescue Service
- **Specialist substance use treatment services**
- **Third sector substance use services**
- Other (please specify in open text box)

21. Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Select all that apply.
(multiple choice)

- Further workforce training required
- High staff turnover
- **Insufficient funds**
- **Issues around information sharing**
- **Lack of leadership**
- **Lack of ownership**
- Lack of physical infrastructure
- Lack of staff to support out of hours or extended core business hours
- **Workforce capacity**
- No barriers
- Other (please specify in open text box) **broadening referral criteria.**

22. At which stages of the criminal justice system does your ADP support referrals to drug and alcohol treatment services? Select all that apply.
(multiple choice)

- **Pre-arrest** [1]
- **In police custody**[2]
- **In courts**[3]
- **In prison**[4]
- **Upon release**[5]
- None of the above

23. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Select all that apply.
(multiple choice)

- **Yes, for alcohol**
- **Yes, for drugs**
- No

24. Who provides testing services for drugs and/or alcohol for people going through the justice system on an order or license in your area? Select all that apply.
(multiple choice)

	Private provider	NHS addiction services	Local authorities	Other local provider	Other arrangement
Alcohol testing		X	X		
Drugs testing		X	X		

25. What methods are used for drugs and/or alcohol testing for people going through the justice system on an order or license in your area? Select all that apply
(multiple choice)

	Alcohol testing	Drugs testing
Handheld devices	X	
Spit tests		X
Urine tests		X
Patches		
Not applicable		

Section 9 - People receive high quality treatment and recovery services

26. What screening options are in place to address alcohol harms? Select all that apply.
(multiple choice)

- **Alcohol hospital liaison X**
- **Arrangements for the delivery of alcohol brief interventions in all priority settings X**
- **Arrangement of the delivery of alcohol brief interventions in non-priority settingsX**
- **Fibro scanningX**
- Pathways for early detection of alcohol-related liver disease
- No screening options available
- Other (please specify in open text box)

27. What treatment options are in place to address alcohol harms? Select all that apply.

(multiple choice)

- **Access to alcohol medication (e.g. Antabuse, Acamprase, etc.) X**
- **Alcohol hospital liaison X**
- **Alcohol-related cognitive testing (e.g. for alcohol related brain damage) X**
- **Community-based alcohol detox (including at-home) X**
- **In-patient alcohol detox X**
- **Pathways into mental health treatment X**
- **Psychosocial counselling X**

- **Residential rehabilitation X**
- No treatment options
- Other (please specify in open text box)

28. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Select all that apply.
[multiple choice]

- Availability of aftercare
- **Availability of detox services**
- **Availability of stabilisation/crisis services**
- Challenges accessing additional sources of funding
- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- **Geographic distance**
- Insufficient base funding
- Insufficient staff
- Lack of awareness of residential rehabilitation among potential clients and referrers
- Lack of bed capacity within ADP area
- Lack of specialist providers
- Lack of transport to travel to available capacity
- **Waiting times**
- No barriers
- Other (please specify in open text box)

29. Have you made any revisions in your pathway to residential rehabilitation in the last year?
(single select)

- **No revisions or updates made in 2025/26**
- Yes - Revised or updated in 2025/26 and this has been published
- Yes - Revised or updated in 2025/26 but not currently published

30. If yes, please provide brief details of the changes made and the rationale for the changes.
(open text)

31. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Select all that apply.
(multiple choice)

- **Accommodation challenges** (e.g. appropriate physical spaces, premises, etc.) X
- Availability of stabilisation/crisis services
- **Burden of data collection and reporting X**
- **Challenges engaging with GPs X**
- **Further workforce training is needed X**

- Geographical challenges (e.g. remote, rural, etc.)
- Insufficient funds
- Insufficient staff
- **Lack of awareness among potential clients X**
- Lack of capacity
- **Scope to further improve/refine your own pathways X**
- Waiting times
- No barriers
- Other (please specify in open text box)

32. Which of the following treatment and support services are in place specifically for children and young people using alcohol and/or drugs? Select all that apply. Note: some treatment and support options are not applicable for some age groups. (multiple choice)

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
Information services	X	X	X
Justice services		X	X
Mental health services (including wellbeing)	X	X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)	X	X	X
Recovery communities			X
Support/discussion groups (including 1:1)	X	X	X
No treatment and support services			

33. How would you describe your ADP's position as at end 2025/26 in relation to the Standards for young people accessing treatment or support for alcohol or drugs, published in December 2025?

Select one:

- Not yet considered
- Awareness only (shared / circulated, no further consideration yet)
- Initial consideration or discussion has taken place

- The Standards are beginning to inform thinking about pathways/priorities/commissioning frameworks
- Local arrangements already broadly align with the Standards
- **Other (please specify in open text box) X**

  Young People would be supported through Child Protection procedures taking a GIRFEC approach to meet their needs holistically.
  A review of Substance Use in Schools policy will take place in school year 2026/27. The review will aim to take into consideration the recently released Scottish Government publication Schools - responding to substance use: guidance - gov.scot

Section 10 - Quality of life is improved by addressing multiple disadvantages

34. Do you have specific treatment and support services in place for the following groups? (that are available in your ADP area) Select all that apply.
(multiple choice)

- People who are non-native English speakers
- People from minority ethnic groups
- People from religious groups
- **People who are experiencing homelessness**
- **People who are involved in the justice system**
- People who are LGBTQI+
- People who are neurodivergent
- **People who are pregnant or peri-natal**
- **People who engage in transactional sex**
- People with hearing impairments and/or visual impairments
- People with physical disabilities
- **People with long-term health conditions**
- People with learning disabilities and literacy difficulties
- **Veterans**
- **Women**
- None of the above
- Other (please specify in open text box)

35. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? (single select)

- **Yes**
- No

36. What arrangements are in place within your ADP area for people who present at substance use services with mental health problems for which they do not have a diagnosis? Select all that apply
(multiple choice)

- Dual diagnosis teams
- Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis
- **Pathways for referral to mental health services or other multi-disciplinary teams X**
- **Pathways for referral to third sector services for mental health support X**
- **Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc) X**
- Provision of joint appointments for those with co-occurring mental health problems and problem substance use
- Provision of mental health assessments for people who are presenting with mental health problems
- No arrangements
- Other (please specify in open text box)

37. Which of the following activities are you aware of having been undertaken in ADP funded or supported[6] services to implement a trauma-informed approach? Select all that apply.
(multiple choice)

- **Engaging with people with lived/living experience X**
- **Engaging with third sector/community partners X**
- **Provision of trauma-informed spaces/accommodation X**
- **Presence of a working group X**
- **Recruiting staff X**
- **Training existing workforce X**
- None of the above
- Other (please specify in open text box)

38. Does your ADP area have specific referral pathways for people to access independent advocacy?
(single select)

- **Yes**
- No
- Don't know

39. If yes, are these commissioned directly by the ADP?
(single select)

- **Yes**
- No
- Don't know

Section 11 - Children, families, and communities affected by substance use are supported

40. Which of the following treatment and support services are in place for children and young people affected by a parent's or carer's substance use? Note: Some treatment and support options are not applicable for some age groups. Select all that apply.
(multiple choice)

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Advocacy			X
Carer support	X	X	X
Diversionary activities	X	X	X
Employability support			X
Family support services	X	X	X
First aid training			X
Information services	X	X	X
Mental health services	X	X	X
Outreach/mobile services (including school outreach)	X	X	X
Social work services	X	X	X
Support/discussion groups	X	X	X

41. Which of the following support services are in place for adults affected by another person's substance use? Select all that apply.

(multiple choice)

- **Advocacy**
- **Commissioned services**
- **Counselling**
- **One to one support**
- **Mental health support**
- **Naloxone training**
- **Support groups**
- **Training**
- None of the above
- Other (please specify in open text box)

42. Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area?
(single select)

- Yes
- **No**
- Don't know

43. Please provide details of any new developments or changes to these activities and priorities for 2025/26.

(open question)
Working towards aims and actions outlined in 2026/27 delivery plan.
The development of kith & kin kinship support will see increased connection with birth parents over the next 3 years, further developing a holistic whole family model.
Through 2025 there was an evaluation of Family Inclusive Practice completed by SFAD which provides a basis for a local framework.

44. Did your ADP conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use in 2025/26 (single select)

- Yes
- **No, and there are no plans to undertake one in 2026/27**
- No, but there are plans to undertake one in 2026/27

45. Which of the following services supporting a Family Inclusive Practice[7] or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Select all that apply.
(multiple choice)

- Advice
- **Advocacy**
- **Benefits and debt advice**
- **Mentoring**
- **Peer support**
- Personal development
- **Social activities**
- **Support for self care activities**
- **Support for victims of gender-based violence and their families**
- **Youth services**
- None of the above
- Other (please specify in open text box)

46. What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Select all that apply.
(multiple choice)

- Asked about in their reporting
- Prerequisite for our commissioning
- Regular training provided to services
- None
- **Other (please specify in open text box)**

Areas listed above are certainly what we are aiming towards within planning for 2026-27 and beyond

Confirmation of sign off

47. Submissions should be signed off by the ADP. As the survey has been issued later than in previous years, we recognise this may affect the timing of approvals at ADP meetings, and that it may therefore not be feasible to obtain sign-off before the 10 July submission deadline. Please confirm whether your return has been signed off; if not, provide an expected sign-off date where possible at Q48.

- **Signed-off**
- Not yet signed-off

48. Please provide sign off date or anticipated sign off date.
(open text question)

3/07/2026

[1] Pre-arrest: Services for police to refer people into without making an arrest.
[2] In police custody: Services available in police custody suites to people who have been arrested.
[3] In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).
[4] In prison: Services available to people in prisons or young offenders' institutions in your area (if applicable).
[5] Upon release: Services aimed specifically at supporting people transitioning out of custody
[6] Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.
[7] Family Inclusive Practice is a collaborative approach where professionals actively involve a person's family and social networks in care, proactively ask about the needs of the whole family, to ensure all family members are supported.

ITEM No …6……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 AUGUST 2026**

REPORT ON: **ANNUAL PERFORMANCE REPORT 2025/26**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB40-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to submit the Dundee Integration Joint Board Annual Performance Report 2025/26 for noting following its publication on 29 July 2026.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report and the Annual Performance Report 2025/26 (attached as appendix 1).

2.2 Note that the Annual Performance Report 2025/26 was approved through the IJB's Scheme of Delegation process for urgent matters to enable publication within the statutory timescale (section 4.1.3).

2.3 Instruct the Chief Officer to update the Annual Performance Report with financial year 2025/26 data for all National Health and Wellbeing Indicators as soon as this data is made available by Public Health Scotland (section 4.2.4).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Background

4.1.1 Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 states that Integration Authorities must prepare an annual performance report for each reporting year. A performance report is described as a report which sets out an assessment of performance by each Integration Authority in planning and carrying out its integration functions. The Public Bodies (Content of Performance Reports) (Scotland) Regulations 2014 sets out the prescribed content of an annual report prepared by an Integration Authority in terms of Section 42 of the Act.

4.1.2 There is a requirement for each Integration Authority to publish their annual performance report within four months of the end of the reporting year. The ninth annual report of the Dundee Integration Joint Board (for 2025/26) was therefore due for publication by 31 July 2026.

4.1.3 As the statutory timescale for publication preceded the meeting of the IJB on 19 August 2026, it was necessary to use the IJB's Scheme of Delegation process for urgent matters to secure approval of the Annual Performance Report prior to publication. The Chief Officer, in

consultation with the Chair, Vice Chair, Chief Finance Officer and Clerk and Standards Officer, approved the report on behalf of the IJB in order to meet the statutory publication timescale. In response to feedback received last year, IJB members were provided with an opportunity to comment on the draft Annual Performance Report in early July and were also invited to attend a briefing session to support review and discussion of the draft content. Feedback from the member briefing and review process was used to inform final amendments to the Annual Performance Report prior to approval and publication.

4.1.4 The Integration Joint Board has continued to evolve its approach to producing and publishing the Annual Performance Report. In April 2022, the IJB agreed a revised approach for Annual Performance Reports from 2021/22 onwards, reflecting the view that the principal purpose of the annual report should be to evidence to the public, in an open, transparent and accessible way, the use and impact of public resources to meet the health and social care needs of the population and improve outcomes. The annual report also supports wider purposes, including demonstrating accountability to statutory partners and the Scottish Government, supporting scrutiny and assurance, informing future strategic planning and commissioning, and identifying areas where further improvement action is required.

4.2 **Annual Performance Report 2025/26**

4.2.1 The Annual Performance Report 2025/26 has been published in line with statutory requirements and is attached as appendix 1. A dashboard summary has also been prepared as a separate document to provide a concise overview of key performance information and trends (available at: https://www.dundeehscp.com/sites/default/files/2026-07/Dundee%20Integration%20Joint%20Board%202025-26%20Performance%20Overview.pdf

4.2.2 The 2025/26 report continues to focus on public accountability by describing progress against the Partnership's strategic priorities, highlighting key performance trends, and providing examples of activity delivered across health and social care services. Additional work has been undertaken to strengthen the evidence of outcomes and impact, including the use of case studies, images, quotes and feedback from people who use services, carers, staff and partners.

4.2.3 In common with previous years, the report recognises the continuing challenges in evidencing the direct impact of all service transformation and improvement activity on people's outcomes. The 2025/26 report therefore places increased emphasis on presenting available evidence in a more accessible format and identifying where further work is required to strengthen outcome reporting in future years. In doing so, there is a continuing balance to be struck between meeting statutory and reporting requirements and maintaining a document that is concise, meaningful and accessible to members of the public.

4.2.4 Due to the availability of data for National Health and Wellbeing Indicators 11 to 20, which are produced and published by Public Health Scotland, it has not been possible to provide financial year data for all indicators at the point of publication. The Annual Performance Report therefore includes the most recent data available for each indicator and will be updated as soon as financial year 2025/26 data is made available by Public Health Scotland.

4.2.5 The Annual Performance Report will now be formally submitted to Dundee City Council and NHS Tayside, as well as being electronically distributed to organisational stakeholders under the direction of the Strategic Planning Advisory Group.

5.0 INTEGRATED IMPACT ASSESSMENT

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

David Berry
Chief Officer

DATE: 31 July 2026

DUNDEE IJB SIGNING DOCUMENT

In view of the timescales involved, this Report was approved by the Chief Officer in consultation with the Acting Chief Finance Officer, Clerk and Standards Officer, Chairperson and Vice Chairperson on the Integration Joint Board.

Dave Berry	27th July 2026
Chief Officer	Date
Christine Jones	27th July 2026
Acting Chief Finance Officer	Date
Roger Mennie	13th July 2026
Clerk and Standards Officer	Date
Councillor Ken Lynn	27th July 2026
Chairperson	Date
Bob Benson	27th July 2026
Vice Chairperson	Date

Dundee Integration Joint Board

Annual Performance Report

2025-2026

Dundee Health & Social Care Partnership

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Contents

Foreword

I am pleased to present Dundee Integration Joint Board's Annual Performance Report for 2025/26.

This has been another demanding year for health and social care services in Dundee. Demand for support has continued to grow, many people are living with increasingly complex health and care needs, and services have faced sustained pressure from workforce shortages, rising costs and a challenging financial position. At the same time, national policy and legislative developments have reinforced the importance of prevention, early intervention, reducing inequality and providing more support in local communities.

Despite these pressures, the report highlights important progress over the year. This includes continued improvement in supporting people to remain at home wherever possible, to return home sooner from hospital, and to access more joined-up support in their communities. There have also been positive developments in mental health and wellbeing, support for unpaid carers, and partnership working across services. These achievements reflect the commitment and resilience of the workforce, partners, unpaid carers, third and independent sector organisations, and local communities.

At the same time, important challenges remain. Demand across many parts of the system continues to rise, financial pressures are significant, and workforce challenges continue to affect the delivery and sustainability of services. Too many people still experience delays or barriers in accessing the help they need, and health inequalities continue to have a profound impact on individuals and communities across Dundee. In the year ahead, our focus will remain on strengthening the services that matter most to people, particularly those that provide early help, prevent crisis and support independence, while ensuring that our plans are realistic, sustainable and shaped by local need.

I would like to thank all of our workforce, partners, unpaid carers, volunteers and community organisations for their continued commitment over the past year. In a period of significant pressure and change, their dedication has remained central to the support provided to people across Dundee. While challenges remain, I am confident that by continuing to work together, listening to local people and focusing on what matters most, we can continue to make progress towards better outcomes for the people and communities we serve.

Councillor Ken Lynn
Chair, Dundee IJB

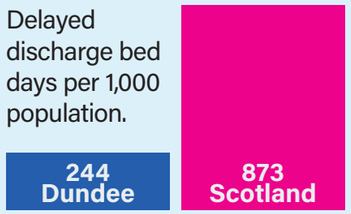
Dave Berry
Chief Officer, Dundee IJB

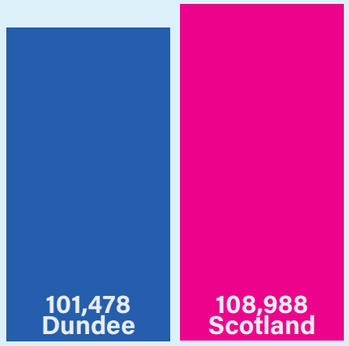
2025/26 Performance Overview

What Went Well This Year

98%
of hospital discharges happening without delay.

Delayed discharge bed days per 1,000 population.





Emergency bed day use compared to Scotland average, per 100,000 adults.

65.9%
of people with intensive care needs supported at home in 2024/25, compared with 64.7% across Scotland.

Survey feedback showed that of the adults supported at home:

79% felt supported to live independently.

71% felt care helped maintain or improve their quality of life.

During 252/26 4 Health and Social Care Partnership adult and care homes services were inspected and all received grades of very good.

82.6%
of people started psychological therapies treatment within 18 weeks, above the national average.

Mental health services rated good or very good in all five quality indicators from an external joint inspection.

92%–99% of people started drug treatment within 21 days, across the year (meeting the waiting time standard).

2,266 referrals for alcohol treatment in 2025/26 an increase from 2024/25 (2,015).

2.6% Increase in the number of individuals starting alcohol treatment during the year.

Community rehabilitation and therapy services improved access, with some waiting times reduced to around two weeks.

Strengthened support for unpaid carers through the review and refresh of the carers strategy.

For carers supported by the Carer Centre 2024/25:

99% reported improved health and wellbeing.

99% felt more confident to care.

91% felt less isolated.

606
people receiving suicide prevention training locally in the last 12 months.

Mental health and wellbeing support expanded, with

1,736 people
supported by Hope Point through

5,953 contacts
during 2025/26.

People's experiences are being used to shape improvement:

- **55** Care Opinion Stories,
- **266** Complaints
- Inspection Findings
- Health and Care Experience Survey Results

Community-based and preventative supports have grown:

200 contacts made during Coldside/Maryfield Health Week.

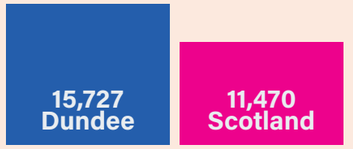
1,100 people supported by Primary Care Sources of Support.

300 people supported by Primary Care Listening Service.

144 people in Community Health Capacity Building Programmes.

Where Performance Remains Under Pressure

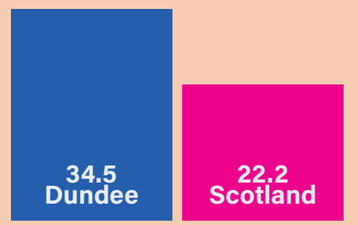
Demand for urgent, mental health, primary and social care remains high. Emergency admission rates per 100,000 adults:



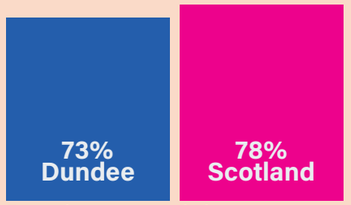
Some people still wait too long for support, including:

- Parts of the social care assessment
- Specialist services
- Primary care

Falls rate among people aged 65+ remain higher than the Scotland average, per 1,000 people.



Hospital readmission rates at 149 per 1,000 population compared with 104 across Scotland.

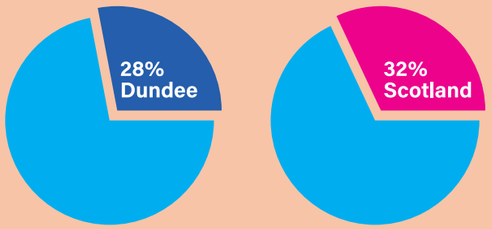


People reported that GP services are easy to contact/access.

266 Complaints
an increase of almost 50% than the previous year.

Response times for more complex complaints remain below target.

Number of unpaid carers who said they felt supported to continue caring, compared with across Scotland.



Capacity affected by:

- Workforce shortages
- Sickness absence
- Financial pressures

Temporary staffing costs of £6.9 million and a £5.7 million operational overspend in 2025/26.

*Data shown is from 2025 calendar year unless otherwise stated.

Performance Against National Indicators - Comparison Summary

		Dundee	Scotland	Comparison with Scotland
1. Percentage of adults able to look after their health very well or quite well.				
	2023-24	88%	91%	
	2025-26	90%	91%	
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible.				
	2023-24	77%	72%	
	2025-26	79%	74%	
3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.				
	2023-24	65%	60%	
	2025-26	67%	64%	
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated.				
	2023-24	64%	61%	
	2025-26	69%	65%	
5. Percentage of adults receiving any care or support who rate it as excellent or good.				
	2023-24	68%	70%	
	2025-26	72%	72%	
6. Percentage of people with positive experience of care at their GP practice.				
	2023-24	71%	69%	
	2025-26	72%	71%	
7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.				
	2023-24	71%	70%	
	2025-26	71%	72%	
8. Percentage of carers who feel supported to continue in their caring role.				
	2023-24	34%	31%	
	2025-26	28%	32%	
9. Percentage of adults supported at home who agreed they felt safe.				
	2023-24	77%	73%	
	2025-26	79%	75%	

		Dundee	Scotland	Comparison with Scotland
12. Emergency admission rate (per 100,000 people aged 18+)				
	2024-25	15,366	11,333	
	2025-26	15,727*	11,470*	
13. Emergency bed day rate (per 100,000 people aged 18+) ****Bar graph = 120,000				
	2024-25	109,652	116,715	
	2025-26	101,478*	108,988*	
14. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population).				
	2024-25	143	103	
	2025-26	149*	104*	
15. Proportion of last 6 months of life spent at home or in a community setting.				
	2024-25	90.4%	89.0%	
	2025-26	90.3%*	89.3%*	
16. Falls rate per 1,000 population aged 65+				
	2024-25	34.6	21.9	
	2025-26	34.5*	22.2*	
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.				
	2024-25	82.6%	81.9%	
	2025-26	76.7%	83.1%	
18. Percentage of adults with intensive care needs receiving care at home.				
	2024-25	65.9***	64.7%***	

2025-26 data not available.

		Dundee	Scotland	Comparison with Scotland
19. Number of days people spend in hospital when they are ready to be discharged, per 1,000 population.				
	2024-25	239	899	
	2025-26	244	873	

Dundee Scotland

Worse than Scotland Same as Scotland Better than Scotland

*Calendar year data. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2025; this ensures that these indicators are based on the most complete and robust data available.

*** Figures relate to annual census week which is usually that last week in March.

National data for indicators 10, 11, 21-23 are not available.

Main Risks and Challenges

Rising demand and increasingly complex needs across many services.

Ongoing workforce pressures, including recruitment, retention, sickness absence and reliance on temporary staffing.

Significant financial pressures, including a £5.7 million operational overspend and the need for continued financial recovery.

Pressure on community services, care at home capacity and social care assessment pathways.

The need to improve support for unpaid carers, access to primary care and how services work together around people.

Dependence on wider system partners, national policy, legislation, external funding and provider sustainability.

The need to continue redesigning services while maintaining safe day-to-day delivery.

Key Priorities for 2026/27

Improve access to timely help and reduce delays across key services, including primary care, social care assessment and specialist pathways.

Strengthen prevention, early intervention, support at home and community-based services that help people stay independent for longer.

Continue redesign and transformation in services such as mental health, primary care, urgent and unscheduled care and care at home.

Improve support for unpaid carers, including information, involvement in decisions, short breaks, emergency planning and support at transition points.

Support recruitment, retention, wellbeing and development of the workforce across health, social care, third sector and independent sector services.

Improve financial sustainability while protecting services that make the biggest difference and using consultation feedback to inform decisions.

Continue to reduce inequalities and improve how people experience joined-up, person-centred care.

Introduction

Who We Are

Established in April 2016, Dundee Integration Joint Board (IJB) is responsible for planning, agreeing and monitoring adult health and social care services in Dundee. This includes adult social work and social care, primary and community health services, and some hospital-based care for adults.

The Dundee Health and Social Care Partnership ('Partnership') is responsible for delivering person centred adult health and social care services to the people of Dundee in-line with the ambition and strategic priorities of Dundee Integration Joint Board. The Partnership consists of Dundee City Council, NHS Tayside and providers of health and care services from across the third and independent sectors. This includes all adult social care, adult primary health care and unscheduled adult hospital care.

The Plan for Excellence in Health and Social Care in Dundee, Strategic Commissioning Framework 2023-2033

As part of **The Plan for Excellence in Health and Social Care** in Dundee the IJB set a vision for health and social care in Dundee:

People in Dundee will have the best possible health and wellbeing. They will be supported by services that:

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

The plan also identifies 6 strategic priorities that will be the focus for work over the next 8 years. This Annual Performance Report provides evidence of progress against these priorities through key achievements, case studies, and feedback from people who use our services, their representatives and the workforce.

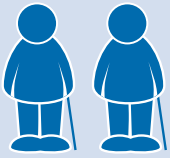
Health and Social Care in Dundee

The graphic below sets out the wider context in which the Integration Joint Board is working and the main challenges it faces in achieving its ambition for the people of Dundee.

Increased Demand

More people need health and social care support.

An Ageing Population



More people are living longer and many need support for longer.

More Complex Needs

More people are living with more than one condition.

Workforce Pressures

Recruiting and keeping enough skilled staff remains a major challenge.

People in Dundee will have the best possible health and wellbeing

Impact on Unpaid Carers

Many unpaid carers are doing more for longer, affecting their own wellbeing.

Financial Pressures

Public sector budgets are under pressure while costs continue to rise.

Rising Cost of Care

The cost of care, medicines, energy and essential services continue to increase.

Pressure on Local Services

GP practices, community services, mental health services and hospital discharge pathways are all under pressure.

These pressures shape how we plan, improve and deliver services across Dundee.

You can find out more about the health and social care needs of people in Dundee in **The Plan for Excellence in Health and Social Care in Dundee**.

Reviewing Our Long-Term Plan for Health and Social Care in Dundee

During 2025/26, Dundee Integration Joint Board reviewed **The Plan for Excellence in Health and Social Care in Dundee**. This review was required by law and looked at whether the plan is still the right one for Dundee.

The review was informed by updated information about local need, work with partners, and engagement with local people, colleagues and stakeholders. This included 129 survey responses, feedback from more than 260 people through community group discussions, and responses from health and social care services.

The review found that the overall direction of the plan is still right. Our ambition, values and main priorities continue to reflect the needs of people in Dundee and are still in line with national policy and local plans. However, the review also found that some of the detailed actions in the plan now need to be updated. Since the plan was agreed, the financial position has become more difficult, and services are working under greater pressure. This means some parts of the plan need to be revised so that they are realistic, affordable and focused on the areas where they can make the greatest difference.

The feedback from the review process showed that people value the support already in place, including community-based services and early help, but also feel there is more to do. In particular, people wanted services to be easier to access and understand, more joined up, and planned more closely with the people who use them. Many people also said that financial pressures should be handled openly and honestly, with clear communication about the impact on services.

Following the review, the IJB agreed to keep the current Strategic Commissioning Framework but revise it. This means the overall plan will stay in place, while the more detailed actions underneath it will be updated. A revised version of the Strategic Commissioning Framework will be developed during 2026 and brought back to the IJB for approval. Until then, the current plan remains in place and continues to guide the work of Dundee Health and Social Care Partnership.

The main challenge will be turning the revised plan into realistic and affordable actions while services continue to face high demand, workforce pressures and financial constraints. There is a risk that short-term operational pressures could limit the capacity available for longer-term prevention and transformation. The review process, strengthened engagement arrangements and clearer prioritisation will help the IJB focus resources on the areas where they can have the greatest impact.

Reducing Inequalities, Supporting Self-Care and Ensuring Service are Open Door

Inequalities

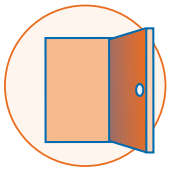
Support where and when it is needed most.

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

Self Care

Supporting people to look after their wellbeing.

Helping everyone in Dundee look after their health and wellbeing, including through early intervention and prevention.



Open Door

Improving ways to access services and supports.

Making it easier for people to get the health and social care supports that they need.

The first three strategic priorities focus on making it easier for people in Dundee to get the right support at the right time, improving access to clear information and early help, and helping people and communities stay well for longer. In the short term, we want to shift more support towards prevention, strengthen local and community-based help, improve how people find and move between services, and make sure support feels more joined up around the person rather than around organisations.

Throughout 2025/26, many developments have helped deliver these priorities. Each example below is shown alongside the strategic priority graphic for the priority area it directly supports.

Racial Literacy Training

The Community Health Team has worked in partnership with Education Scotland to develop and deliver an Introduction to Racial Literacies session for the Community Learning and Development workforce, with 41 colleagues attending. The session aimed to:

- explore why anti-racism matters both in Scotland and in Dundee.
- introduce the concept of racial literacy and highlight key resources and opportunities for further professional learning.
- provide a reflective space for colleagues to consider their own understanding and knowledge; and
- support participants to reflect on how they can build their own racial literacy, embed anti-racist approaches within their practice, and identify meaningful next steps.

Learning Disability Health Checks

During 2025/26, Dundee Health and Social Care Partnership continued to make progress in rolling out annual health checks for adults with a learning disability. A new delivery model has been introduced, combining nurse-led clinics with support from GP practices. This has created a more flexible way of offering checks and has helped build a central register of around 1,400 eligible people, making it easier to identify who should be invited and supported to take part.

During the year, 197 annual health checks were offered and 144 were completed. This means 73% of the people offered a check took it up. As a result, 61 people were referred on for extra support or treatment, helping improve access to the wider healthcare they needed.

Work has also continued to improve access to national screening programmes. By working with Public Health to review who attends and who does not, the service is building a better understanding of the barriers people face and using this to improve support and access.

A continuing challenge is making sure that all eligible people are identified, invited and supported to attend in a way that meets their communication, accessibility and support needs. Further work will focus on using the register, local data and partnership working with primary care, public health and community services to improve uptake and reduce health inequalities.

Reducing Harm from Drugs and Alcohol Use

During 2025/26, Dundee Alcohol and Drug Partnership continued to improve support for people affected by alcohol and drug use.

One of the main areas of progress was the continued rollout of the national Medication Assisted Treatment (MAT) Standards. Dundee has improved significantly since 2022 and now performs strongly across the standards. People were able to get treatment quickly, with almost no waiting times recorded, and support for people after a non-fatal overdose continued to improve. Harm reduction support, including access to naloxone, also remained an important part of the local response. Across Tayside, most services have now completed psychologically informed and trauma-informed training, supporting a more compassionate and effective response.

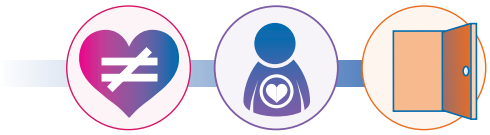
Dundee has been developing services for people affected by non-opioid drugs such as cocaine and benzodiazepines. This includes work on new treatment and brief intervention pathways, as well as workforce training to help services respond to these changes. There has also been further work to review and improve the local alcohol pathway, including detox and rehabilitation support.

Reducing Inequalities, Supporting Self-Care and Ensuring Service are Open Door

The Partnership has also continued to place strong emphasis on the voices of people with lived and living experience. The Dundee Recovery Network has grown during the year, with more people involved in community work, local planning and recovery-focused activity. Recovery Month was also supported, helping to celebrate people's achievements and promote recovery in local communities. Work has also taken place to strengthen prevention and improve how services are organised. This includes local prevention activity funded through the decentralised fund and continued support for Planet Youth.

Despite this progress important challenges remain. Services continue to work in a difficult financial and workforce context, demand remains high, and the nature of substance use is changing. Some areas of work, including independent advocacy, residential rehabilitation pathways and longer-term prevention activity, will need secure and sustainable funding for the future. Work is also still needed to improve how longer-term outcomes are measured for people as they move through treatment and recovery.

Mental Health and Wellbeing – Strategy Impact



Dundee's Mental Health and Wellbeing Strategic Plan 2019–2024 has helped to strengthen local support over the last five years, with progress made across prevention, early help, crisis support, suicide prevention, community services and workforce development.

One of the main areas of progress has been the development of more joined-up support in community and primary care settings. This has included the introduction of a multi-disciplinary framework in primary care to improve support for mental health and wellbeing, as well as wider health and wellbeing networks in communities, local fairness initiatives, a third sector mental health forum and a health inequalities action plan. Survey findings from Engage Dundee have also helped influence local activity, showing a stronger focus on listening to people and using feedback to shape services.

There has also been progress in improving support for people with more specific or complex needs. This includes expansion of the Tayside Adult Autism Team, additional supported accommodation, and work to create an integrated pathway for people experiencing both mental health and substance use issues. These developments are important because they help build a broader range of support and improve how people move between different parts of the system.

A significant part of the strategy has been the growth of alternatives to traditional clinical services, especially in relation to distress and crisis. Hope Point has been developed as an "always open" service for people in emotional distress, as well as Distress Brief Intervention, providing up to 14 days of non-clinical support from peer practitioners. Emergency Department Mental Health Navigators have also been introduced to improve support at the point of crisis and help people access the right follow-on help.

Reducing Inequalities, Supporting Self-Care and Ensuring Service are Open Door

The strategy has also delivered clear progress in suicide prevention. Dundee now has a Suicide Prevention Delivery Plan for 2024–2026. A local suicide prevention training forum has been established, alongside an alliance of facilitators and a more coordinated approach to training delivery. This has led to a significant increase in training capacity and reach. In the last 12 months alone, 606 people received suicide prevention training locally, which demonstrates practical progress in building awareness, confidence and prevention skills across the city.

Co-production and partnership working has been central to these developments. The Strategic Planning and Commissioning Group, which includes people with lived and living experience, has helped guide delivery of the plan. Overall, the strategy has led to a broader range of support being available in Dundee, with more emphasis on early help, community-based support, peer support, crisis response and partnership working. At the same time, it is clear that some areas still need more work, including smoother pathways, better information for the public, stronger transitions for young people moving into adult services, and better links between different parts of the mental health system.

In February 2026, a new one-year project was launched to better understand men's mental health and wellbeing in Dundee. The first stage was a public survey, which closed at the end of March 2026. The In Yir Heid survey received 338 responses, including 225 from men living in Dundee. The findings are now being reviewed and will be used to shape the next stage of the project, which will involve speaking directly with groups of men across the city to build a fuller picture of their experiences and needs.

Primary Care - Impact on People Using Mental Health and Wellbeing Services

During 2025/26, Dundee's Primary Care Mental Health and Wellbeing services continued to expand and strengthen support for people experiencing mental health and wellbeing challenges. The multi-disciplinary team approach means people can access a wide range of help through their GP practice or local community, improving access to the right support at the right time.

Across services, large numbers of people have been supported with practical, emotional and social needs. For example, the Distress Brief Intervention Service supported over 900 people and helped reduce levels of distress by more than half following short-term support. The Sources of Support Service helped over 1,100 people to improve their wellbeing, including support with issues such as housing, finances, loneliness and mental health, while the Community Listening Service provided a safe space for nearly 300 people to talk through difficult experiences.

For many individuals, accessing support through Primary Care has led to practical improvements in their day to day lives. This includes helping people identify wider issues affecting their wellbeing, such as money worries, debt, housing or social isolation, and connecting them with the right specialist support. Services have also helped people to better understand and manage their mental health. Feedback highlights that people feel listened to, supported and more able to cope, with examples showing improved confidence, reduced anxiety, and increased ability to deal with challenges. Short-term interventions, such as digital therapies and coaching-style support, have enabled people to access help more quickly and in ways that suit them.

Importantly, services are reaching people in the most deprived communities, where need is greatest. A significant proportion of those supported live in areas with higher levels of deprivation, and the focus on local, community-based support helps reduce barriers such as travel and cost. However, not everyone has been able to access support as quickly as needed. High demand, workforce pressures and reduced capacity in some services have led to waiting times and, in some cases, limited availability. Digital access barriers and ongoing inequalities also continue to affect how easily some people can use services.

Connections Services

In 2024–25, a service was introduced as a "Test of Change". The aim was to support people before and after an autism diagnosis, people who do not want a formal diagnosis, and/or who do not meet the criteria for support from other services. Direct support is provided and the service works in partnership with other stakeholders in the city, signposting individuals to other services where appropriate. In 2025/26, the Test of Change was extended in duration (until the end of September 2026) and in scope, to include two part-time Peer Worker posts. The service continues to strengthen links with statutory and other third sector provision across Dundee, and support individuals on the Tayside Adult Autism Consultancy Team (TAACT) waiting list.

Since launching in May 2024, the service has supported 689 people across Tayside (567 from Dundee.

Connections Services

Since launching, 689 people have accessed the service*

391 People with Autism

141 Family Members

156 Professionals

*Please note, any anonymous contacts are recorded as one person.

Just over 40% of people who used the service referred themself and the most common types of advice, support and signposting provided were:

- Emotional support
- Autism understanding
- Peer support group
- Being social
- Employment / volunteering
- Mental wellbeing

"Since I started attending Connections, my confidence has grown a lot, both socially and personally. I used to struggle to leave the house, but now I regularly come to peer support group, 1:1s and activities. It's also helped me feel more confident doing things outside of Connections too. I'm really grateful to have a space where I can be myself, feel welcome, and be around people who understand me."

The future sustainability of this support remains an important risk. If ongoing funding or capacity is not secured, there is a risk that people waiting for diagnosis, or who do not meet criteria for other services, may have fewer options for early and preventative support. Evaluation of the test of change, including feedback from people using the service and partners, will be important in shaping future commissioning decisions.

Recovery and Wellbeing – Community Projects

Douglas Community Centre Local Management Group has worked in partnership with the Community Empowerment Team and Hillcrest Futures to deliver weekly drop-in recovery café sessions and provide crisis intervention, guidance, and signposting for individuals to appropriate services. The project supported 22 individuals through 44 one-to-one sessions, resulting in significant positive changes such as increased confidence and reduced drug and alcohol use. The project distributed 32 naloxone kits (containing medication and supplies to temporarily reverse opioid overdoses), conducted substance awareness sessions, and provided wound care advice.

The Wild Dundee Nature Recovery Project delivered eight nature-based activities, developed Nature Recovery Packs for Carseview inpatients, and created a 'wee forest' at Carseview Hospital. Additional initiatives included garden design and wildflower planting at The Friary, co-design workshops, and community events. The project engaged medical students and directly benefited 94 people, with participants reporting increased confidence, purpose, and empowerment.

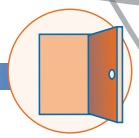
In the North-East funding was used to deliver drug and alcohol-free events in the community. Resolve and Evolve community group volunteers provided a safe and welcoming environment, providing the opportunity for families and individuals to take part in drug and alcohol-free events in the community.

General Practice – Continuity of Care

During the year, work progressed to develop a proposal to improve continuity of care in general practice across Dundee. Continuity of care means supporting patients to see the same GP, or the same small practice team, more consistently over time. The proposal was developed in response to ongoing pressures in general practice, including increasing workload, recruitment and retention challenges, and wider sustainability concerns. Evidence from research and practice suggests that stronger continuity of care can help reduce demand on services, improve outcomes for patients, and support workforce wellbeing.

A small number of practices will test and develop practical ways of improving continuity of care for specific groups of patients, such as those with complex or long-term needs. The aim is to build local learning and identify approaches that could be shared more widely across Dundee in future. This work is aligned with wider national and local priorities for sustainable, person-centred primary care. It reflects the importance of relationship-based care, particularly for people with more complex health and care needs, and supports longer-term improvement in access, quality and experience of care.

GP Out of Hours Service



During 2025/26, work has progressed to develop a new Strategic Framework for the GP Out of Hours (OOH) service (2026–2036) across Tayside, setting out a long term plan to improve urgent primary care when GP practices are closed. The need for change reflects increasing demand, more complex patient needs and workforce pressures. The new framework sets out a clear vision for a safe, sustainable and person centred service, with a focus on helping people access the right care at the right time and as close to home as possible.

Key developments include a stronger focus on integrated working across the urgent care system, with closer links between out of hours services, NHS 24, ambulance services, GP practices and community teams. This is intended to create more seamless care pathways, reduce delays, and improve the overall experience for people using services. There is also a strong emphasis on workforce development, including improved training, support and team-based working, to ensure the workforce have the skills and confidence to respond to increasingly complex needs. Alongside this, digital tools and data are being developed to improve coordination, decision making and service planning.

Evidence from engagement has highlighted the importance of timely access, clear communication and local provision for service users. While people value the care they receive, concerns remain about waiting times, telephone access, travel and coordination between services. These issues have directly informed the priorities for future service redesign. The planned changes aim to deliver a more responsive, integrated and person-centred service, improving access, experience and outcomes for people.

Tayside Health Arts Trust

Tayside Healthcare Arts Trust (THAT) has delivered arts and health programmes for more than 20 years. In partnership with NHS Tayside, cultural and community organisations, they provide creative opportunities that improve health, wellbeing, and quality of life for people living with long-term conditions. They take referrals from a wide range of services across Tayside, including health and social care teams and mental health services.

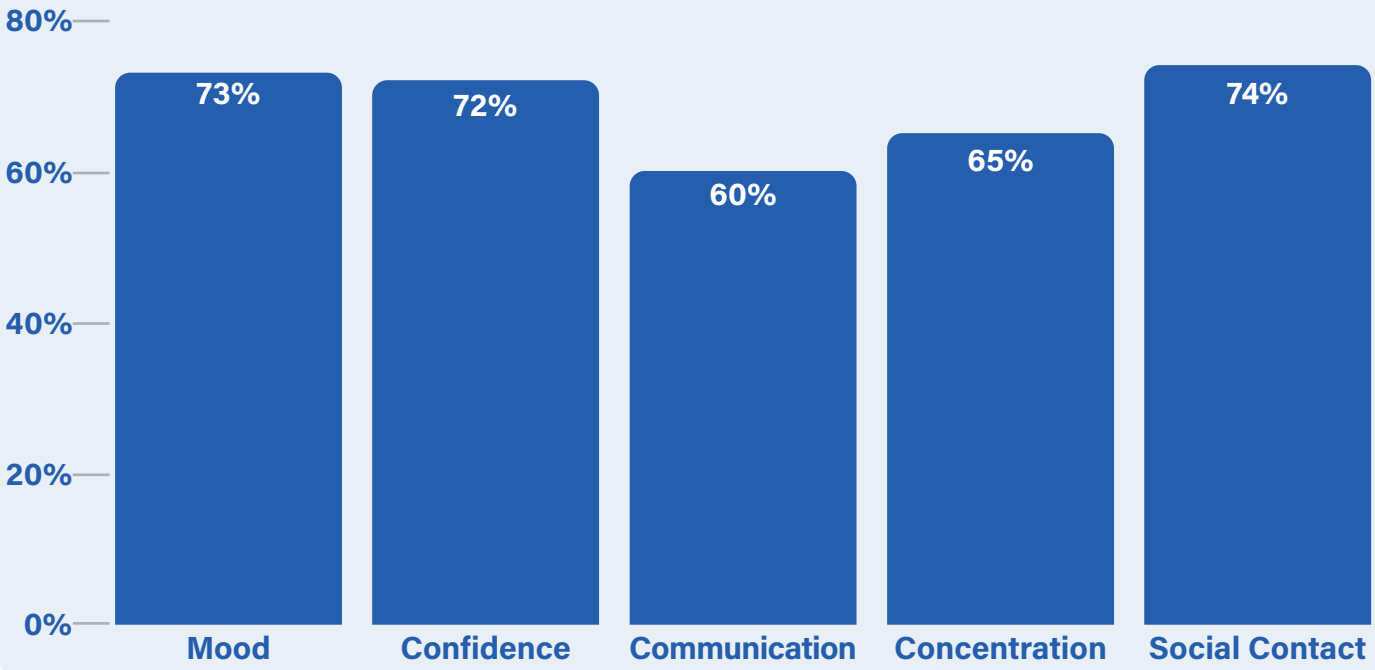
In Dundee, key activity includes:

- RSNO Music Programme – music composition workshops encouraging peer support, with experienced participants encouraging newcomers.
- McManus Galleries – Inspired by A Weather Eye exhibition participants created collages, drawings and paintings. Many gained confidence and continued art practice independently.
- Dundee Radio Club – Listening Festival – including collaboration between RSNO musicians, an audio walk at Hospitalfield, and creative writing recorded at V&A Dundee.
- Inpatient Stroke Units – 12-week creative programme at Royal Victoria Hospital, embedding art rehabilitation and strengthening NHS relationships.
- Kingsway Care Centre – Dementia-Friendly Design – Artist Louise Kirby transformed Ward 1 with nature-inspired designs that created a calmer, more supportive environment for patients, colleagues and visitors.

Reducing Inequalities, Supporting Self-Care and Ensuring Service are Open Door

THAT demonstrates that engaging in the arts can significantly enhance physical, mental, and emotional health. Participants described moving from depression and anxiety to feelings of joy, relief, and hope—highlighting the therapeutic power of creative engagement. These findings are supported by participant questionnaires, case studies and programme evaluations, alongside partner and artist observations and reports.

Has Participation Improved Your:



"Before this winter's workshop, I was extremely depressed... it made me want to be with people and be part of life again."

"After my stroke... the art class gave me confidence again."

Community Health Team

The Community Health Team (CHT) uses a community development approach, helping local people to address health challenges, lead healthier lives, tackle the root causes of poor health where this is possible, and influence decisions affecting health and wellbeing at a local and national level. As well as adopting a community-wide approach in specified localities, the team also targets population groups with specific needs. In 2025/26 this included older people, families, men, BME communities/ refugees, people with mental health challenges and women experiencing menopause. Some examples of work that has taken place over the last year are:

- In partnership with Abertay University members of the Charleston Health Issues in the Community Group presented to Mental Health Nursing Students on how taking part in community activities helped them to overcome challenges related to disability, recovery from substance use and caring responsibilities.
- Increased partnership working with the ESOL team has led to a Ukrainian refugee becoming a member of the new Community Health Team Health Issues in the Community Course. Information about Refugees and Asylum Seekers has also been added to the Poverty Sensitive Practice training, helping to address misinformation and tackle racial tensions.
- The Community Health Worker in Strathmartine delivered a Speakeasy course in partnership with a local Primary School with the aim of supporting identified parents to build confidence and skills to talk to their children about relationships, boundaries, privacy, and staying safe in an age appropriate way.
- A new partnership in the East End with the Brooksbank Centre arts and crafts groups, has supported members to access Community Regeneration and Make it Happen Funds. The groups used the funding for a study visit to the Glasgow Craft Fair with walking aids supplied, thus enabling people with disabilities to attend the event.

Dundee Menopause Community Cafés

The Menopause Community Cafés grew from a grassroots support group in Maryfield. It provided a safe, supportive space for women experiencing perimenopause and menopause to share symptoms, concerns, and coping strategies with peers. From the outset, participants highlighted difficulties accessing GP services and a perceived lack of understanding of menopause within primary care, prompting wider engagement with health partners.

A partnership was formed with local GPs, and the group secured a small amount of funding to develop menopause cafés across Dundee. Several local volunteers were trained to become "Menopause Mentors", increasing skills, confidence and capacity to provide support at a local level. The cafés have been delivered at four different venues with an average attendance of 10 women. Evening sessions reduce barriers to access and offer a welcoming environment with refreshments, facilitated discussion, and access to health checks from the Health Inclusion Nursing Team. A key focus is on women feeling "seen, heard and valued" as participants often report feeling invisible during this life stage. Cafés are treated as "tests of change", trialing different facilitation approaches, including structured questions and creative activities to encourage discussion and connection.

Evaluation and feedback showed that all participants recommend attending a Menopause Café. Many reported the positive impact of seeking non- medical remedies, feeling valued, having someone who listened, understood, and could offer practical advice. The women highlighted the need for improved GP knowledge, accessible information, and earlier education on menopause for all genders.

Mindful Meals – A Therapeutic Cooking Group

An approach was made to the Community Health Team by Occupational Therapists from the Carseview Centre and the Early Intervention in Psychosis Team looking for cooking groups suitable for patients with significant mental illness, particularly those approaching discharge from inpatient care. These patients often wanted to cook for themselves but felt unable to access community groups due to low confidence, limited skills, and complex mental health needs. To address this, a cooking group was co designed to provide a safe and supportive space where participants could build skills at their own pace.

Six patients took part in this test of change, and impact was evident early on. Sessions were deliberately small and informal, creating an atmosphere that felt social rather than clinical. Easy read, pictorial recipes made tasks accessible, and sessions remained flexible and responsive to how people were feeling on the day helping reduce anxiety and encourage participation. Participants described the group as welcoming and enabling, and the practical design helped people feel capable and included.

One said, "The recipes are easy to follow, and the pictures really help."

For some, the impact was tangible and immediate:

"I only cooked breaded chicken in the air fryer — now I can branch out."

By the end of the programme, participants were cooking more independently, eating a wider range of foods, and relying less on takeaways. Confidence extended beyond the kitchen, supporting greater engagement with OT services and use of community facilities and groups that had previously felt out of reach.

Health Week: Coldside/Maryfield

Engagement in the Coldside/Maryfield area highlighted that many residents would like to try out new activities but lacked confidence or knowledge about what was available. The Community Health Worker planned a series of meetings to explore and plan a "Health Week" involving a wide range of organisations. This resulted in a 7-day programme of 46 activities involving 15 partners. Activities included short walks, cycling, chair yoga, health checks, creative arts, litter picks, healthy eating sessions and many more.

Over 200 contacts were made during Health Week. Feedback indicated that local people found the activities enjoyable and health-promoting and were more aware of what was going on in their community. There was also a subsequent up-tick in attendance at a range of community groups. Plans are underway to offer Health Weeks twice a year and to roll out to other areas.
Although these community-based approaches are making a positive difference, they rely on sustained partnership working, local volunteer capacity and continued access to community spaces and small-scale funding. There is a risk that the people who would benefit most from preventative activity may still face barriers such as poverty, transport, digital exclusion, disability, language or low confidence. Continued engagement with local communities will be needed to make sure activities remain inclusive, accessible and targeted where need is greatest.

Comments from participants:

"The seated exercise session was really good. I have very limited mobility and use an electric wheelchair. I was able to do most of the activities and felt really positive after the class. I attend the sessions on Wednesday afternoons in the Community Centre. I always wanted to join a group but was too shy. I now go every week, makes my day"

"The community café has been a lifeline for me, I go every morning to the breakfast club. I get tea and toast and a good chat with others at the café. I live alone and don't have any family in Dundee. Thank goodness for places like this"

Community Capacity Building

Capacity-building support provided by the Community Health Team supports the development of inclusive, cohesive, resilient, and strong communities. Local people work together and with partners to identify shared issues, priorities, and solutions to tackle health issues in their communities.

- In 2025/26 144 people engaged with community health capacity building programmes, - which is almost 50% more than the target for the year.
- 344 Recovery and Resilience Sessions have been held (annual target of 200).

Health Issues in the Community

Charleston HIIC (Health Issues in the Community) Group members all passed their Part 1 assignments, supported by the Community Health Team. The group has been working towards this for well over a year and 3 out of 4 members have chosen to complete Part 2 to receive accreditation. This is awarded at SCQF level 6 and is a partnership between CHEX/ Scottish Community Development Centre, Public Health Scotland, Scottish Qualifications Authority & Scottish Credit and Qualifications Framework.

HIIC Part 1 courses are currently running in the East End, Coldside and Lochee Council wards, with excellent engagement from community members. The Hilltown group have successfully completed their final assignments, which have now been submitted to an external marker, and several participants have already progressed to HIIC Part 2. The Health Issues in the Community (HIIC) course continues to offer substantial benefits, enabling participants to develop a deeper understanding of the social determinants of health, build confidence, strengthen their community voice, and gain practical skills in community engagement, research, and collective action—all of which support long-term community resilience and empowerment.

Community Health Advisory Forum

The Community Health Advisory Forum (CHAF) and Health and Wellbeing Networks are agreed mechanisms to engage with local people and service providers on health-related developments with information flowing both ways. This year, both were involved in the review of the Integration Joint Board and other HSCP strategic plans and service developments. The Community Health Advisory Forum brings together 12 participants to take city-wide action on health inequalities and ensure that local voices influence plans and practice. Over the past year, the Community Health Advisory Forum has been actively engaged in a range of impactful initiatives including:

- Attending the Community Health Exchange national conference and delivered a workshop to share their experiences and key pieces of work.
- Building a strong relationship with Change to Change from Drumchapel, sharing knowledge, skills and experience.
- Shaping a suicide prevention session to support parents and carers.
- Members have joined the Mental Health and Wellbeing stakeholder group to ensure community voices are represented in the development of the new strategic plan.
- Members also attended an event exploring the idea of public diners in the city.

Community Health Advisory Forum

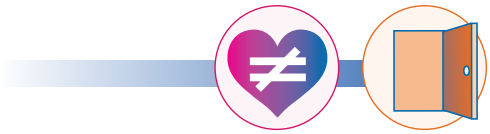
Open Doors

Community Centres across the city continue to run Open Doors programmes, which were heavily promoted over the winter months and advertised on the council website and the In Your Neighbourhood Facebook pages. Additionally, local hubs such as the Brooksbank Drop-in in Mid Craigie, the Douglas Community Centre Wednesday Hub, the Lochee Hub, the Albert Street Food Larder Hub, and Stobswell Connect have a range of co-located services.

New wellbeing web pages were launched on the NHS Tayside website to raise awareness of health services and local organisations through a service directory and were promoted through leaflets and online sessions. Another leaflet to promote mental wellbeing and self-help and was co-produced with local people and circulated in early 2025. GP Practices, community centres, third sector organisations, and schools received copies of the leaflets, as did local food larders and food banks.

Throughout 2025, a co-production exercise has been underway to engage local people and service providers in the development of a Wellbeing Website for Dundee. This is a partnership between primary care, public health, the Community Health Team, and DVVA, with input from a wide range of partners.

Health Inclusion Services



During 2025/26, health inclusion services in Dundee continued to strengthen how people are connected to the right support at the right time. The Health Inclusion Team (HINT) remained active in local communities and multi-agency planning, including through the Multi Agency Contingency Hub, helping to build trust with people who may find services hardest to access. Sources of Support continued to expand its links with GP practices, with direct booking now in place in most practices and community link workers embedded across almost the whole city. At the same time, Improving the Cancer Journey continued to develop as part of the wider Health Inclusion Service, offering support to anyone affected by cancer and strengthening links with a wider range of clinical teams so that people can be identified earlier and supported more consistently. Together, these developments have helped create a more joined-up and accessible approach to support, particularly for people facing health inequalities or multiple challenges.

Sources of Support Patient Feedback

"I was really struggling before I got support. My housing situation was unstable, I didn't understand what benefits I was entitled to, and I felt extremely isolated. The support I received made a huge difference. Everything was explained clearly, and I felt listened to rather than judged. Thank you for having patience I honestly don't know where I'd be without this help."

"I wanted to let you know that the relaxation medication is working very well for me. I'm finally able to sleep and get some rest, which has been one of my biggest challenges. I have lost some weight to help regulate my health. I'm feeling physically better and staying active by running and going to the gym when I can."

Relationship Matters Event

In February 2026 a large social and learning event was held for adults with a Learning Disability and Adults with a Learning Disability and Autism. This was arranged following extensive engagement and discussions with people with disabilities, their carers and their support workers. One of the personal outcomes people identified was regarding relationships and the need for opportunities to have personal relationships and friendships.

A Disco Event was held on a Friday afternoon at Fairfield Social Club; it was attended by over 150 people. The event included information stalls, workshops, a quiet craft area, and a disco with a buffet. Dates and Mates hosted a workshop for a large number of people about relationships and human rights.

A healthcare led workshop for carers, supporters and practitioners took place in the quiet space, led by Public Health and Learning Disability Nursing. Participants shared concerns and perspectives. Colleagues valued hearing from family members and supported more joint sessions in future.

Planning and Working Together

Planning Together

Planning services to meet local need.

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

Working together

Working together to support families.

Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including unpaid carers.

Our priorities of Working Together and Planning Together focus on improving how partners share information, plan services, make decisions and use resources so that support is easier to navigate and works more effectively across organisational boundaries. In the short term, we want to strengthen collaboration across health, social care and community partners, improve how local needs and lived experience inform planning, and make sure changes are designed and delivered in a more coordinated way.

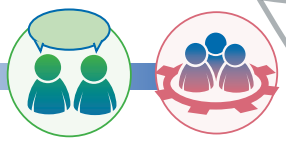
Throughout 2025/26, many developments have helped deliver these priorities. Each example below is shown alongside the strategic priority graphic for the priority area it directly supports.

Inpatient Learning Disability Services

During 2025/26, the first phase of the Tayside Learning Disabilities Inpatient Transition Programme was completed with the opening of the new Learning Disability Assessment Unit at Murray Royal Hospital. In March, patients and staff moved from the previous unit at Carseview Centre to the newly refurbished Rannoch Ward. The move was carefully planned to make sure people continued to receive safe, consistent care throughout the transition.

The new unit offers a much improved environment for the people who use it, with sensory spaces, gym equipment, outdoor areas and better accommodation. Having psychology, occupational therapy and other specialist teams based alongside the unit also means care can be planned and delivered in a more joined-up way, helping improve people's experience of support and their outcomes.

Supporting Unpaid Carers



During 2025/26, Dundee Integration Joint Board completed a review of "A Caring Dundee 2", the local strategy for supporting unpaid carers. There is a legal requirement to complete this review every 3 years. The review found that the current strategy has helped to improve support for carers, but it now needs to be updated to reflect changes in carers' lives, the wider policy environment and the feedback we have heard from carers and partner organisations.

The review showed that good progress has been made under the current strategy. This has included strengthening how carers are involved in planning services, increasing awareness of carers' rights, improving support for carers in the workplace, and continuing a range of services that help carers with their health and wellbeing. Young carers have also been supported through dedicated involvement work, including young carer ambassadors and activities that help ensure their voices are heard.

Evidence gathered through the review also showed the positive impact of local support. Of the carers who accessed support through the Carer Centre, 99% said their health and wellbeing improved, 99% said they felt more confident and able to care, and 91% said they felt less isolated (2024/25 last data available). Nationally, the proportion of carers who said they could access a range of information and advice also increased from 68% in 2022 to 78% in 2023.

At the same time, the review highlighted several challenges. Carers told us about the impact of financial pressure and poverty, difficulties getting the right information and advice at the right time, and the strain that caring can place on their mental health and wellbeing. Many also raised concerns about replacement care, respite and short breaks, especially where this affects their ability to attend their own appointments, stay in work, or take a break from caring. Carers also told us that transition points, such as hospital discharge or a young person moving into adult services, can be especially difficult.

As a result, the IJB agreed that the carers strategy should be revised, along with the local Short Breaks Service Statement. The new strategy and Short Breaks Statements was approved by the IJB in February 2026. It has been developed with carers and will continue to be shaped by carers over time, helping to ensure that future improvements reflect lived experience as well as local need.

The new strategy sets out practical priorities for the coming years, including better identification and support for young carers, increased uptake of Adult Carer Support Plans, stronger emergency planning, and improved support at key transition points. It also aims to strengthen carer involvement in hospital discharge planning, so carers are recognised and included in decisions about ongoing care and support. Other priorities include using data more effectively, improving how carer involvement is recorded, and working more closely with money advice and employability services. The Partnership will also continue to work with carers to identify the most appropriate support, including self-directed support where this is suitable.

Review of Housing with Care

During 2025, we reviewed our Housing with Care services to make sure they continue to meet people's needs and make the best use of public money. Housing with Care provides support for people who live in sheltered or supported housing and need help with daily living. In Dundee, this support is provided at nine sites, with three sites run directly by the Partnership.

The review found that the current in-house model is no longer the best way to provide this support. At two sites, Brington and Baluniefield, services were not always suitable for people's changing needs. Social care supports for the remaining tenants at these sites have now been moved into the mainstream Care at Home service. This means people continue to receive support, but through a different team.

At Rockwell Gardens, the review found that people greatly value the service, especially the relationships they have with their workers and the flexible support available on site. The wider support available at Rockwell, including meals, alarms, wellbeing checks and housing support, will remain important parts of the service. However, the review found that the current in-house care model costs more than externally commissioned services and is not making the best use of available resources and time. The Integration Joint Board therefore agreed to commission the care from an external provider through a formal procurement process. This is intended to provide a more sustainable model while maintaining quality and support for tenants. The review identified that these changes could release around £540,000 each year, helping to use resources more effectively across health and social care services.

We recognised that any change to care arrangements can be worrying for people who use services and their families. Consultation with Rockwell tenants and families showed that, while many understood why change was being considered, they were concerned about losing trusted relationships and the quality of their current support. For this reason, the change at Rockwell will be carefully managed with further consultation, clear communication, support for employees, and a planned handover to reduce disruption.

Mental Health and Wellbeing Strategy

Over the last year work has been carried out to develop a new Dundee Mental Health and Wellbeing Strategic Plan for 2026–2031. The new strategy is being created through a co-production approach, which means it is being shaped with partners, communities and people with lived and living experience, rather than being written only by services.

An important step in developing the new strategy was a city-wide Mental Health and Wellbeing Strategic Planning Event held at The Steeple in April 2025. The event brought together 90 people from across Dundee, including people with lived and living experience, unpaid carers, GPs, community workers, third sector organisations and others. The event gave people the opportunity to talk openly about what is working well, where the gaps are, and what should be prioritised in the future. Feedback from participants showed that the event created a warm and respectful space where people felt genuinely heard. This was seen as an important first step in building a more inclusive and meaningful approach to planning.

Several clear messages emerged from the event. People said they had learned about new services, but also that there needs to be better awareness of the support that is available and fewer barriers to accessing help. They highlighted the importance of stronger signposting to community resources, support to help people access these services, and peer support roles being built into future developments. Hope Point was identified as a particularly welcome addition to the city.

A Stakeholder Group was established following the April event. Facilitated by DVVA, the group met every six weeks and enabled people to take part in person, online or indirectly through outreach work in community settings. This was intended to make sure that the voices of stakeholders, including those with lived experience, continue to influence the development of the strategy over time. The final co-produced strategy is expected to be completed by early 2026.

Improving Service User and Carer Representation on the IJB

During the year, Dundee IJB reviewed how people who use services and unpaid carers are involved in Board decision-making. The IJB recognised that these voices are essential to good governance, but also considered ongoing challenges in recruiting, supporting and retaining representatives. In response, the IJB agreed a more sustainable long-term approach that builds on existing community and lived experience groups, helping people become involved through the Strategic Planning Advisory Group before progressing to IJB membership. Updated role descriptions were also developed for both service user and carer representatives, setting out the support, training and practical help available.

Winter Planning and System Resilience

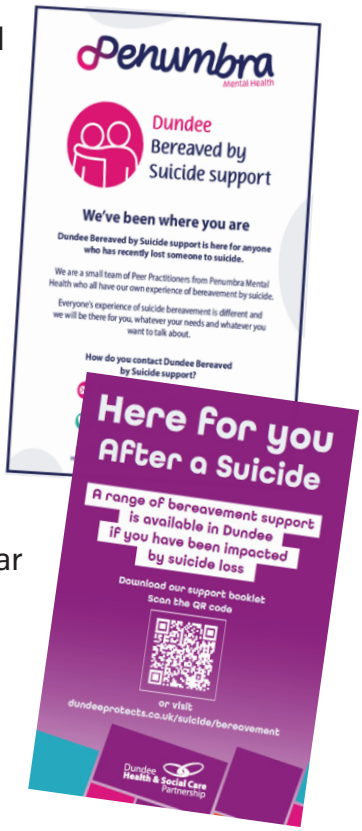
During 2025/26, Dundee Health and Social Care Partnership worked with NHS Tayside and partners across Angus and Perth & Kinross to prepare for the increased pressures typically experienced over the winter period. A whole-system approach was taken to ensure services could continue to deliver safe, effective and person-centred care. Planning focused on helping people stay well at home, improving access to the right care at the right time, and supporting colleagues to manage increased demand. This included strengthening community services, expanding "Hospital at Home" and "Home First" approaches, and improving how people move through hospital and care services.

Across Dundee, additional capacity was put in place over winter, including increased social care support, expanded frailty services, and enhanced rehabilitation provision. These measures helped support people to have an earlier discharge from hospital and reduce avoidable admissions, particularly for older people and those with long-term conditions.

Strong partnership working remained central to delivery. While risks remained —particularly around high demand, workforce pressures and seasonal illness—robust plans helped to manage them and ensure that people received timely, appropriate care throughout the winter months.

Bereaved by Suicide

During 2025/26, Dundee's Bereaved by Suicide Improvement Steering Group introduced several new ways to support people and families affected by suicide. This work was developed with people who have personal experience of this kind of bereavement, helping to make sure support is shaped by what people need most.



In September, a new bereavement support service was launched for people who had recently lost someone to suicide. The service is run by Penumbra Mental Health and delivered by peer practitioners based at Hope Point, all of whom have their own experience of suicide bereavement. This adds to the support already offered by the Survivors of Bereavement by Suicide (SOBS) group, which started in February 2025. SOBS meets every month and has supported more than 78 people so far.

A booklet called Here for You, After a Suicide was also produced to give clear and practical information to people and families after a suicide. It explains what support is available locally and nationally, including the services listed above. The booklet has been shared with local services, community organisations and third sector partners, and Police Scotland also gives it to the next of kin after a death.

Care Home Team

General Adult Nurses

The RGNs (Registered General Nurses) play a vital role in supporting Care Homes by visiting their nominated link homes and interacting with Nursing Home Colleagues and Residents and their visitors. This allows them to offer advice, supervision, guidance, and support without the need for Care Home colleagues to reach out to the service. Both Care Home Practitioners and the RGNs themselves have provided very positive feedback on this arrangement, as it helps build therapeutic relationships, fosters a deeper understanding of the pressures and demands faced by colleagues, and enables the nurses to become more familiar with residents.

To ensure equity and timeliness in care, a structured referral pathway and caseload system has been established for the RGNs. This approach has proven successful, allowing the team to monitor trends and identify areas requiring additional focus, such as end-of-life care. While the RGNs are not positioned as an emergency service, they remain highly responsive. On receiving a referral, they make direct contact with Care Home colleagues to provide reassurance and begin planning appropriate care. This proactive communication ensures that colleagues feel supported and residents receive timely attention.

Mental Health Nurses

The Mental Health Nurse referral process has recently been strengthened with the introduction of a clear priority system, ensuring that residents are seen according to the urgency of their needs. Referral forms have been simplified, making them easier for Care Home colleagues to complete while still meeting essential criteria. Alongside this formal pathway, the Registered Mental Health Nurses (RMNs) continue to provide informal support and guidance, maintaining close communication with colleagues to address concerns quickly and effectively. For routine referrals, the agreed timescale is within 10 working days. In practice, however, the team consistently exceeds this standard, with residents typically being seen within an average of just 3 working days.

Social Work Review Officers

Some of the team's Review Officers (ROs) have begun a trial of drop-in style clinics within specific Care Homes during the early evenings. These sessions provide relatives and colleagues with the chance to raise concerns, seek advice, and receive guidance in a more informal setting, while also giving the ROs valuable opportunities to get to know residents better. The initiative has been very well received and has already expanded to include attendance at family meetings organised by the Care Homes, further strengthening relationships and communication. In addition, the team has introduced clear guidance on the reporting of significant incidents. This framework helps Care Homes capture all the necessary information when incidents occur, ensuring that residents are safeguarded effectively.

Awareness Sessions/Education

The Registered Mental Health Nurses (RMNs) and Registered General Nurses (RGNs) have collaborated to design tailored sessions that provide Care Home colleagues with practical guidance, support, and education. These sessions are deliberately informal and interactive, creating a safe space for colleagues at all levels to engage, ask questions, and share experiences. Feedback from Care Home colleagues has been exceptionally positive, with participants valuing both the approachable style and the relevance of the content. The sessions cover a wide range of topics, each chosen in response to the most common challenges identified by Care Home colleagues in their work with older adults. By focusing on real issues faced in practice, the training ensures that colleagues feel better equipped, more confident, and supported in delivering high-quality care.

Enhanced Support

An enhanced support process has now been developed with the clear aim of reducing the likelihood of a Care Home having issues that would cause them to be subject of a 'Large-Scale Investigation' (LSI). This proactive approach ensures that when concerns about a particular Care Home begin to emerge, key members of the Health and Social Care Partnership responsible for monitoring performance will meet directly with the senior management of the organisation operating the home. These meetings provide a structured opportunity to discuss the concerns in detail and to consider whether an enhanced support action plan is required. The intention is to intervene early, offering targeted support to the Care Home and preventing issues from escalating to the point where an LSI would be necessary.

My Health, My Care, My Home Framework

My Health, My Care, My Home is a Scottish Government Framework for healthcare support in Care Homes. Its purpose is to improve the health and wellbeing of adults living in Care Homes by making sure they receive consistent, person-centred, high-quality healthcare, that is not adversely affected by living in a Care Home. The Framework is being actively embedded across Dundee HSCP to enhance health care across all Care Homes. A strong emphasis is placed on collaboration and involvement. Colleagues, managers, and residents are encouraged to take part in workstreams and working groups, ensuring that improvements are shaped by those delivering and receiving care.

Hospital to Care Home Discharge

The **Hospital to Care Home Discharge video** was created with the aim of highlighting the importance of well-managed, positive hospital discharges to residential Care Homes. By discussing staffing and resources, and exploring both successful and challenging discharge experiences, the aim is to raise awareness within clinical teams about how discharge processes impact patients, colleagues, and the overall Care Home environment.

The intended outcome of this **video** is to encourage and promote mutual understanding and best practices leading to improved outcomes for everyone involved.

This is a first video in a suite intended to be created with Care Home Managers and hospital colleagues. Care Home Managers are being consulted about what they would find helpful to highlight in future educational videos.

Supporting early discharge Royal Victoria Hospital 'Test of Change'

A 'test of change' process is being undertaken to ensure safe, person-centred transfer of Care Home residents from hospital wards back to their Care Home. By promoting discharge arrangements in at an earlier time within day-time hours, the initiative enables better access to key services such as GPs, the Care Home Team, DECaHT(Dundee Enhanced Care at Home), Pharmacy, and the Equipment Store, as well as continued support from the discharging ward. This approach enhances problem-solving opportunities and ensures a broader range of professionals are available to advise and assist if needed.

Independent Sector Lead

The Independent Sector Lead helps make sure Dundee's independent care sector is well supported and involved in planning local services. This includes working closely with care providers, representing their views, and helping them take part in strategic discussions about how health and social care services are delivered and improved. In Dundee, this includes working with 35 commissioned care at home providers delivering more than 23,000 hours of care each week, as well as providers supporting people in 912 independent sector Care Home Placements. Although the role covers a broad range of services, much of the work in Dundee focuses on Care Homes because of their size, complexity and importance within the local care system.

A key part of the role is acting as a clear point of contact for providers, helping to build strong relationships and ensure that important information, guidance and updates are shared consistently. This supports better communication between providers and strategic partners, helping the independent sector to play a full part in delivering high-quality care and support across Dundee.

Regular Provider Forums have helped strengthen communication and collaboration across Dundee's independent care sector. There are 3 Provider Forums (Care Home, Care at Home and Learning Disability) that provide an important space for providers to learn from each other, raise issues and share good practice. They have helped improve relationships between providers and partners, increased engagement, and supported better understanding of the pressures facing services across the city. Information from these discussions is used to help inform wider planning and improvement work within the Partnership. Meeting notes are shared widely to support openness and consistency, and the forums also help identify training and development needs, offering further support to managers and providers where needed.

Dundee Activity Network

The Dundee Activity Network has continued to help older people and other adults who use services stay active, connected and involved in their communities. The network brings together Care Homes and Day Care Services across Dundee to support meaningful activities based on people's interests, hobbies and life experiences. By working closely with partners and sharing ideas across services, the network helps improve physical, mental and emotional wellbeing. Regular meetings bring colleagues together to learn from each other, develop new activities and create more opportunities for people to socialise and take part in community life.

The network has also organised events and activities since 2023 with the aim of reducing isolation and bringing people together. A key highlight is the annual 'Going for Gold' event, which celebrates International Older People's Day and gives Care Homes and Day Care services the chance to come together for a day of teamwork, fun and shared achievement.

This year 18 Care Home and Day Care services participated – with 53 service users and 43 support workers and practitioners joining the event. The event was supported by Wellbeing Activity Co-ordinators, Active Dundee, DVVA, Menzieshill Hub and many volunteers. The range of activities was rated as very good by 94% of Care Homes and participant enjoyment as very good by 100%.

"Myself, my daughter and my mum came along and participated with my dad's Care Home. Everybody absolutely loved it!"

Improving Urgent and Unscheduled Care in Dundee

During 2025/26, Dundee HSCP working closely with NHS Tayside, continued to strengthen how Urgent & Unscheduled Care is delivered across Dundee. Despite sustained pressure on services, real improvements have been made. As a result:

- More people are returning home sooner from hospital.
- Fewer people experience unnecessary hospital stays.
- Rehabilitation and support are reaching people earlier, often in their own homes.
- Discharges from hospital are safer, smoother and better planned.

This progress reflects strong partnership working across the system, particularly through Physiotherapy & Occupational Therapy Services, the Integrated Hospital Discharge Team, and the Dundee Frailty at Home Team. These improvements directly support the IJB's strategic aim of shifting the balance of care - ensuring that people receive support in the least restrictive setting, close to home, wherever it is safe and appropriate to do so.

Physiotherapy & Occupational Therapy Services - Supporting Recovery Sooner

Physiotherapy and Occupational Therapy services have redesigned how rehabilitation is delivered across hospital and community settings. This has included:

- Faster access to therapy assessment after hospital admission.
- Stronger links between hospital wards and community teams.
- Expanded seven-day working in key pathways, including frailty and orthopaedics.

This redesign means people are assessed and supported earlier, helping teams make quicker and safer discharge decisions. Community waiting times for physiotherapy and occupational therapy have reduced to around two weeks, and more people are being supported to regain independence at home. This reduces the risk of extended hospital stays or admission to longer-term care. This has also supported urgent and unscheduled care by maintaining high and sustained rates of same-day and early discharge, reducing the length of hospital stay for people who need rehabilitation, and improving weekend discharge rates so that people can move home more smoothly across the week. For people using services, this means getting the right support at the right time — and spending less unnecessary time in hospital.

As more people are leaving hospital earlier and returning home safely, the Dundee & Angus Joint Equipment Store has continued to play an important role in supporting independence. During 2025/26, demand for equipment increased by 5%. Even with equipment being needed for longer, the service continued to make good use of items by reissuing 70% and recycling 84%, helping reduce waste and make best use of resources.

Integrated Hospital Discharge Team: Making Discharge Smoother and Safer

The Integrated Hospital Discharge Team in Dundee brings together health colleagues, social work and care providers to ensure people experience a safe, timely and well coordinated move from hospital back to their own home or a homely setting.

Working as one team across organisational boundaries, the service:

- Starts planning for discharge early.
- Coordinates assessments and support.
- Removes unnecessary delays.

This joined up approach prioritises ‘Home First’, helping people leave hospital as soon as they are clinically safe to do so.

Discharge planning is now more coordinated and consistent, with pathway teams aligned around Dundee City clusters and working closely with care teams in the community. More people have a clear planned date for discharge, supported by tailored input from teams embedded within hospital wards.

There has also been measurable improvement. Over 98% of hospital discharges now happen without delay. Where delays do occur, they are increasingly linked to complex individual circumstances rather than internal system processes. This means acute hospital capacity is being used more effectively, supporting better flow across urgent and unscheduled care. For patients and families, this means clearer communication, fewer last minute changes, and a safer transition home.

Dundee Frailty at Home Team: Preventing Hospital Admission and Supporting Early Discharge

The Dundee Frailty at Home Team supports older people living with frailty by offering:

- Rapid multidisciplinary assessment in the person's own home.
- Short term, intensive support following illness or deterioration.
- Close working with hospital frailty services to enable earlier discharge.
- A locality based, cluster approach, aligned with other health and social care services to better meet community needs.

This approach makes a practical difference for people living with frailty. Many people can avoid hospital admission altogether or return home sooner, with active rehabilitation and support provided in familiar surroundings. This helps people rebuild confidence, maintain independence and stay more in control of their lives wherever it is safe to do so.

The team also has a wider impact across the health and care system. Strong links with hospital frailty units support safe step-down care, reduce pressure on acute beds during periods of high demand, and support the national Home First approach. By improving how primary and secondary care work together, the service helps people move more smoothly between hospital and community support.

Frailty At Home Team

Working Together as One System

The biggest improvement this year has come not from a single service, but from how services work together across Dundee HSCP, NHS Tayside and partner organisations. Front Door Frailty, hospital wards, therapy services and community teams are now operating as one more connected pathway, with shared performance information supporting continuous improvement.

By addressing challenges together rather than in isolation, this whole-system approach has strengthened early intervention, improved flow through hospital, and supported safer and more timely transitions between care settings.

Despite this progress, urgent and unscheduled care remains one of the most pressured parts of the system. Sustaining improvement will depend on continued investment in prevention, rehabilitation, care at home, frailty pathways and strong coordination between hospital, primary care, social care and community services.

Listening, Learning, Leading: A collaborative model to strengthen future care planning and care around death in Care Homes

NHS Tayside Care Home Collaborative Board identified future care planning and care around death in Care Homes as an area for further development in 2025/2026. Two Nurse Consultants in Dundee HSCP worked collaboratively with two Care Homes in Dundee as part of this Tayside wide improvement work. The mixed methodology study included a review of the information held within future care plans and asking Care Home colleagues to share their experiences of care around dying.

From the information gained from colleagues, education sessions, were delivered in each of the homes. Although colleagues initially indicated that they felt confident in delivering end of life care prior to the education sessions, feedback from Care Home managers reported colleagues increased confidence in holding future care plan conversations. Care plans were reviewed prior to and six months after the education sessions. There was measurable improvement. Of the care plans audited there was:

- An increase from 76% to 100% residents had a documented future care plan.
- An increase from 80% to 100% care plans included details of resident/family wishes.
- An increase from 82% to 85% care plans included a treatment escalation plan.
- An increase from 91% to 94% documented resuscitation status.

For residents and their loved ones this means, when changes in care are required, there are no inappropriate treatments initiated. Feedback from families was positive, indicating satisfaction with the conversations held around future care planning and care around dying.

"The person who I spoke with explained everything to me, it was a positive and sensible discussion".

"It was a relief to have this discussion with mum".

This work has highlighted specific areas where improvements can still be made in person centred care planning for residents with advanced frailty and dementia. The two Care Homes have agreed to continue collaborative working, focussing on the provision of fluid and nutrition for comfort in 2026/2027.

Stroke and Neuro Rehabilitation Services

During 2025/26, Stroke and Neuro Rehabilitation Services made important progress in improving how people progress through rehabilitation processes and return to the community. Stronger multidisciplinary working with health and social care partners, including hospital discharge, social work, housing, carers' services and community rehabilitation teams, helped reduce delays in complex hospital discharge pathways through earlier identification of barriers, better shared planning and more coordinated support around each person. The Stroke Liaison Service also continued to strengthen support for people and their families at key transition points, offering early information, emotional support and better coordination between hospital, community and third sector services. Alongside this, investment in workforce development helped strengthen the service during a period of sustained pressure, with clearer leadership roles, improved clinical supervision, stronger support for decision-making and greater clarity about responsibilities across the team. For families, these improvements meant clearer communication, better support during discharge and greater confidence at what is often a difficult and uncertain time. Together, these developments have supported a more joined-up, person-centred service for people recovering from stroke, traumatic brain injury and major trauma across Tayside.

Patient, carer and workforce feedback highlights:

- Positive experiences of compassionate, specialist care.
- Feeling supported during recovery and discharge planning.
- Strong appreciation for clear communication and practitioner responsiveness.

This feedback informs ongoing service improvement and workforce development.

"The staff were absolutely amazing. All staff members – including nurses, health care assistants, senior charge nurse and doctors – were so friendly, approachable and helpful. Even when extremely busy, they never made anything feel rushed. They are all so compassionate, empathetic and very caring." Relative of a patient, Stroke & Neuro Rehabilitation Unit, Ward 5

"Thank you to all for being part of his journey. He couldn't have done it without the care and dedication you all bring to your jobs." Relatives feedback, Stroke & Neuro Rehabilitation Service

The Stroke Neuro Unit (SNRU) team and Stroke Liaison Service completed the Kiltwalk in Summer 25 walking over 20 miles and raising over £5000 for the unit.

Tayside Primary Care Foundational Strategy 2026-2028

NHS Tayside is developing a new Primary Care Strategy for 2026 to 2028 to help strengthen local health services and make sure they remain safe, accessible and sustainable. Rather than trying to set out a very long-term plan straight away, this strategy focuses on improving stability now, while laying the groundwork for bigger changes in the future. Over the next two years, the focus will be on supporting colleagues, improving joined-up working, and helping services work better together so that people can get the right care, in the right place, as close to home as possible.

A key aim is to support prevention and early help, so that people can stay well for longer and avoid needing more intensive care later on. The strategy also highlights the importance of tackling health inequalities and making sure services meet the needs of different communities across Tayside. It also sets out how Primary Care connects with the wider health and social care system, including urgent care, hospital services, Out of Hours services, NHS 24, the Scottish Ambulance Service and specialist dental services. By improving these connections and strengthening multidisciplinary teams, NHS Tayside hopes to create a more joined-up system that is better able to respond to people's needs now and in the future.

Planning and Working Together

People's views have directly shaped the development of the Tayside Primary Care Foundational Strategy. It strengthened the focus on collaboration across all four contractor groups, prevention and proactive care, workforce sustainability, clearer links between primary and secondary care, and better articulation of how improvement will be measured. In this way, engagement did not just inform the strategy process — it helped shape the priorities, scope and overall direction of the strategy.

The key risk for primary care is that demand continues to grow faster than available capacity, affecting timely access, continuity of care and the ability of services to focus on prevention. Workforce pressures, premises constraints and the need to coordinate change across several contractor groups also make delivery complex. The strategy provides an important foundation, but progress will need to be phased, realistic and supported by clear measures so that improvement can be demonstrated for patients and communities.

Tayside Together – Palliative Care Matters for All Strategy

This year, partners across Tayside developed a new shared strategy for palliative care, care around dying and bereavement support. The strategy sets out how services will work together so that people of all ages with life-shortening conditions, and the people who care for them, can get the right support at the right time and in the right place.

As more people are living longer and often with more complex health needs, the demand for palliative care and bereavement support is increasing across Tayside and across Scotland. The strategy responds to this growing need and aligns with the Scottish Government's Palliative Care Matters for All strategy. The Tayside strategy has been developed with input from health and social care services, partner organisations, independent and third sector representatives, and strategic planning groups. It will provide a framework for improving how care is planned and delivered across the whole system, helping people, families and carers better understand what support is available. Following approval, accessible public versions of the strategy will be published so that communities can see the shared ambitions for palliative care in Tayside.

A key challenge will be ensuring that the strategy leads to consistent support across different communities and care settings. The implementation phase will therefore need to focus on earlier identification, workforce confidence, clear pathways and better public information.

Palliative Care Matters

Our Vision

Tayside is a place where people of all ages with life shortening conditions live as well as possible, where everyone affected by dying, death and bereavement receive compassionate and effective support, and where communities and services are supported to work together to provide timely care based on what matters to people.

Our Aims

Enable People and Communities: Support people, families, carers and communities to live well, talk openly and support one another through illness, dying and bereavement.

Strengthening Palliative Care: Ensure timely, person-centred palliative care, care around dying and bereavement support for people of all ages.

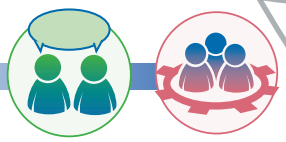
Services Led by Angus – Key Developments and Impact

Angus HSCP leads several Tayside wide services that play a vital role in providing urgent care, specialist assessment and community-based treatment across the region. Services hosted in Angus have focused on improving access and outcomes for people with specific health needs. For example, the Continence Advisory and Treatment Service has reduced waiting times significantly—from over 20 weeks to around 10 weeks—meaning people are receiving earlier assessment, treatment and advice, which can improve quality of life and help maintain independence.

The Speech and Language Therapy service continues to support people with communication and swallowing difficulties across hospital and community settings, helping individuals to maintain safety, independence and participation in daily life. However, workforce challenges mean there can be variation in access and waiting times across different areas.

Specialist services such as Forensic Medical and Custody Healthcare have also seen important developments, including improved follow-up care and increased focus on patient feedback, supporting more person centred care for vulnerable individuals, including those affected by trauma or involved in the justice system.

Services Led by Perth & Kinross – Key Developments and Impact



Perth & Kinross HSCP leads a range of services that support some of the most vulnerable people across Tayside. Prison healthcare services have continued to respond to increasing demand and complexity, with people in custody presenting with higher levels of mental health need, substance use issues and long-term conditions. Services provide comprehensive healthcare, including mental health, drug and alcohol support and emergency care, helping to reduce health inequalities and ensure people in custody receive care comparable to that available in the community. Developments such as enhanced inspection processes, workforce support initiatives and improved collaboration with wider health and social care services are helping to strengthen care quality and continuity. However, staffing pressures and the growing complexity of need remain key challenges affecting service delivery.

In podiatry services, there has been a strong focus on early intervention, prevention and improving access. New service models, including direct access approaches and vascular assessment initiatives, are helping people receive diagnosis and treatment more quickly, reducing complications such as infections, amputations and hospital admissions. These developments support people to remain mobile, independent and active for longer.

The Public Dental Service continues to provide essential care for vulnerable groups, including people with additional needs and those unable to access general dental services. Quality improvements have reduced waiting times for some treatments, and health promotion programmes are supporting better oral health outcomes across communities. For example, school based and community programmes help prevent dental disease and support long-term health. At the same time, increasing demand—particularly due to people being unable to access NHS dental registrations—has placed pressure on services and contributed to longer waiting times in some areas.

Performance Against National and Local Indicators

Performance Against National Indicators

National indicators are a set of measures used across Scotland to show how well health and social care services are working. They help us understand whether people are getting the right support, whether outcomes are improving over time, and how Dundee is performing compared with previous years, the Scottish average and similar partnerships. Looking at these indicators alongside our own local measures gives a fuller picture of what is working well, where there are pressures, and where improvement is needed.

In 2025/26, performance across the national health and wellbeing indicators showed a mixed picture for Dundee. Positive areas included emergency bed day use, which was lower than the Scotland average, and delayed discharge bed days, which remained significantly lower than Scotland. People in Dundee also spent a slightly higher proportion of their last six months of life at home or in a community setting than the Scotland average. These measures suggest continued progress in supporting people to remain at home, return home from hospital when they are ready, and receive care in more homely settings. At the same time, Dundee continued to experience higher emergency admission rates, higher readmission rates and a higher falls rate for older people than the Scotland average, showing that urgent care demand, recovery after discharge and prevention remain important areas for improvement.

The national **Health and Care Experience Survey** asks people across Scotland about their experience of GP services, out of hours care, support with everyday living and carers' support. It helps us understand how services feel from the public's point of view, not just how busy they are. We use the results alongside other performance information to identify strengths, gaps and inequalities, and to help target improvement where it is most needed. **Results** from the 2025/26 survey were published in May 2026.[1]

Overall, the 2025/26 Health and Care Experience Survey shows a broadly positive picture for Dundee, with several measures in line with or above the Scotland average. People supported at home reported positive experiences, particularly in relation to being supported to live independently, having a say in how their support was provided, and experiencing well-coordinated care. The survey also highlights areas where further improvement is needed, particularly in supporting unpaid carers to continue in their caring role and ensuring that care consistently helps people maintain or improve their quality of life.

In addition to annual reporting, local performance is also monitored quarterly and compared across Local Community Planning Partnership areas in Dundee and reported to the Performance and Audit Committee of the IJB. Where further analysis in required to understand the data and improve services in-depth analytical reports are also developed. These can be viewed on the **Dundee Health and Social Care website**.

[1] The methodology was changed by Scottish Government for the 2019/20 survey and it is therefore not accurate to compare results (except for indicator 8) from before this survey with the more recent survey results.

Performance Against National and Local Indicators

	2017-18 Dundee (Scotland)	2019-20 Dundee (Scotland)	2021-22 Dundee (Scotland)	2023-24 Dundee (Scotland)	2025-26 Dundee (Scotland)	Comparison with Scotland
1. Percentage of adults able to look after their health very well or quite well.	93% (93%)	92% (93%)	89% (91%)	88% (91%)	90% (91%)	↓
2. Percentage of adults supported at home who agreed that they are supported to live as independently as possible.	84% (81%)	79% (81%)	84% (79%)	77% (72%)	79% (74%)	↑
3. Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided.	78% (76%)	73% (75%)	75% (71%)	65% (60%)	67% (64%)	↑
4. Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated.	81% (74%)	72% (74%)	78% (66%)	64% (61%)	69% (65%)	↑
5. Percentage of adults receiving any care or support who rate it as excellent or good.	82% (80%)	75% (80%)	84% (75%)	68% (70%)	72% (72%)	↔
6. Percentage of people with positive experience of care at their GP practice.	84% (83%)	79% (79%)	67% (67%)	71% (69%)	72% (71%)	↑
7. Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life.	85% (80%)	77% (80%)	72% (78%)	71% (70%)	71% (72%)	↓
8. Percentage of carers who feel supported to continue in their caring role.	38% (37%)	35% (34%)	27% (30%)	34% (31%)	28% (32%)	↓
9. Percentage of adults supported at home who agreed they felt safe.	87% (83%)	82% (83%)	77% (80%)	77% (73%)	79% (75%)	↑

↑ Better than Scotland ↓ Worse than Scotland ↔ Same as Scotland

[2] *Calendar year data. In accordance with recommendations made by Public Health Scotland (PHS) and communicated to all Health and Social Care Partnerships, the most recent reporting period available is calendar year 2025; this ensures that these indicators are based on the most complete and robust data available.

** Calendar year data i.e. 2020/21 is for 2020, 2021/22 is for 2021 etc. Only data from 2020-2024 is available for this indicator.

*** Figures relate to annual census week which is usually that last week in March.

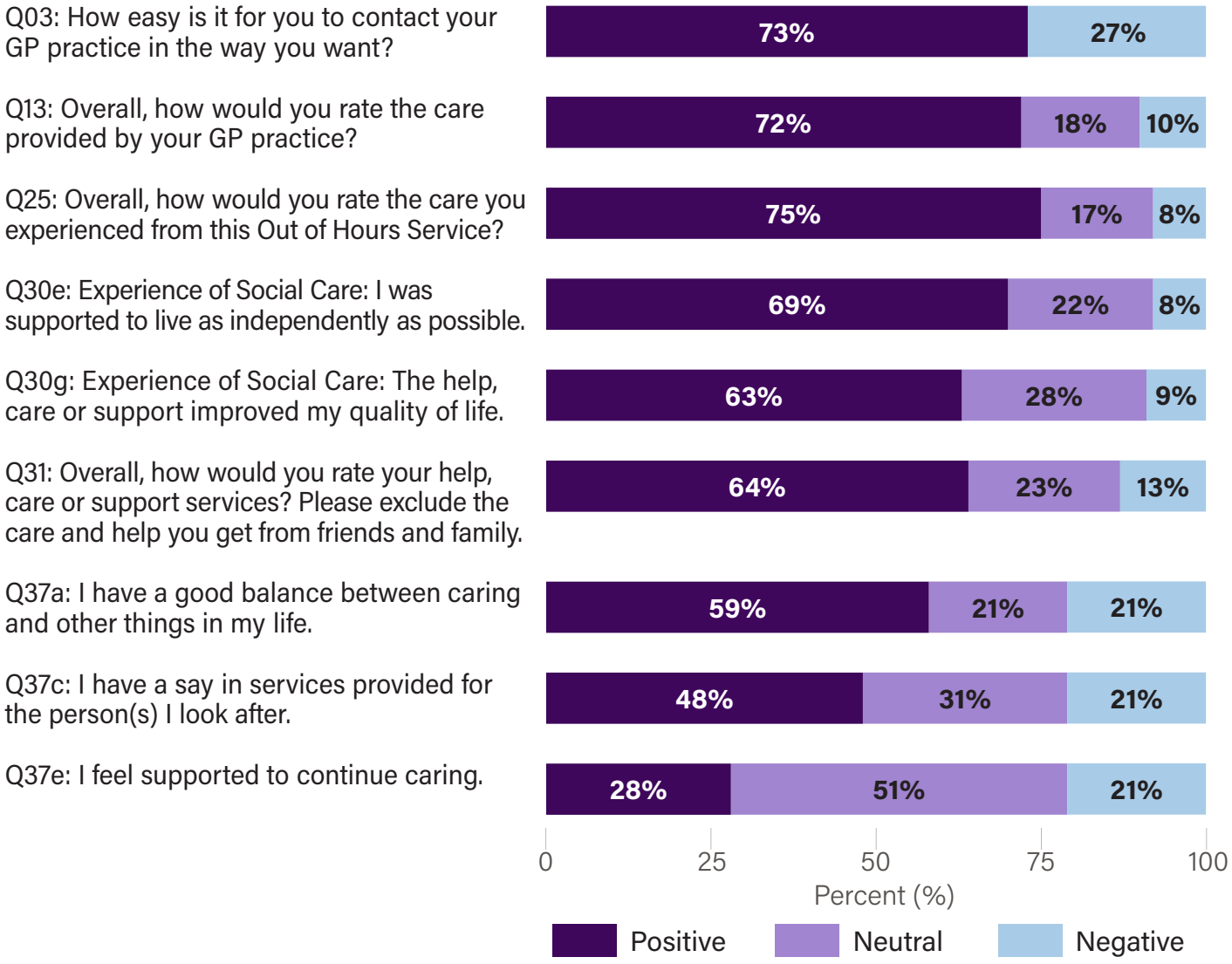
National data for indicators 10, 21-23 are not available.

Performance Against National and Local Indicators

	2020-21 Dundee (Scotland)	2021-22 Dundee (Scotland)	2022-23 Dundee (Scotland)	2023-24 Dundee (Scotland)	2024-25 Dundee (Scotland)	2025-26 Dundee (Scotland)	Comparison with Scotland
11. Premature mortality rate (per 100,000 people aged under 75)**	604 (457)	599 (466)	548 (440)	521 (426)	N/A	N/A	↓
12. Emergency admission rate (per 100,000 people aged 18+)	11,645 (10,965)	12,714 (11,645)	12,999 (11,318)	14,550 (11,857)	15,366 (11,333)	15,727* (11,470*)	↓
13. Emergency bed day rate (per 100,000 people aged 18+)	95,419 (103,433)	111,188 (116,314)	115,106 (122,909)	113,606 (119,922)	109,652 (116,715)	101,478* (108,988*)	↑
14. Readmission to acute hospital within 28 days of discharge rate (per 1,000 population)	152 (120)	139 (107)	139 (102)	149 (104)	143 (103)	149* (104*)	↓
15. Proportion of last 6 months of life spent at home or in a community setting.	91.5% (90.2%)	91.7% (89.7%)	90.0% (88.9%)	90.7% (88.8%)	90.4% 89.0%	90.3%* 89.3%*	↑
16. Falls rate per 1,000 population aged 65+	31.5 (21.7)	31.0 (22.6)	32.7 (22.1)	33.6 (22.7)	34.6 (21.9)	34.5* (22.2*)	↓
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections.	80.0% (82.5%)	74.0% (75.8%)	75.2% (75.2%)	77.5% (77.0%)	82.6% (81.9%)	76.7% (83.1%)	↓
18. Percentage of adults with intensive care needs receiving care at home.	59.5%*** (63.0%***)	63.1%*** (64.6%***)	60.6%*** (63.5%***)	61.8%*** (64.8%***)	65.9*** (64.7%***)	N/A	↑
19. Number of days people spend in hospital when they are ready to be discharged, per 1,000 population.	327 (484)	795 (748)	770 (883)	411 (867)	239 (899)	244 (873)	↑

Experiences of Health and Social Care Services

As well as providing data for National Indicators 1 to 9 (see above), the Health and Care Experience Survey also provides data in response to a range of other questions regarding GP services, social care services and carers support. The 2025/26 survey shows that most people in Dundee continue to report positive experiences of health and social care services, with performance broadly in line with, or in some areas slightly above, the Scotland average.



Access to GP services remains relatively strong, with 73% of respondents saying it was easy to contact their GP practice in the way they wanted. While this is slightly below the Scotland average of 78%, it represents a steady improvement locally from 69% in 2022 and 71% in 2024. Similarly, 72% of people rated the care provided by their GP practice positively, broadly in line with the national figure of 71% and showing improvement from a lower point of 67% in 2022.

Performance Against National and Local Indicators

Experiences of out of hours services are more positive, with 75% of respondents reporting good care, compared with 72% nationally. Respondents also reported improvements since 2022 in relation to: being able to involve the people that matter to them, feeling listened to, being treated with compassion and understanding, experiencing well co-ordinated care (included since 2024 survey), feeling in control of their care, being involved about decisions around care and treatment and being treated with dignity and respect (included since 2024 survey). All of these responses were also the same as or better than the Scotland position.

Awareness of help, care and support options increased from 50% in 2024 to 56% in 2026, against a Scotland position of 53%. Improvements were also reported in relation to people being treated with dignity and respect, having a say in how care or support is provided and taking account of the things that matter most to them (both better than the Scottish position). Feedback on social care outcomes is also encouraging. Around 69% of people said they were supported to live as independently as possible, higher than the Scotland average of 65%. In addition, 63% said their care improved or maintained their quality of life, slightly above the national figure of 62%. Overall, 64% of respondents rated their help, care or support services positively, in line with Scotland at 64%.

The survey highlights a more mixed picture for unpaid carers. While 59% of carers reported having a good balance between caring and other aspects of their lives—similar to the national position—only 48% felt they had a say in how services are provided, though this is slightly higher than the Scotland average of 44%. More significantly, just 28% of carers felt supported to continue caring, compared with 32% nationally, indicating a continuing area of challenge.

Quality of Health and Social Care Services

The Care Inspectorate is responsible for the inspection and regulation of all registered care services in Scotland. The Care Inspectorate use a six-point grading system against which specific key themes are graded. The grades awarded are published in inspection reports and on the Care Inspectorate's website at **www.careinspectorate.com**.

The current Health and Social Care Standards for Scotland came into effect in April 2018. The Standards provide a framework that is used by the Care Inspectorate to provide independent assurance about the quality of care and support. Although the inspection process varies across different types of service, some core areas of focus are:

- How well people's wellbeing is supported.
- How good the leadership of the service is.
- How good the staff team is.
- How good the setting (physical environment) within the service is.
- How well care is planned.

In 2025/26, 37 Services for Adults and Care Homes registered with the Care Inspectorate in Dundee were inspected and 45 inspections were completed. Of the services that were inspected, 25 of the 37 received no requirements for improvement. There was no enforcement action taken against any service regulated by the Care Inspectorate.

Performance Against National and Local Indicators

4 services provided directly by Dundee HSCP were inspected during 2025/26:

- Janet Brougham House and the Mckinnon Centre both received 'very good' (grade 5) evaluations for their support of people's wellbeing and quality of the care setting, with no requirements.
- Turriff House received 'very good' (grade 5) evaluations for their support of people's wellbeing, quality of their staff team and quality of the care setting, with no requirements.
- Weavers Burn received 'very good' (grade 5) evaluations for their support of people's wellbeing, leadership and the quality of their staff team, with no requirements.

24 of the 45 inspections in Dundee which were subject to a Care Inspectorate inspection last year received grades of 'good', 'very good' or 'excellent' in all aspects of the service evaluated. Only 2 inspections resulted in the service being evaluated as 'adequate', 'weak' or 'unsatisfactory' in all aspects of the service evaluated.

The grading data shows an improvement in grades between 2024-25 to 2025-26 for Care Homes particularly of note is the reduction of Care Home providers receiving a grade 3 or below. It is a similar picture in other adult services whereby there has been an improvement in the number of services who previously were graded 3 or below however two services received a grade 6 'excellent.'

Seven high performing services achieved grades of 'excellent' and 'very good' across multiple aspects of the key questions utilised for inspection. Common areas of strength identified included: strong person-centred and compassionate care; motivated and well-supported staff teams; effective leadership and oversight; effective quality assurance approaches that support continuous improvement; meaningful engagement and communication with people experiencing care and their families; and positive partnership working with external health and social care professionals and the wider community.

Healthcare Improvement Scotland did not carry out any inspections of Partnership services during 2025/26.

Strategic Inspections – Mental Health Services

A joint inspection of adult mental health services in Dundee was carried out by the Care Inspectorate and Healthcare Improvement Scotland during 2025/26. The inspection looked at how well services work together to support adults aged 18 to 65 living with mental illness, and their unpaid carers. The **report**, published in March 2026, was very positive overall and found that Dundee was performing strongly across all areas inspected.

The inspection included a review of evidence from across Dundee HSCP, including case file reading, workforce feedback, engagement with people using services and carers, and discussions with the workforce and leaders. The report found that all quality indicators were rated good or very good, with particular strength in strategic planning, quality and improvement.

Performance Against National and Local Indicators

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

The inspection highlighted strong leadership, effective partnership working, positive experiences for most people using services, and good support for unpaid carers. It also recognised Dundee's investment in early intervention, peer support and direct access community-based mental health support, including Hope Point and the Peer Support Network.

The inspection report included a number of positive comments about Dundee's approach, including:

"Leaders demonstrated a clear vision and commitment to improvement."

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

"Carers were acknowledged and supported in their caring role."

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

The **report** also identified areas for further improvement. These include making sure people and carers better understand their rights, improving support for people with multiple health conditions, strengthening how personal outcomes are recorded and analysed, and improving how the impact of strategic change is evaluated. These actions are now being taken forward through existing improvement plans and will continue to be monitored during 2026.

Individual Service Quality

Announced visits by the Mental Welfare Commission during 2025 and 2026 found that people in Kingsway Care Centre generally experienced kind, respectful and person-centred care. Across all wards, individuals spoke positively about staff, describing them as supportive, approachable and responsive to their needs, and observations confirmed caring relationships and a positive ward atmosphere.

There was strong evidence of person-centred care planning and holistic support, with care records showing detailed information about individuals' needs, preferences and physical health. Multidisciplinary teams worked together to support recovery, and a wide range of meaningful activities and therapeutic opportunities were available, contributing to a supportive and engaging environment. The Commission also highlighted examples of good practice in workforce culture and leadership, particularly in Ward 4, where colleagues described a positive team environment, opportunities for learning, and encouragement to develop and lead improvements in care.

However, a number of areas for improvement were identified across the wards. These included the need to:

- Strengthen involvement of individuals and families in care planning and decision-making, including participation in multidisciplinary review meetings.
- Improve the quality and consistency of documentation, particularly in recording multidisciplinary decisions, care plan reviews, and risk management planning.
- Ensure full compliance with legal requirements relating to consent to treatment and mental health legislation in all cases.
- Enhance awareness and use of advance statements to support individuals' rights and preferences in care.
- Address some environmental issues, including improving garden privacy and progressing repairs in parts of the estate.

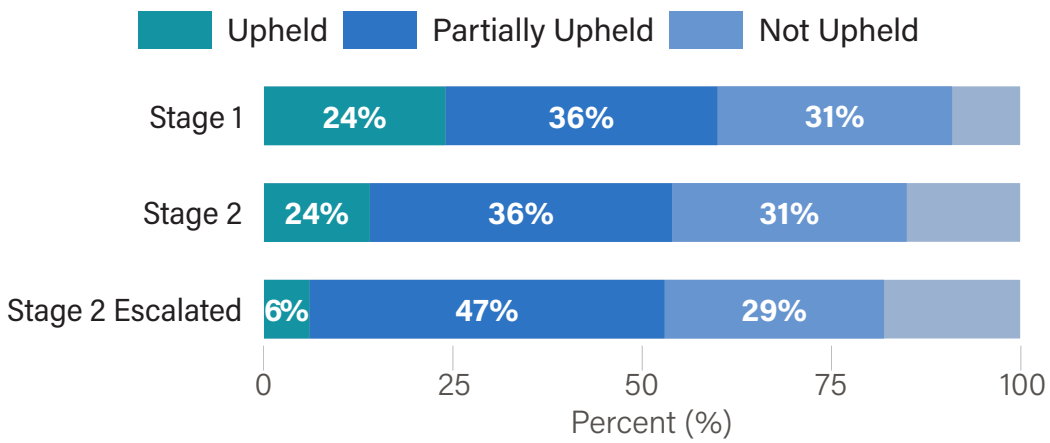
Complaints and Feedback

In 2025/26, Dundee Health and Social Care Partnership received 266 complaints. This was almost 50% higher than the previous year and shows increased concern being raised by people using services, families and carers.

Complaints covered a wide range of services. In health services, the largest share related to mental health services, accounting for almost 34% of complaints. In social work services, the most common issues were failure to provide a service (26%) and concerns about the treatment by, or attitude of, a staff member (23%).

Complaint Outcomes

Complaint Outcomes by Stage (2025/26)



Percentages do not add to 100% because some complaints were resolved early, withdrawn, transferred, closed without consent, or were still incomplete at the time of reporting.

Six complaints were referred to the Scottish Public Service Ombudsman during 2025/26, split evenly between health and social work. Most were not taken forward for further investigation, although two were still awaiting a final response at the time this report was prepared.

Response times remain an area for improvement. In 2025/26, 64% of stage 1 complaints were answered within the 5 working day target. Performance was lower for more complex complaints, with 39% of stage 2 complaints and 41% of escalated stage 2 complaints answered within the 20-working day target.

You can view our quarterly complaints reports on the **Performance Information section on the Dundee Health and Social Care website**.

Feedback

As well as complaints, we also hear from people through compliments, comments and online feedback. This helps us understand what is working well, where people have concerns, and where services can improve.

Dundee Health and Social Care Partnership now use Care Opinion, an independent not-for-profit website supported by the Scottish Government, where people can share their experiences of care and support. Work is continuing to roll this out more widely across Partnership services, including better use of features such as QR codes and links with other feedback routes.

During 2025/26, 55 stories about Dundee HSCP services were shared on Care Opinion. Most were positive, with 84% fully positive and 16% including some criticism. Care Opinion makes it easier for people to share their experiences and for colleagues to learn from them. It supports a culture of openness, listening and improvement, and over time it will be available across all Dundee HSCP services.

Performance Against National and Local Indicators

Here are examples of stories submitted to Care Opinion about Dundee Health and Social Care Partnership teams.

"I was referred by the GP to the Dundee Adult Psychology Unit in 2024, as I could not manage my OCD. I was suffering frequent panic attacks and felt I could not function properly as I was in a constant state of anxiety. My main anxiety was around food preparation and germs. My psychologist was Glen and he changed my life. He took time to get to the root of my obsessions and worked on a strategy to help me manage the anxiety when it left me"

"Have tried for the past two days (at least 8 times) to make arrangements by phone for blood and urine tests with Dundee Community Care and Treatment Services, only to find each time I am between numbers 12 and 16 in the phone queue. This happened every time I called. I am very disappointed to report such a poor service and would appreciate advice on how to better access this facility."

"We all know MacMillan nurses are very special people, what I did not know was how much of themselves they put into the job. I have watched our amazing MacMillan nurse .... look after my husband and myself in the last weeks of his life. From diagnosis to him passing was less than two months, that was just a week ago. "

Whistle Blowing

During 2025/26 no NHS Tayside whistleblowing cases were raised within Dundee Health and Social Care Partnership. **One complaint decision** was published by the Independent National Whistleblowing Officer for a case which had been referred for external review.

The full **NHS Tayside Whistle Blowing Annual Report** can be found on their **website**.

An overview of whistleblowing cases raised within Dundee City Council that relate to Dundee Health and Social Care Partnerships will be available in October 2026.

Performance and Quality Highlights – Key Measures

Over the past year, the Integration Joint Board has continued to oversee services that are safe, effective and focused on people's needs, supported by regular performance, governance and assurance reporting. Looking at both data and lived experience helps the IJB understand not only how services are performing, but also how they feel for people receiving care and support. A summary of the key messages from all of this information is provided below.

Demand for Urgent and Hospital Care is Increasing

Demand for urgent care services remains high. The number of people needing emergency hospital care has increased compared to pre-pandemic levels, and this rise has continued across 2025. Accident and Emergency attendances have also increased significantly.

Readmissions remain higher than the Scotland average and have increased compared with 2024/25, showing ongoing pressure on services and the need for continued focus on recovery and support after discharge.

Progress in Reducing Time Spent in Hospital

During 2025, there has been good progress in reducing how long people stay in hospital unnecessarily.

- Delayed discharge bed days (standard delays) have reduced significantly compared to earlier years, showing improvements in helping people leave hospital when they are ready.
- More complex delays (code 9) have also reduced overall, although there are still differences between Local Community Planning Partnership areas.
- Early discharge rates remain consistently high, reflecting strong clinical decision-making
- Hospital length of stay for older people has reduced, with further improvement planned.
- Community hospital length of stay improved significantly, supporting better acute flow.

In addition, overall delayed discharge bed days (for all reasons) have reduced compared to both recent years and pre-pandemic levels, showing continued progress in improving patient flow.

Fewer Hospital Bed Days Used Overall Compared to Before the Pandemic

While demand remains high, the total number of days people spend in hospital has improved in 2025 compared with 2024/25 and remains lower than the Scotland average, indicating more efficient use of hospital care and continued progress in supporting people through community-based services.

There has also been a substantial reduction in mental health bed days, showing continued progress in supporting people in the community where appropriate.

Falls and Prevention

Falls among older people remain higher than the Scotland average, although the rate has reduced slightly compared with 2024/25. This suggests some recent improvement, but highlights the importance of continued investment in prevention and community support.

More People Supported at Home and in the Community

There is strong evidence of progress in supporting people to live independently:

- The latest available data shows that 65.9% of adults with intensive care needs were supported at home in 2024/25, above the Scotland average of 64.7%.
- In 2025/26, 90.3% of people spent their last six months of life at home or in a community setting, above the Scotland average of 89.3%.

This positive direction is also reflected in people's feedback. In the 2025/26 Health and Care Experience Survey, 79% of adults supported at home said they were supported to live as independently as possible, above the Scotland average of 74%. In addition, 71% said their care helped maintain or improve their quality of life, slightly below the Scotland average of 72%, and 72% of adults receiving care or support rated it as excellent or good, in line with Scotland. These findings suggest that, while services remain under pressure, many people continue to experience support that helps them stay independent, safe and involved in decisions about their care.

Challenges Remain in Community Services

Demand for social care continues to grow:

- The number of people waiting for a social care assessment is increasing, although very few people are waiting in hospital for care packages.
- There are still some gaps in delivering the full number of care hours required, reflecting ongoing workforce and capacity pressures.

Experience data also shows that access to GP services remains an important area for improvement. In the 2025/26 survey, 73% of people in Dundee said it was easy to contact their GP practice in the way they wanted. This has improved from 69% in 2022 and 71% in 2024, but remains below the Scotland average of 78%. This shows that progress is being made locally, while recognising that people still experience difficulties accessing primary care.

There is clear evidence of progress and improvement across a number of services, particularly where focused action has been taken.

- Mental health services have shown strong overall performance in external inspection. A national joint inspection found that services were rated good or better across all areas, with particularly positive feedback on leadership, outcomes and people's experiences of care. This reflects sustained investment in community-based support and improved access to services.
- Psychological Therapies has made steady progress in reducing waiting times. The proportion of people starting treatment within 18 weeks increased significantly over the year.

Psychological Therapies – Improving Access and Outcomes

Access to psychological therapies has improved over the past year, with more people starting treatment on time. By the end of 2025, over 8 in 10 people (82.6%) began treatment within 18 weeks of being referred. This is a clear improvement on previous performance and is now above the national average.

This improvement is the result of a range of changes to how services are delivered. This includes offering more group-based and online therapy, increasing staffing capacity, and improving how people are assessed and directed to the right level of support. These changes are helping services support more people more quickly.

However, there are still challenges. Demand for services remains high, with referrals increasing significantly compared to before the pandemic. Some people are still waiting longer than they should, particularly in a small number of more specialised services. Recruiting and retaining practitioners in some specialist roles also remains difficult.

- Drug and alcohol services continue to perform strongly. Most people are now starting treatment within three weeks of referral, and performance has remained consistently high over the year. The share of people starting treatment within 21 days was reported as consistently high at 92%–99% across the year (meeting the waiting time standard). The number of referrals for alcohol treatment increased (2,015 in 2024/25 to 2,266 in 2025/26), and there was also a small increase (2.6%) in the number of individuals starting alcohol treatment during the year. Some aspects of the service have also been recognised nationally for innovation and quality improvements.
- Person-centred and early support services are delivering very positive experiences. For example:
  - Feedback from 1,264 young people (2025) who used The Corner showed 100% agreed that their visit helped them, they felt better after attending, and they felt listened to and involved in decisions.
  - Hope Point continues to provide rapid access to support for people in distress, with very positive feedback and strong partnership working. These services demonstrate the value of early intervention and accessible, compassionate care. During 2025/26, Hope Point supported 1,736 individuals with 5,953 support contacts (drop-in, phone and text), and reported 100% of people felt valued and respected, with 100% saying they would seek support again.

Performance Against National and Local Indicators

At the same time, there are a number of significant and ongoing challenges, many of which are shared across the whole system.

- Workforce pressures remain the most significant issue. Absence rates for NHS employed staff within the HSCP have averaged at 7.35% in 2025/26. The cumulative working days lost for DCC employed staff for the year was 11.20%. Many services report difficulties recruiting and retaining practitioners, including in nursing, social care, medical and specialist roles. These pressures affect day-to-day service delivery, slow down improvement work, and make it harder to respond to growing demand.
- Demand for services continues to increase, particularly in:
  - Mental health services, where referrals have risen sharply compared to pre-pandemic levels.
  - Suspected near fatal overdoses reported by Scottish Ambulance Service and Police Scotland increased from 206 (2024/25) to 350 (2025/26), with a multi-agency response underway to strengthen prevention and response.
  - Primary care, where increasing demand is leading to longer waits and limited capacity for service development.
  - Nutrition and dietetics, where referrals for weight management have increased significantly, resulting in longer waiting times.
- There are also ongoing challenges in managing and learning from adverse events. Although there are strong processes in place, many reviews are taking longer than expected to complete. This can delay learning and improvement and reflects wider capacity pressures across the system.
- Complaints performance has been variable, particularly for more complex (stage 2) complaints, where responses are not always provided within the expected timescales. Work is underway to improve this.
- Complaints increased to 266 during 2025/26, almost 50% higher than the previous year. This highlights the need to improve how concerns are responded to and how learning from complaints is used.
- Support for unpaid carers remains a significant challenge. The Health and Care Experience Survey 2025/26 found that 28% of carers in Dundee felt supported to continue caring, below the Scotland average of 32%. This reinforces the importance of the refreshed carers strategy, including work to improve information, involvement in decisions, short breaks, emergency planning and support at key transition points.
- Some services also face practical challenges with buildings and infrastructure, including poor condition of facilities and limited available space for clinics. These issues can affect both the workforce and the quality of the environment for people using services.
- In a small number of areas, there are specific service risks, such as gaps in leadership capacity in mental health and uncertainty about long-term funding for some specialist services.

Overall, the evidence shows a system that is continuing to deliver positive outcomes for people, with clear examples of improvement in access, quality and experience. Services are working hard to innovate and respond to changing needs, and this is reflected in both performance data and feedback from people who use services. However, this progress is taking place in a challenging environment, with increasing demand and ongoing workforce pressures.

Finance and Governance

The IJB is responsible for making sure that health and social care services are planned and funded in a lawful, fair and responsible way. This includes making sure that public money is used carefully and has the greatest possible impact for people in Dundee. To support this, the IJB has clear governance arrangements in place. These include systems for monitoring performance, managing risk, checking financial information and making decisions openly and transparently. These arrangements help the IJB understand pressures, respond to risks and make sure services continue to be delivered safely and effectively.

In 2025/26, the IJB spent £380.0 million on community adult health and social care services. This funding supported a wide range of services for adults across Dundee, including care at home, mental health services, learning disability services, community nursing, primary care and support for older people. The table below shows how this spending was allocated across the main service areas and compares this to previous years.

	2021-22 £m	2022-23 £m	2023-24 £m	2024-25 £m	2025-26 £m
Total Spend	282.5	321.1	340.6	363.5	380.0
Older People	62.3	70.1	75.2	82.0	87.3
Mental Health	9.9	11.2	16.0	14.1	16.3
Learning Disability	31.2	34.1	35.3	38.5	40.7
Physical Disability	6.9	8.1	7.6	8.2	8.4
Substance Misuse	4.8	5.8	4.5	6.5	6.9
Community Nurse Services / AHP / Other Adult Services	16.1	12.8	18.5	19.7	21.0
Community Services (Lead Partner)	18.2	33.0	36.5	38.7	41.0
Other Services / Support / Management	51.4	60.8	58.0	61.4	5.2
General Medical Services (FHS) & Prescribing	81.7	85.2	89.2	94.3	99.2
Funding Received	290.4	328.6	336.8	356.3	374.4
Year-End Operational Surplus / (shortfall)	7.8	7.5	(3.7)	(7.2)	(5.7)

Finance and Governance

At the end of 2025/26, the IJB spent £5.7 million more than the funding available for the year. This is referred to as an underlying operational overspend. Because the overspend was higher than expected, the IJB moved into a period of financial recovery. This means stronger controls and actions were put in place to reduce spending where possible, manage financial risk and continue delivering services safely.

The biggest pressures were in services for older people, learning disability services and mental health services. Demand for care at home and community support remained high, particularly for people with complex needs who require more intensive or tailored support. This additional spending helped people stay at home where possible, return home sooner after a hospital stay, and reduced the number of people waiting in hospital for care packages. However, it also placed significant pressure on the IJB's budget.

Workforce pressures also affected costs during the year. Recruitment and retention challenges meant that services sometimes needed to use agency, overtime and sessional staff to maintain safe staffing levels and keep services running. This cost £6.9 million during 2025/26.

The IJB planned to make savings of £17.5 million for 2025/26 to make sure that their budget was in balance. By the end of the year, £14.8 million had been delivered, which is 84% of the target. Work is continuing to deliver the remaining savings while also protecting safe and effective services. Looking ahead, Dundee IJB, like many IJBs across Scotland, continues to face a very difficult financial position. Further savings, efficiencies and service transformation will be needed in 2026/27 and beyond. Feedback from the budget consultation helped the IJB understand local views and consider the likely impact of savings options before making decisions.

The main risk is that repeated financial pressure could reduce the flexibility to invest in prevention, early intervention and service redesign, even though these are the areas most likely to reduce future demand. There is also a risk that savings decisions could have a greater impact on people who already experience inequality, including unpaid carers, disabled people, people living in poverty and those who rely on community-based support. Ongoing consultation, equality impact assessment, performance monitoring and risk reporting will be important safeguards as difficult decisions are taken.

Budget Consultation 2026/27 – Key Findings

Dundee Integration Joint Board (IJB) carried out a public consultation in early 2026 to help inform difficult decisions about how health and social care services are funded. This was in response to significant financial pressures and the need to balance the budget for 2026/27.

Over a four-week period, 565 responses were received from members of the public, people who use services, unpaid carers, colleagues, and partner organisations. People shared their views through surveys, events and written submissions, providing valuable insight into priorities, concerns and potential impacts.

Across the consultation, there was strong and consistent support for a preventative approach to care. People emphasised the importance of helping individuals stay independent at home, preventing problems before they escalate, and ensuring timely support for those with the greatest need. Services that are local, easy to access, and offer face-to-face contact when required were seen as particularly important.

Several key themes emerged. There were significant concerns about the potential impact on vulnerable groups, including older people, disabled people, unpaid carers, and those living in poverty. The contribution of third and independent sector organisations was widely recognised as essential to supporting people who may not meet statutory thresholds. Feedback on the specific savings options highlighted widespread concern about proposals that could reduce access to preventative and early intervention services. Many respondents described these services as low-cost but high-impact, helping to maintain dignity, prevent deterioration and reduce demand on more intensive services.

In addition to feedback on proposed savings, respondents suggested alternative approaches, including reducing non-frontline costs, improving efficiency, and focusing on long-term planning. There was strong support for protecting services that prevent crisis and reduce future demand.

DVVA Funding Development Programme

The IJB has funded DVVA for one year to run a programme that helps third sector organisations in Dundee, including services funded by the IJB. The programme supports organisations to find funding, improve income planning and build their skills and capacity.

Since the programme began in October 2025, it has provided:

- A Funding Forum held online and in person, where organisations can share learning and good practice about funding and planning. The forum also shares updates about funding, training, events and development opportunities. More than 85 members are involved.
- A joint newsletter produced with Dundee City Council, sharing funding opportunities with more than 120 organisations.
- The Tayside Emerging Leaders programme, delivered with Cranfield Trust and partners across Tayside, to support leadership and organisational development in the third sector. Four workshops are planned on topics such as leadership, governance and organisational development.
- A Meet the Funders event, with workshops and 15 exhibitors, to help organisations connect with funding bodies and build their knowledge of funding opportunities.

Billing and Income Maximization Review

Over the past year, partners have worked together to improve how social care bills are managed. The aim is to make the process clearer, easier to understand and more helpful for people who use health and social care services, as well as their carers and families. Several improvements have now been identified and put in place.

These improvements include:

- Making letters, leaflets and website information clearer, easier to read and available at the right time.
- Improving financial assessments so people are supported to claim any benefits or other financial help they may be entitled to.
- Sending bills more quickly and managing unpaid bills earlier, so the process is fair, clear and helps protect services for the future.

Improving How Clinical Supplies are Managed

During the year, the IJB approved funding to test a new way of managing clinical supplies used in Community Treatment and Care services and at Royal Victoria Hospital. This followed concerns that supplies were being ordered separately by different teams, which could lead to duplication, waste and higher costs.

The new approach introduces dedicated support to coordinate ordering and stock control. This is expected to reduce unnecessary spending, lower the risk of items going out of date, and make sure supplies are available when needed. It should also free up colleagues time so that more time can be spent on direct care rather than ordering and checking stock. The IJB invested £80,000 over 18 months from its Transformation Fund to support this work. Early analysis suggests the new approach could deliver recurring savings as well as improving efficiency and oversight.

Improving How We Manage Risk

During 2025/26, Dundee IJB reviewed and updated how it manages strategic risks. This work was carried out to make sure our arrangements remain effective, reflect current priorities, and respond to audit recommendations and governance actions.

As part of this, we updated our Strategic Risk Management Framework, refreshed the Strategic Risk Register, and improved the way risk is reported to the Performance and Audit Committee. We also introduced a new format for Board reports so that the risks linked to decisions and proposals are more clearly explained. Together, these changes have strengthened the IJB's governance arrangements and improved how risks are identified, monitored and reported. Further work will continue in 2026/27, including work with partner organisations on shared strategic risks.

Workforce

The Health and Social Care Partnership workforce is made up of people employed by Dundee City Council and NHS Tayside, as well as the workforce employed in the third and independent sectors. The combined workforce is the single biggest asset available to the Partnership to enable them to provide the services and supports that the IJB has commissioned from them.

Strategic Priority: **Workforce**

Valuing the workforce

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

Our workforce priority is about making sure we have the right people, skills and support in place to deliver high-quality care now and in the future. In the short term, this means improving recruitment and retention, supporting employee wellbeing, developing skills and leadership, and making better use of workforce planning so that services are more resilient, sustainable and able to respond to changing demand. Throughout 2025/26, many developments have helped deliver this priority, including the examples below.

Workforce pressures remain one of the most significant risks to service delivery and transformation. Recruitment and retention challenges, sickness absence, workload pressures and reliance on temporary staffing can affect continuity of care, staff wellbeing and the pace of improvement. These pressures are also experienced by third and independent sector providers, meaning workforce sustainability needs to be addressed across the whole system rather than by individual services alone.

Integrated Workforce Plan

The Dundee Health and Social Care Partnership updated its Workforce Plan for 2025 to 2028 to make sure it has the right people, skills and support in place to meet the needs of people in Dundee. The new plan replaces the previous version and was developed using national guidance, audit findings, workforce data, research and feedback from colleagues. It is intended to support the Partnership's wider strategic priorities and recognises that the workforce across health and social care are its most important asset.

The report also recognises that there are still important challenges to address, including improving access to data, strengthening workforce forecasting and balancing workforce needs with financial pressures. Progress will continue to be monitored and reported to the Integration Joint Board each year.

In 2025/26, Dundee Integration Joint Board produced its second statutory **annual report** under the Health and Care (Staffing) (Scotland) Act 2019. The report explains how Dundee IJB and Dundee City Council have worked together to meet their duties when planning and securing relevant care services from external providers. It highlights that many of the Act's requirements are already reflected in existing commissioning, procurement and quality assurance arrangements, while also noting some ongoing risks linked to provider sustainability and the potential for increased reporting bureaucracy.

Multi-Agency Anti-Discrimination Working Group

The group has been established to address and eliminate racism within the workforce, beginning with Care at Home services, through coordinated, evidence-based action. Its focus is on ensuring that all colleagues experience a safe, equitable, and antiracist working environment across the Dundee Health and Social Care Partnership (DHSCP) and commissioned provider services.

The group will gather and analyse information relating to experiences of racism within the workforce, using this evidence to inform meaningful anti-racism actions. A multidisciplinary referral panel will be established to consider incidents, concerns, and systemic barriers related to racism. The panel will provide recommendations for action, support, and organisational learning. This work will support continuous learning and improvement and contribute to the development of a more inclusive and supportive working culture.

Kingsway Care Centre Mental Health Week

During Mental Health Week, Kingsway Care Centre hosted visits from a range of community groups, including HOPE, DVVA, Andy's Mans Club, the Maxwell Centre and the Quality Improvement and Practice Team (QIPT). These groups provided information about the support they provide, as well as volunteering opportunities. The QIPT shared wellbeing resources available to colleagues including restorative supervision and health apps. The bring and buy sale was a huge success, raising £540 for the Staff Wellbeing fund and the Mental Health Foundation. A staff newsletter reflecting on events over the week was also an opportunity to share a wide range of further mental health and financial help resources and raise awareness of the four Wellbeing Champions for the service.

Kingsway Care Centre Mental Health Week

Workforce Wellbeing Culture

During 2025, Dundee Health and Social Care Partnership worked closely with Dundee City Council HR and Dundee City Council Learning and Organisational Development (LOD) to better understand why absence levels were higher in some services and what support would help.

Together, they carried out workforce surveys, focus groups and discussions with managers and employees. This helped identify a range of issues affecting attendance, including long-term health conditions, bereavement, workload pressures and differences in how absence procedures were applied. HR and LOD then worked with services to put practical support in place. This included guidance and coaching for managers, stronger early wellbeing conversations, and a more supportive and consistent approach to return-to-work discussions. They also worked together with occupational health colleagues to improve how support is coordinated. This helped reduce conflicting advice, improve communication and create a more joined-up, person-centred approach to attendance support. Alongside this, HR and LOD supported wider wellbeing activity across services, including the development of Wellbeing Ambassadors and better promotion of the support available to colleagues.

Dedicated Physical Activity Time

A three-month pilot gave Allied Health Professional (AHP) staff at Ninewells Hospital 30 minutes of protected time each week to take part in physical activity during working hours. The aim was to support staff health and wellbeing, reduce stress and improve team culture.

The pilot showed clear positive benefits. More than half of survey respondents took part, with many attending regularly. Across the three months, there were 209 attendances at sessions including yoga, circuits and walking. Staff reported improvements in several areas. Many said they were more physically active, felt less stressed, and had better mental wellbeing. They also described feeling more energised and motivated at work. The pilot also had a positive effect on workplace culture. Staff said they felt more connected to colleagues, more supported by managers, and more comfortable taking time for wellbeing during the working day. Feedback suggested the pilot helped build a stronger sense of teamwork and a more positive working environment.

Leadership and System Improvement

During 2025, Dundee City Council Learning and Organisational Development (LOD) supported work to strengthen leadership across Dundee Health and Social Care Partnership. This included helping managers and team leaders develop the skills and confidence they need to lead services in a changing and demanding environment. It also supported the development of new and evolving roles, helping teams respond more effectively to people's needs. LOD helped put a more structured approach in place for leadership development. This focused on supporting managers to lead through pressure and change, support workforce wellbeing, and maintain service quality. Together, this work is helping to build stronger teams, improve supervision and support better decision-making across services.

Independent Sector Workforce

Independent and social care services continued to face significant pressure during the year. Providers experienced ongoing difficulties recruiting and keeping staff, alongside rising costs and increasing demand for care. Financial pressures also remained a major challenge. Funding for health and social care has not always kept pace with the true cost of delivering services, particularly in home care. These combined pressures have affected the resilience and sustainability of services across the sector.

Despite these challenges, there have also been opportunities to strengthen partnership working. Continued dialogue between independent providers, the Health and Social Care Partnership and national partners has helped improve understanding of shared pressures and priorities. This collaborative approach is important to support sustainable services, improve commissioning arrangements and ensure the independent sector is recognised as a key partner in delivering high-quality, person-centred care.

Awards, Accreditations and Recognition

The Pelvic & Obstetric Physiotherapy Team PRI were formally recognised at the NHS Tayside STAR Awards named Gold Winners in the Innovation and Improvement Award category.

Workforce

Laura Binmore, Physiotherapy Student Educator of the Year.

The award was presented to Laura having been nominated by students on placement. Laura is the lead for physiotherapy in oncology and haematology and has supported a number of student placements over the last year.

Emma Mills has been shortlisted as finalists for the Clinical Professional of the Year and **Rachel Stewart** for the award for Commitment to Patient Care at the Clinical Nutrition Awards that will take place in September 2026. These nominations recognise their outstanding contribution to cancer nutrition and patient care.

The **Integrated Hospital Discharge Team** has a workforce with a mixed skill base to ensure the best support is provided for people when they are discharged from hospital. This work has been formally recognised at the NHS Tayside STAR Awards, where the Integrated Hospital Discharge Team were named Silver Winners in the Support Team Award category.

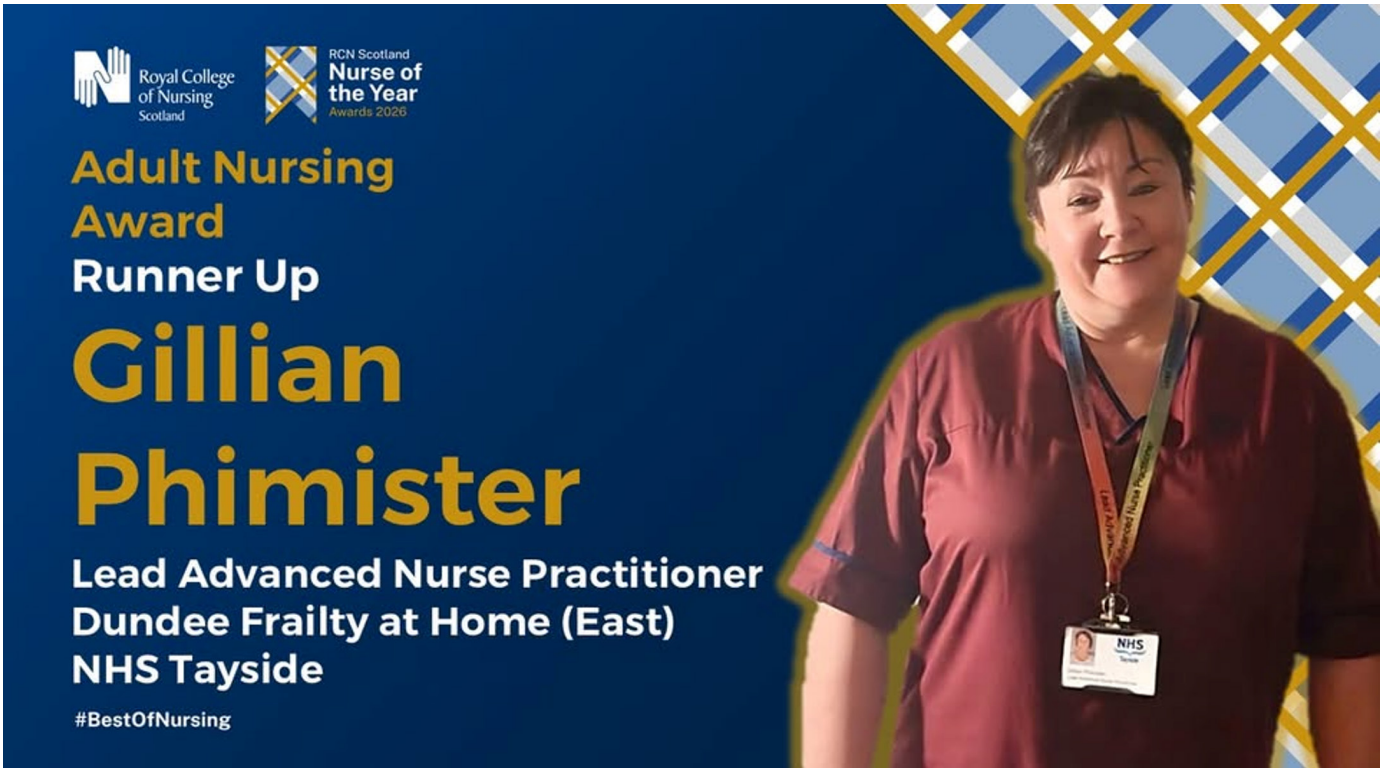
This reflects the team's commitment, collaboration and outstanding contribution to improving patient experience and flow across Dundee.

Integrated Hospital Discharge Team

Workforce

Gillian Phimister, Dundee-based advanced nurse practitioner and Adult Nursing Award runner-up at the RCN Scotland Nurse of the Year 2026 awards, transformed care by establishing an ANP-led community frailty model. Delivering urgent, specialist home treatment, her work improved triage, reduced admissions, and has contributed towards shaping wider NHS Tayside practice.

Adult Nursing Award



Congratulations to **Liam McGinlay**, who was a finalist in the Outstanding Community Link Worker of the Year award at the Scottish Community Link Worker Network conference. Liam works in the Sources of Support Service, which operates in all GP practices in Dundee. As a primary care link worker, he supports patients whose physical and mental health and wellbeing is impacted by social and economic issues.

Sources of Support team leader Theresa Henry said, "We were delighted to see Liam being recognised as a finalist for this award. It was a huge achievement to make it to the final three, and we are all very proud of him."

Liam McGinlay, Primary Care Link Worker Finalist

Workforce

Theresa Henry and Laura Campbell from the Sources of Support Team were invited to attend the King's Garden Party at Holyrood Palace. Their attendance recognises the outstanding work of the Sources of Support Service within Dundee GP practices.

Theresa Henry and Laura Campbell, Sources of Support Team

Positive Steps was awarded the Welcoming Women Certificate in 2025. In recognition of our commitment to delivering safe, effective, and responsive support for women, we have been awarded gender-specific certification. This recognises our ability to provide trauma-informed, gender responsive services that reflect the specific experiences of women, particularly those affected by trauma, exploitation, and gender-based violence. This strengthens our approach in Dundee by ensuring women receive support that is safe, appropriate, and empowering.

Positive Steps - Welcoming Women Certificate

The Corner also received the Welcoming Women Certificate in 2025/26.

The Community Health Team supports the **Charleston Health Issues in the Community Group**, which won a National Adult Learning Award Charleston Health Issues in the Community Group presented at an event in the Scottish Parliament in January 2026. With help from their Community Health Worker, group members overcame challenges such as living with disabilities, recovering from addiction, and responsibilities as a kinship caring to complete the course and gain accreditation at SVQ level 6.

Charleston Health Issues in the Community Group

Workforce

Dundee General Practice Substance Use Team were celebrated at the Scottish Healthcare Awards. The team won the Management of Substance Dependency Award for an initiative which has resulted in reduced stigma, increased patient engagement, a reduction in opioid substitution therapy, and the securing of employment. The service is centred around a model of GP, specialist nurse and third-sector key workers to deliver person-centred, holistic substance dependency care within primary care. The team offers at least four annual GP appointments, health checks, on-call key worker support, same-day prescribing, community pharmacy injections, and at-home visits.

Dundee General Practice Substance Use Team

Kingsway Care Centre has been celebrating its Sunflower Award winners. This is an initiative that gives colleagues the chance to recognise colleagues for everyday acts of kindness that make a real difference. Colleagues can nominate others for things like checking in after a tough visit or taking a moment to make someone a cup of tea during a busy shift. Award recipients receive a Sunflower badge to wear with pride, along with a certificate that can be used for revalidation and appraisals. This year saw a record number of nominations, highlighting just how much these small actions are valued across the team.

Sunshine Award Kingsway Care Pictured are Amy Paul, Scott Parker, Selom Seshi Doe and Claire Rice with their certificates

Challenges, Risks and Priority Areas for Next Year

The year ahead will be shaped by a challenging operating environment. Demand for health and social care support continues to rise, and many people need more complex, coordinated support across services. At the same time, the Partnership is working within significant financial constraints, ongoing workforce pressures and increasing pressure on primary care, community services, urgent care and social care assessment pathways. Performance during 2025/26 also shows areas where further improvement is needed, including emergency admissions, hospital readmissions and falls among older people, all of which remain higher than the Scotland average. Support for unpaid carers, timely access to help, and more joined-up pathways also remain important areas of risk and improvement.

These challenges are closely linked. Financial pressures can limit investment in prevention and early help, while workforce shortages can affect day-to-day delivery and the pace of improvement. Wider risks also remain around national policy and funding, provider sustainability, the condition and suitability of some buildings, and the need to continued redesigning services while maintaining safe care. The priorities below set out where Dundee IJB will focus effort during 2026/27, how these risks will be managed, and what success should look like for people and communities.

1. Improve Access to Timely Help and Support

A key priority for 2026/27 will be improving how quickly and easily people can get the help they need. This will include continuing work to reduce delays in hospital discharge, improve access to primary care, mental health and community support, and make services easier to understand and navigate. Particular attention will be needed in areas where demand remains high, including urgent care, social care assessment and specialist mental health support. This priority also responds to areas where performance remains under pressure, including emergency admissions, hospital readmissions and falls among older people, as well as people still waiting too long for help or finding support difficult to access. Success will mean more people getting the right support earlier and a clearer, more joined-up experience of care.

2. Strengthen Prevention, Early Intervention and Care at Home

The Partnership will continue to shift the balance of care towards prevention, early help and support in local communities. This includes strengthening frailty pathways, hospital at home and home first approaches, improving support for unpaid carers, and protecting services that help prevent crisis or worsening health. It will also include further work to improve information, signposting and community-based support, especially for people affected by inequality. Support for unpaid carers will be a particular focus, including better information, involvement in decisions, short breaks, emergency planning and support at key transition points. The main risk is that financial pressures could reduce investment in the very services that help avoid more costly intervention later. Success will mean more people being supported to stay well, safe and independent at home for longer.

3. Deliver Redesign and Transformation in Key Services

During 2026/27, several important pieces of redesign and transformation work will continue. This includes revising the Strategic Commissioning Framework, progressing new mental health and wellbeing priorities, developing primary care and out of hours improvement plans, taking forward agreed changes in areas such as palliative care, and improving how services work together across organisational boundaries. This work will also need to address pathways that remain fragmented, difficult to access or insufficiently joined up, and make better use of data, feedback, complaints, Care Opinion stories and survey results to understand outcomes and unmet need. This work will need to balance long-term improvement with the need to maintain safe day-to-day services. Success will mean that future plans are realistic, affordable and shaped by evidence, engagement and local need, with clearer pathways and more sustainable models of care.

4. Support, Develop and Sustain the Workforce

Having the right people, skills and support in place will remain essential to improvement. The Partnership will continue to focus on recruitment, retention, workforce wellbeing, leadership development and better workforce planning across health, social care and commissioned services. Particular pressures are expected in services already affected by vacancies, sickness absence and high demand, including care at home, primary care, nursing, specialist services and parts of the independent sector. Workforce pressures also affect day-to-day delivery, the pace of improvement, and the capacity available for longer-term change. Success will mean a more stable workforce, better support for colleagues, improved resilience in key services and greater capacity to deliver change.

5. Improve Financial Sustainability and Use Resources Well

The financial outlook will remain extremely challenging, and the IJB will need to continue its financial recovery work while protecting people as far as possible from the impact of change. Priorities will include delivering agreed savings, identifying efficiencies, improving how resources are targeted, and making sure that investment supports strategic priorities and prevention where possible. Rising demand, increasing costs, pressure on care at home, older people's services and learning disability services, and uncertainty around wider funding and provider sustainability all add to this risk. This will require difficult decisions and continued engagement with the public, partners and providers. Success will mean a more sustainable financial position, better alignment between spending and priorities, and greater confidence that limited resources are being used where they can make the biggest difference.

The scale of challenge means that improvement will require sustained partnership working, difficult choices about priorities, and a continued focus on reducing inequalities while maintaining safe, person-centred care. Progress will also depend on strong collaboration with NHS Tayside, Dundee City Council, neighbouring HSCPs, the third and independent sectors, and national partners.

Dundee
Health & Social Care
Partnership

ITEM No …7……..

REPORT TO: **DUNDEE INTEGRATION JOINT BOARD – 19 AUGUST 2026**

REPORT ON: **ANNUAL REPORT OF THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE GROUP 2025-2026**

REPORT BY: **CLINICAL DIRECTOR**

REPORT NO: **DIJB43-2026**

1.0 PURPOSE OF REPORT

This annual report is to provide assurance to the Dundee IJB regarding matters of Clinical, Care and Professional Governance. In addition, the report provides information on the business of the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group ("the Group", DHSCP CCPG Group).

2.0 RECOMMENDATIONS

It is recommended that the Dundee Integration Joint Board:

2.1 Notes the content of this report.

2.2 Notes the work undertaken by the Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group from April 2025–March 2026 to seek assurance regarding matters of Clinical, Care and Professional Governance.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Objectives and Responsibilities

4.1.1 Review and enquiry about risks being managed across the Dundee Health & Social Care Partnership (Dundee HSCP) and action progressed to mitigate risk.

4.1.2 Review and enquiry to demonstrate there are systems to embed clinical, care and professional governance at all levels from frontline staff to the IJB and to drive a culture of continuous improvement.

4.1.3 Sharing and learning from best practice and innovative ways of working in relation to clinical, care and professional governance across Dundee HSCP.

4.2 Dundee Health & Social Care Partnership Clinical, Care and Professional Governance Group

4.2.1 The Business considered by the DHSCP CCPG Group during 2025-2026 has addressed the function and remit of the Group; profiling national policy and local application of policy and guidance that affects practice. Key themes considered are outlined below:

- Service Area Exception Reports/Updates
- The Risk Register
- Feedback
- Adverse Events
- Outcome of Inspection Reports
- Updates on Clinical Governance and Risk Management Local Adverse Event Reviews (LAERs) / Significant Adverse Event Reviews (SAERs) / Significant Case Reviews (SCRs)
- Exception reports aligned to the NHS Tayside Clinical Governance Framework, highlighting areas of concern, emerging risks, quality improvement activity, and examples of good practice identified within services.
- Processes for the introduction of new clinical, care and professional policies and procedures.

4.2.2 The Clinical, Care and Professional Governance (CCPG) Group has maintained regular reporting arrangements throughout 2025–2026, with Assurance Reports submitted following each meeting to the NHS Tayside Clinical Governance Quality Assurance Meeting (CGQAM) and the Dundee Performance and Audit Committee (PAC). These reports supported the review of governance matters, validation of assurance, and escalation of significant risks and issues where required.

The Dundee HSCP Clinical, Care and Professional Governance Group (CCPGG) provides oversight, advice, guidance and assurance on clinical, care and professional governance arrangements across Dundee HSCP. Through established governance and assurance reporting, the Group supports assurance to the Chief Officer and Integration Joint Board.

The Clinical Governance Quality Assurance Meeting (CGQAM) provides strategic oversight, scrutiny and assurance of clinical quality, safety and governance arrangements across NHS Tayside. Through review of assurance reports, quality and safety intelligence, and emerging risks, the CGQAM supports organisational learning, continuous improvement and implementation of the NHS Tayside Clinical Governance Framework. The meeting identifies matters requiring escalation and provides assurance to the Clinical Governance Committee through established clinical governance reporting arrangements.

4.2.3 The CCPG Group met on six occasions during the period 1 April 2025 to 31 March 2026 on the following dates:

- 21 May 2025
- 16 July 2025
- 10 September 2025
- 5 November 2025
- 14 January 2026
- 25 February 2026

4.2.3.1 Providing operational support and a forum for learning, the Clinical, Care and Professional Governance Forum met on the following dates:

- 24 April 2025
- 3 July 2025
- 28 August 2025
- 23 October 2025
- 18 December 2025

- 26 March 2026

Primary Governance Groups and Service Governance Groups provide regular reports to the Clinical, Care and Professional Governance (CCPG) Forum and Group. Service performance and governance dashboards are routinely reviewed to support scrutiny, assurance, learning and continuous improvement. These reports and dashboards provide oversight of key quality, safety, workforce, risk and performance measures, enabling the identification of emerging issues, monitoring of improvement actions, and sharing of learning across services. Through constructive support and challenge, the CCPG Forum strengthens governance reporting and provides assurance regarding the quality, safety and effectiveness of services delivered across Dundee HSCP.

Assurance reports are provided to a range of committees and/or boards with information taken from the range of governance groups mentioned above in line with the reporting timeframes set by each committee/board. The primary areas for this reporting are via:

- NHS Tayside Clinical Governance Committee
- NHS Tayside Clinical Governance Quality Assurance Meeting
- Dundee Health and Social Care Partnership Performance and Audit Committee
- Dundee Integration Joint Board (IJB).

Throughout 2025–2026, assurance reports from the Clinical, Care and Professional Governance Group were presented to the following governance committees and groups. On each occasion, a Reasonable level of assurance was provided and accepted by the respective committee or group:

- April 2025 – Clinical Governance Committee
- May 2025 – Performance and Audit Committee
- August 2025 – Clinical Governance Quality Assurance
- September 2025 – Performance and Audit Committee
- October 2025 – Clinical Governance Quality Assurance
- November 2025 – Performance and Audit Committee
- December 2025 – Clinical Governance Quality Assurance
- February 2026 – Performance and Audit Committee
- February 2026 – Clinical Governance Quality Assurance

The level of assurance reflects evidence that governance systems and controls are operating effectively, whilst recognising ongoing challenges relating to workforce sustainability, increasing service demand, financial constraints and infrastructure pressures.

4.2.3.2 Strategic and Service Risks

Effective risk management remains a key component of Dundee HSCP's clinical, care and professional governance framework, supporting the delivery of safe, effective and sustainable services. Strategic and operational risks are regularly reviewed through established service, operational and governance structures to ensure that risks are identified, assessed and managed appropriately, with mitigating actions monitored and reviewed on an ongoing basis.

To further strengthen governance and oversight, a dedicated Risk Management Group continues with good engagement from senior management. The Group provides additional focus on both strategic and operational risks, supports managers in identifying and managing risk effectively, and promotes a consistent approach to risk management across Dundee HSCP.

The Dundee HSCP Strategic Risk Register is subject to regular scrutiny by the Clinical, Care and Professional Governance (CCPG) Group and Risk Management Subgroup and is shared through NHS Tayside and Dundee City Council governance arrangements. Risks requiring wider oversight or strategic consideration are escalated through established governance routes, with significant risks reported to the Performance and Audit Committee through the

CCPG Assurance Report, providing appropriate scrutiny and assurance to the Integration Joint Board.

During 2025–2026, key strategic risks relevant to the clinical, care and professional governance agenda included workforce capacity and sustainability, primary care sustainability, the impact of estate and infrastructure pressures, and implementation of the Health and Care (Staffing) (Scotland) Act 2019. In addition, broader strategic challenges, including public sector financial constraints, cost of living pressures, sustainability of service delivery, and national health and social care reform programmes, continued to have an impact across the Partnership.

Throughout the year, significant work has been undertaken to mitigate these risks and strengthen organisational resilience. While workforce recruitment and retention continue to present challenges across a number of services, progress has been made in filling key leadership and clinical posts and in developing innovative models of care to support service sustainability and improve outcomes. Workforce planning remains a priority, with continued focus on the development and implementation of recruitment, retention and workforce sustainability strategies.

Primary Care

There are continued challenges around sustaining primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care Improvement Plan (PCIP).

Recruitment and retention of GPs and the wider team to support primary care remains challenging and is impacting on service delivery and care. The NHS Tayside risk for the sustainability of primary care is scored at 20.

If there continues to be huge pressure on general practice due to increasing demand and complexity of health needs, together with the increase in GP vacancies due to retirement and recruitment and retention issues, then we will be unable to meet the health needs of the population.

If GP practices' requests for lease assignation cannot be considered as a result of a lack of an agreed process for practices, HSCPs and NHS Tayside regarding leases acquisition, including defining the necessary governance arrangements, then this will have a negative impact on GP partner recruitment and retention.

Dundee Drug and Alcohol Recovery Service (DDARS)

A key priority for 2025-2026 was foremost focused on working to put systems in place to meet all ten of the Medication Assisted Treatment (MAT) Standards. The MAT standards have continued to push the Drug and Alcohol services through a transformational change process against the backdrop of high levels of, and ever changing, demand.

The types of drugs used in Dundee continue to evolve with Cocaine and Benzodiazepines as well as Alcohol showing high levels of prevalence. This means the ADP has funded the development of a psycho-stimulant pathway and DDARS and other services are looking to improve the Alcohol Pathway. This has successfully led to the creation of new processes that focus on patient-centred care informed by those with lived experience.

Dundee HSCP has performed well against the MAT standards throughout the year being one of Scotland's best performing HSCPs.

Increased senior leadership within this team has allowed for an enhanced focus on improvement work across the service. This has supported a significant reduction in the overall risk level for the service over the past four months with improvements in workforce availability.

Mental Health

Mental Health and Learning Disability Services continued to face significant challenges during 2025–2026, particularly in relation to workforce availability and recruitment, with the most significant pressures associated with medical staffing and psychiatry capacity.

Despite these challenges, there have been a number of positive developments across the service. The ongoing service delivery from the Hope Centre continues to provide a significant enhancement to service provision, while continued developments in Primary Care Mental Health Services have strengthened partnership working and collaboration across services and agencies.

The year also saw improvements in leadership capacity through appointment to some key posts and progress in targeted recruitment activity. In parallel, during 2025 – 2026, work has been progressing to develop a Tayside-wide Mental Health and Learning Disability governance structure. This work will support the foundations for a more consistent and coordinated approach to governance, oversight, quality assurance and organisational learning across Mental Health and Learning Disability Services, supporting greater alignment of governance arrangements and more consistent assurance across Tayside.

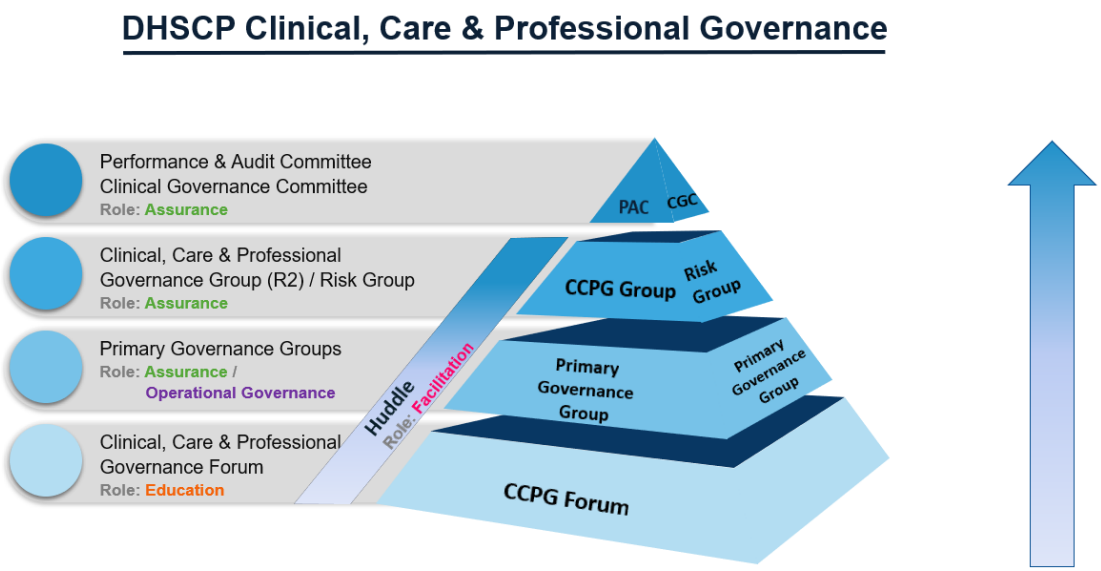
Workforce Availability

Workforce availability remains one of the Partnership's most significant risks. During the year, workforce-related pressures were reflected across 23 operational risks spanning a range of professional and staffing groups. Whilst challenges remain in a number of services, the number of active workforce-related risks has reduced to 12, reflecting progress in recruitment, and the implementation of mitigating actions. Workforce planning, recruitment and retention remain key priorities to support sustainable service delivery.

The reduction in active workforce-related risks from 23 to 12 demonstrates the positive impact of targeted recruitment, workforce planning and risk mitigation activity, although significant challenges remain in a number of services.

4.2.3.3 Dundee HSCP Governance Structure

Dundee HSCP governance structures are outlined in the diagram below. The following narrative explains how each of the aspects functions to provide assurance to NHS Tayside and the Dundee IJB.



4.2.3.4 Primary Governance Groups (PGG)

The Dundee HSCP is supported by ten Primary Governance Groups (PGGs), which provide oversight of clinical, care and professional governance within their respective service areas. During 2025–2026, these groups were:

- In Patient and Day Care Services
- Community Services
- Acute and Urgent Care Services
- Mental Health & Learning Disabilities Services
- Specialist services
- Older People's Mental Health & Care Homes
- Psychological Therapies
- Primary Care and Health Inequalities
- Dundee Drugs and Alcohol Recovery Services
- Nutrition and Dietetics Service

During the year, work commenced to establish a Specialist Services Primary Governance Group, bringing together a number of smaller specialist services to strengthen governance oversight, improve alignment across similar services and enhance representation within Partnership governance arrangements. These 6 services are: Connect Early Intervention in Psychosis, Tayside Adult Autism Consultancy Team, Perinatal Mental Health Team, Maternity & Neonatal Psychology, Infant Mental Health, Personality Disorder

Primary Governance Groups meet every 6-8 weeks, throughout the year and provide assurance to the CCPG group, through annual and exception reporting. Reports highlight significant risks, adverse events, complaints, inspection findings, quality improvement activity, emerging concerns and examples of good practice. Information is triangulated from a range of governance and performance sources to support oversight of service quality, safety and effectiveness.

A representative from each Primary Governance Group attends the CCPGG to present their exception report, provide assurance on governance arrangements within their service area and escalate any significant risks or concerns requiring Partnership-level oversight.

4.2.3.5 Governance Huddle

A weekly Governance Huddle brings together professional leads and governance staff to review key governance information, identify emerging risks and themes, and coordinate support for services where concerns are identified. The huddle supports proactive management of adverse events, complaints and risks, facilitates organisational learning and provides an additional mechanism for early escalation and oversight of governance issues across the Partnership.

4.2.3.6 Clinical, Care and Professional Governance Forum

The Clinical, Care and Professional Governance (CCPG) Forum plays an important role in strengthening governance, assurance and organisational learning across Dundee HSCP. The Forum provides a supportive environment for managers and governance leads to review performance, quality, safety and risk information, promoting shared learning, peer support and constructive challenge across services.

In addition to supporting oversight of governance information, the Forum acts as a development and learning forum, helping to build governance knowledge and capability across the Partnership. During 2025–2026, dedicated sessions focused on key governance systems and processes, including risk management, Datix reporting, QlikView and performance reporting, supporting a more consistent approach to governance, assurance and continuous improvement across Dundee HSCP.

4.2.3.7 Summary Assurance Statement

Throughout 2025–2026, the Clinical, Care and Professional Governance Group provided a Reasonable level of assurance through its reporting arrangements, reflecting that effective governance, risk management and assurance systems are in place across Dundee HSCP.

While improvement is required in a number of areas, including workforce sustainability, consistency of governance reporting, and the timely management of risks, complaints and adverse events, there is evidence that appropriate systems and controls are operating effectively and that identified issues are subject to active oversight and management.

The year continued to present significant challenges, including workforce pressures, financial constraints and increasing demand across health and social care services. Despite these challenges, services have remained resilient, staff have continued to deliver high-quality care, and governance arrangements have supported the identification, management and mitigation of risk.

The CCPG group remains committed to supporting continuous improvement, strengthening organisational learning and further embedding a culture of quality, safety and accountability. The progress made during 2025–2026 provides a strong foundation for further enhancement of governance arrangements and the delivery of improved outcomes for the population of Dundee.

4.2.4 During the financial year ending 31 March 2026 membership of the CCPG Group was maintained in accordance with the approved Terms of Reference, which includes:

Clinical Director (Chair)
Head of Health and Community Care Services (Vice-Chair)
Head of Health and Community Care Services
Nurse Director
Associate Medical Director
Associate Locality Managers / Service Managers
Mental Health and Learning Disability Manager
Clinical Lead, Mental Health & Learning Disabilities
Chairs of Primary Governance Groups
Allied Health Professions Lead (DHSCP)
Lead Nurse (DHSCP)
Clinical Governance Lead (DHSCP)
Clinical Governance Facilitator (DHSCP)
Lead Officer – Strategic Planning and Business Support (DHSCP)

4.3 Schedule of Business Considered During the Period 1 April 2025 to 31 March 2026

4.3.1 21 May 2025

Clinical, Care and Professional Governance Exception/Annual Reporting

- Noted Learning Disability and Mental Health Service Exception Report
- Noted Psychological Therapy Services No Exception Report
- Noted Dundee Drug and Alcohol Service Exception Report
- Noted Tayside Sexual Reproductive Health Service Exception Report
- Noted Nutrition and Dietetics Service Annual Report
- Noted Community Services Annual Report
- Noted Acute & Urgent Care Exception Report
- Noted In-Patient and Day Care Service Exception Report
- Noted Primary Care / Health Inclusion Exception Report
- Noted Older People's Mental Health / Care Home Exception Report

At this meeting, the CCPG Group considered a range of quality, safety, workforce and performance matters. This included the Quality Performance Review Report, emerging risks relating to bariatric patient pathways, the Pinpoint system at Wedderburn House, and digital hardware limitations affecting community nursing and other services.

Workforce and service sustainability remained key themes, with updates received on staffing pressures within Mental Health and Learning Disability Services, including psychiatry capacity, staff turnover and increasing incidents of violence and aggression. Positive developments included the appointment of an Eating Disorders Consultant and ongoing recruitment to key posts.

The Group also considered service updates from Tayside Sexual and Reproductive Health Services, Dundee Drug and Alcohol Recovery Services, Nutrition and Dietetics, Community Services and Acute and Urgent Care Services. These updates highlighted activity to address waiting time pressures, improvements in risk management and adverse event review processes, strong performance against national Medication Assisted Treatment standards, positive Care Inspectorate inspection outcomes, and ongoing quality improvement activity across services.

Professional updates were also received in relation to Occupational Therapy, Allied Health Professionals, Nursing, Medical Services and commissioned services.

4.3.2 16 July 2025

Clinical, Care and Professional Governance Exception/Annual Reporting

- Noted Learning Disability and Mental Health Service No Exception Report
- Noted Psychological Therapy Services No Exception Report
- Noted Dundee Drug and Alcohol Service No Exception Report
- Noted Tayside Sexual Reproductive Health Service No Exception Report
- Noted Nutrition and Dietetics Service Exception Report
- Noted Community Services Exception Report
- Noted Acute & Urgent Care Annual Report
- Noted In-Patient and Day Care Service Exception Report
- Noted Primary Care / Health Inclusion Exception Report
- Noted Older People's Mental Health / Care Home Exception Report
- Noted Specialist Services Exception Report

At its July 2025 meeting, the CCPG Group received an update from the Clinical Governance Quality Assurance Meeting, including the launch of the NHS Tayside Clinical Governance Framework. The Group reviewed the Quality Performance Review Report, noting improvements in risk management activity, including a reduction in overdue risk reviews and the closure or downgrading of a number of service risks. The Group reviewed progress in relation to Significant Adverse Event Reviews, with a number of investigations ongoing.

Service updates highlighted developments within Allied Health Professional services, positive feedback and quality improvement activity within Dundee Enhanced Care at Home, workforce pressures within the Integrated Discharge Hub, and continued monitoring of community nursing risks.
The Group also considered updates relating to positive feedback from Care Opinion activity, workforce compliance monitoring, the future National Care Service, and implementation of Health and Social Care Standards.

4.3.3 10 September 2025

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service Exception Report
- Noted Psychological Therapy Services No Exception Report
- Noted Dundee Drug and Alcohol Service Exception Report
- Noted Tayside Sexual Reproductive Health Service Exception Report
- Noted Nutrition and Dietetics Service Exception Report

- Noted Community Services Exception Report
- Noted Acute & Urgent Care Exception Report
- Noted In-Patient and Day Care Service Annual Report
- Noted Primary Care / Health Inclusion Exception Report
- Noted Older People's Mental Health / Care Home Exception Report

At its September 2025 meeting, the CCPG Group received an update on the implementation of the NHS Tayside Clinical Governance Framework and reviewed the Quality Performance Report, including progress in reducing overdue risk reviews and managing adverse events.

The Group considered a range of service and governance updates, including workforce pressures, business continuity planning, patient safety, risk management and service performance. Positive developments were noted across a number of services, including reductions in patient length of stay within Stroke and Neuro Rehabilitation Services, recognition of innovative practice within Infant Mental Health Services, progress in workforce development within Dundee Drug and Alcohol Recovery Services, and successful quality reviews within the Dundee Frailty at Home Service.

The Group also considered ongoing challenges, including workforce capacity pressures, community service provision, and estate-related risks, while noting actions being taken to address these issues and maintain safe and effective service delivery.

4.3.4 05 November 2025

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service No Annual Report
- Noted Psychological Therapy Services No Exception Report
- Noted Dundee Drug and Alcohol Recovery Service Exception Report
- Noted Tayside Sexual Reproductive Health Service Exception Report
- Noted Nutrition and Dietetics Service Exception Report
- Noted Community Services Exception Report
- Noted Acute & Urgent Care Exception Report
- Noted In-Patient and Day Care Service Exception Report
- Noted Primary Care / Health Inclusion Exception Report
- Noted Older People's Mental Health / Care Home No Exception Report

At its November 2025 meeting, the CCPG Group received updates on implementation of the Clinical Governance Framework, including the introduction of a clinical governance accreditation scheme and establishment of a Clinical Governance Leadership Team to strengthen engagement and governance capability.

The Group reviewed quality, safety and risk information across services, noting positive assurance from high-quality adverse event reporting, quality improvement activity and service performance. Positive developments included national recognition for Dundee Drug and Alcohol Recovery Services, ongoing workforce development within Sexual and Reproductive Health Services, and continued improvement activity within Frailty at Home Services.

The Group also considered a number of operational and strategic risks, including workforce pressures within Community Nursing Services, supply issues affecting home enteral feeding products, estate-related risks within specialist palliative care services, digital resilience following the national AWS outage, and increasing complaint activity within Mental Health Services. Actions and mitigating measures were noted in relation to each area.

Updates were also received on workforce matters, including preparations for implementation of the reduced working week and ongoing monitoring of workforce sustainability across services.

4.3.5 14 January 2026

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service No Exception Report
- Noted Psychological Therapy Services Exception Report
- Noted Dundee Drug and Alcohol Recovery Service Exception Report
- Noted Tayside Sexual Reproductive Health Service Exception Report
- Noted Nutrition and Dietetics Service Exception Report
- Noted Community Services Exception Report
- Noted Acute & Urgent Care Exception Report
- Noted In-Patient and Day Care Service Exception Report
- Noted Primary Care / Health Inclusion Exception Report
- Noted Older People's Mental Health / Care Home No Exception Report

At its January 2026 meeting, the CCPG Group reviewed a range of governance, quality, safety and workforce matters across Dundee HSCP. Workforce sustainability remained a key theme, particularly within Mental Health and Learning Disabilities Services, where the Group considered the impact of the absence of a Clinical Lead and ongoing recruitment challenges. Associated risks were reviewed, including concerns regarding the future funding of the Early Intervention Psychosis Service beyond March 2026.

The Group received an update on the inspection of Mental Health integrated arrangements. Early feedback was highly positive, with performance assessed above average across most of the nine quality indicators and several areas, including commissioning and peer support, identified as examples of best practice. The final inspection report is awaited and will be considered at a future meeting.

Assurance was received through presentation of a completed Significant Adverse Event Review, enabling the Group to review findings, learning and actions arising from the review process.

Within Dundee Drug and Alcohol Recovery Services, the Group considered two newly identified risks relating to specialist medical workforce arrangements and funding uncertainty associated with staff working in partnership with Dundee University. Updates were also received on performance against Medication Assisted Treatment standards and ongoing service development activity.

The Group reviewed updates from Nutrition and Dietetics Services, noting continued demand pressures within Weight Management Services and plans to incorporate findings from the national Obesity Improvement Project (OPIP) into future service planning. The Group also received assurance regarding progress in resolving Home Enteral Feeding adverse events, with adult supply issues resolved and only a small number of paediatric challenges remaining.

Positive developments were reported across Community and Specialist Nursing Services, including national recognition for digital innovation and Star Award nominations. Assurance was received that the transition of community alarm systems to fully digital operation had been successfully completed following several years of coordinated transformation work.
The Group also reviewed arrangements for warfarin monitoring following the retirement of the Haematology Lead who had previously provided support across all three Tayside partnerships. Potential impacts on clinical oversight and governance arrangements were discussed, with further consideration planned through appropriate professional governance routes.

Updates from Acute and Urgent Care Services highlighted progress with the occupational therapy and physiotherapy service redesign, including the appointment of new Clinical Leads and implementation of a revised leadership structure aimed at strengthening reporting arrangements, improving resilience and supporting service sustainability. The Group also

reviewed several significant incidents within Stroke and Neuro-Rehabilitation Services and received assurance that Local Adverse Event Reviews had been undertaken appropriately.

The Quality Performance Report was reviewed, and professional governance updates were received from Allied Health Professionals, Nursing and the Chief Social Work Officer in support of the Group's ongoing oversight of clinical, care and professional governance across Dundee HSCP.

4.3.6 25 February 2026

Clinical, Care and Professional Governance Exception Reporting

- Noted Learning Disability and Mental Health Service No Annual Report
- Noted Psychological Therapy Services Exception Report
- Noted Dundee Drug and Alcohol Recovery Service Exception Report
- Noted Tayside Sexual Reproductive Health Service Exception Report
- Noted Nutrition and Dietetics Service Exception Report
- Noted Community Services Exception Report
- Noted Acute & Urgent Care Exception Report
- Noted In-Patient and Day Care Service Exception Report
- Noted Primary Care / Health Inclusion Exception Report
- Noted Older People's Mental Health / Care Home No Exception Report
- Noted Specialist Services No Annual Report

At its February 2026 meeting, the CCPG Group received updates on the ongoing implementation of the NHS Tayside Clinical Governance Framework and alignment of local governance arrangements with the revised Clinical Governance Quality Assurance Meeting structure.

The Group considered a range of quality, safety and operational risks, including estate and infrastructure risks within Royal Victoria Hospital and Roxburghe House. Service updates highlighted ongoing workforce and capacity pressures within Mental Health and Learning Disability Services, increasing demand within Weight Management Services, and environmental issues affecting a number of community-based locations.

Positive developments were noted across several services, including recognition of innovative practice and service achievements through national and local awards, successful management of national supply challenges within Nutrition and Dietetics, funding secured to support dementia services within Royal Victoria Hospital, and continued progress in digital and service transformation programmes.

The Group also considered updates relating to complaints and feedback, workforce planning, professional governance and clinical supervision arrangements. The Professional Supervision Framework was approved, supporting strengthened governance arrangements within General Practice Nursing, and assurance was received regarding ongoing work to support safe staffing and workforce sustainability across services.

4.4 Assurance Statement

4.4.1 As Chair of the Dundee HSCP Clinical, Care and Professional Governance Group during the financial year 2025-2026, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings has supported the fulfilment of the Group's objectives and responsibilities.

4.4.2 I would like to offer my thanks to the commitment and dedication of fellow members of the Group. Significant work goes into the preparation of the written reports and I am grateful to all those who have attended and contributed to each of the meetings.

5.0 POLICY IMPLICATIONS

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

6.0 CONSULTATIONS

The Chief Officer, Chief Finance Officer, Head of Service – Health & Community Care, Clinical Director, Nurse Director, Allied Health Professions Lead and Lead Nurse were consulted in the preparation of this report.

7.0 DIRECTIONS

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

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

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Officer DATE: 22 July 2026

Christine Jones
Acting Chief Finance Officer

Jenny Hill
Head of Health & Community Care

Angie Smith
Acting Head of Health & Community Care

Krista Reynolds
Lead Nurse

David Shaw
Clinical Director

Matthew Kendall
Associate Allied Health Professions Director (Interim)

Niki Walker
Clinical Governance Facilitator

ITEM No …8……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19TH AUGUST 2026**

REPORT ON: **PERFORMANCE AND AUDIT COMMITTEE ANNUAL REPORT 2025/26**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB37-2026**

1.0 PURPOSE OF REPORT

1.1 This report provides the Integration Joint Board with an overview of the activities of the Performance and Audit Committee over 2025/26

2.0 RECOMMENDATIONS

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

2.1 Notes the content of the Performance and Audit Committees' Annual Report for the year 2025/26

2.2 Accepts the level of Reasonable assurance provided by the report, as detailed in section 4.6

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Performance and Audit Committee (PAC) was established as a Standing Committee of the Integration Joint Board (IJB) at the IJB meeting of the 30 August 2016 (Item IX of the minute refers) to ensure the IJB met its responsibilities for governance under the Integrated Resources Advisory Group (IRAG) guidance. Following this approval, the PAC first met on 17 January 2017 and has met on a regular basis ever since.

4.2 As part of good practice, PAC Terms of Reference are to be reviewed periodically to ensure the committee continues to have the remit to operate effectively and fulfil its duties. The most recent review of Terms of Reference was approved by IJB on 22 October 2025 (Article IX of the minute refers).

4.3 The Terms of Reference notes the purpose of the PAC is to provide independent assurance on the adequacy of the risk management framework, the internal control environment and the integrity of governance processes. The PAC also scrutinises performance and best value arrangements. The membership of the PAC consists of not less than six members of the IJB of which four will be voting members. The Chair of the PAC is not the Chair of the IJB and rotates between a voting member from NHS Tayside and a voting member from Dundee City Council and rotates on the same frequency as the Chair of the IJB.

4.4 Over the course of 2025/26 the PAC met on four occasions. The agendas of these meetings consisted of a core suite of regular reporting to each meeting of the PAC with additional reports presented as necessary or at the request of members of the committee. The PAC also receives

annual reports falling as part of their remit. From May 2025 to February 2026, PAC considered the following reports:

Item	21/05/25	24/09/25	19/11/25 Adjourned (not quorate)	26/11/26 (Special)	04/02/26
Governance & Assurance:					
Strategic Risk Register	✓	✓	(✓)		
Governance Action Plan	✓	✓	(✓)		✓
PAC Action Tracker	✓	✓	(✓)		✓
PAC Annual Self-Assessment Review 2024/25	✓				
Review PAC Terms of Reference		✓			
Implementation of IJB Directions 2024/25 Annual Assurance Report	✓				
Internal Audit 2025/26 Plan Approval		✓			
Internal Audit Plan Progress Report	✓	✓	(✓)		✓
Best Value Report		✓			
City Plan for Dundee 2022-2032 – Annual Report for 2024/25			(✓)		✓
Our Promise Report			(✓)		✓
Performance:					
Quarterly Performance Report	✓	✓	(✓)	✓	✓
Quarterly Feedback Report (previously known as Complaints Performance)	✓		(✓)	✓	
Care Inspectorate Gradings for Care Homes 2024/25		✓			
Drug and Alcohol Service Indicators		✓			✓
Mental Health Service Quarterly Indicators		✓			✓
Annual Performance Report 2024/25		✓			
Unscheduled Care Performance Report		✓			✓
Annual Accounts:					
Dundee IJB Audited Annual Accounts 2024/25 and External Auditors Annual Report			(✓)	✓	
Clinical & Care Governance:					
Dundee HSCP Clinical, Care and Professional Governance Assurance Report	✓	✓	(✓)	✓	✓

From the above it can be seen that the PAC considered a range of areas including:

- Regular governance reporting updates
- Reports in respect of year end assurances and audited annual accounts
- Regular reporting on internal audit activity
- Regular reporting on risk management and the IJBs Strategic Risk profile
- In depth reporting on specific areas of performance
- Assurances around Clinical Care and Professional Governance

4.5 The commitment of the members of the Performance and Audit Committee as well as the support provided to it by officers including Dundee City Council's Committee Services is acknowledged. NHS Non-Executive Bob Benson held the position of Chair of the PAC from October 2024. Other IJB voting members attending the PAC during 2025/26 were Councillor Dorothy McHugh, Councillor Siobhan Tolland and NHS Non-Executive David Cheape.

4.6 The Annual Report from the Performance and Audit Committee confirms a Reasonable level of assurance on the adequacy and effectiveness of its work and provides assurance to the Integration Joint Board that it has fulfilled its remit during the year under review.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 This report has not been subject to a risk assessment as it is an annual report of activity and does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 20 July 2026

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Level of Assurance		System Adequacy	Controls	□
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	☑
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

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ITEM No …9……

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - 19 AUGUST 2026**

REPORT ON: **THE PUBLIC BODIES (JOINT WORKING) (INTEGRATION JOINT BOARDS) (SCOTLAND) AMENDMENT ORDER 2025**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB34-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to advise the Integration Joint Board of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 which makes provision for changes to membership arrangements and associated governance requirements permitting "lived experience members" to have a vote.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board:

2.1 Notes that the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 makes provision for changes to membership arrangements and associated governance requirements permitting "lived experience members" to have a vote;

2.2 Notes that in terms of Dundee Integration Joint Board the "lived experience members" are as indicated in Section 4.3 of the report.

2.3 Remits to the Clerk and Standards Officer to revise Standing Orders accordingly and report to the Integration Joint Board at their next meeting for approval of the revised Standing Orders.

2.4 Notes the wider considerations for the Dundee Integration Joint Board of the Amendment Order as summarised in Section 4.8 of the report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The purpose of this report is to advise the Integration Joint Board of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Amendment Order 2025 which makes provision for changes to membership arrangements and associated governance requirements permitting "lived experience members" to have a vote.

4.2 "Lived experience members" are those members falling into the statutory categories of appointed member under Article 3(7)(b), (c) and 5(7)(b), (c) and (d) of the Order namely:-

(i) Third sector bodies carrying out activities related to health and social care within the local area;
(ii) Service Users residing in that area; and

(iii) Persons providing unpaid care in that area.

4.3 In the case of the Dundee City Integration Joint Board, the ”lived experience members” are:-

- Christina Cooper – as a member in respect of a third sector body which carries out activities related to health and social care within the local area;
- Nicola Stevens – as a member in respect of service users residing in the local area;
- Martyn Sloan – as a member in respect of persons providing unpaid care in the local area.

4.4 There is no need for the existing appointed “lived experience members” to be reappointed as they gain voting rights automatically.

4.5 “Lived experience members” may appoint suitably experienced proxies where they are unable to attend an IJB meeting.

4.6 The extension of voting rights increases the number of voting members and therefore raises the quorum requirement (which is that at least half of all voting members are present for business to be transacted).

In the case of the Dundee City Integration Joint Board the quorum will therefore become 5.

4.7 The Clerk and Standards Officer will revise the Standing Orders accordingly and report to the Integration Joint Board at their next meeting for approval so that suitable governance arrangements are in place before 1 September 2026 when the Order comes into force.

4.8 **Wider Considerations for Dundee IJB**

4.8.1 The Amendment Order should be viewed not only as a change to voting arrangements, but as an important development in the governance culture of the IJB. Extending voting rights to lived experience members recognises the value of service user, unpaid carer and third sector perspectives in shaping strategic decisions and strengthens Dundee IJB’s commitment to meaningful participation, co-production and inclusive governance. It represents a shift from participation through consultation towards participation through equal partnership, with all voting members contributing to the collective responsibilities of the IJB.

4.8.2 Discussions have taken place between the Scottish Government and COSLA on implementation of the Amendment Order. Draft statutory guidance on the role, responsibilities and membership of IJBs was issued for consultation in June 2026, and officers from the Health and Social Care Partnership have provided feedback. Officers will consider the final guidance once issued. The Standards Commission for Scotland has also been engaging with relevant bodies on the implications for IJB Codes of Conduct and ethical standards, including advice for lived experience members on roles and responsibilities, conflicts of interest, decision-making, confidentiality, registration of interests, and gifts and hospitality.

4.8.3 Following the implementation of the Amendment Order, all voting members should have equal status, responsibilities, development opportunities and support, while recognising the specific needs of lived experience members. This should include proportionate induction and ongoing support covering the role of the IJB, strategic planning, financial governance, directions, risk, scrutiny, confidentiality, conduct at meetings and voting arrangements. Support should reflect that some members may be volunteers balancing IJB responsibilities with caring responsibilities, work, health or other commitments. Additional resources may be required during implementation, and the IJB should also consider implications for wider governance

structures, including sub-committees, the Strategic Planning Advisory Group and other advisory groups where lived experience members participate.

4.8.4 The Code of Conduct will continue to apply to all IJB members. Voting membership may increase the visibility of potential conflicts of interest for lived experience members, particularly where decisions relate to commissioned services, third sector funding, carer support, service redesign or organisations with which members have a personal, professional or representative connection. This reinforces the need for clear advice, training and consistent arrangements for declaring and managing interests, including when a member may need to withdraw from discussion or decision-making.

4.8.5 The change also requires clarity about the representative role of lived experience members. Members are appointed to bring knowledge, insight and perspective informed by lived experience and to help the IJB understand the potential impact of its decisions. They are not appointed as delegates or advocates for a single organisation, service, group or constituency, and when acting as IJB members must act in the interests of the IJB as a whole. This distinction will be important in managing expectations and avoiding unintended pressure on members to speak on behalf of wider populations without appropriate support or authorisation.

4.8.6 Future recruitment and appointment arrangements should be inclusive, transparent and designed to attract people from a range of backgrounds and experiences across Dundee. Succession planning will be important to maintain continuity, support diversity of perspective and ensure that members are able to transition into and out of roles safely and effectively. Arrangements for proxies and deputies will also require careful consideration. In December 2025, the IJB considered Report DIJB78-2025, IJB Membership – Service User and Carer Representation, which set out a proposed long-term approach to identifying, appointing and supporting service user and carer representatives (Article VI of the minute of the meeting of the Dundee Integration Joint Board held on 10 December 2025 refers). The arrangements agreed through that report, including the development of role descriptors, use of existing community and lived experience engagement mechanisms, creation of supported opportunities through the Strategic Planning Advisory Group, and a stronger focus on succession planning, provide a sound foundation for meeting the requirements and expectations arising from the Amendment Order. They will help Dundee IJB to move beyond a single appointment process and develop a more sustainable, inclusive and supported route into IJB membership for people with lived experience.

4.8.7 Practical support arrangements should be clear and accessible. While service user and unpaid carer representative roles are not remunerated, expenses arrangements are in place via NHS Tayside and Dundee Carers Centre and should be reviewed to ensure they remain appropriate for voting members and do not create barriers to participation. National support from the Health and Social Care Alliance Scotland and the Coalition of Carers in Scotland should be used where helpful, alongside Dundee's own governance and engagement arrangements.

4.8.8 Taken together, these considerations mean that local implementation should be managed as a planned governance change rather than solely as a change to voting arrangements. Officers will continue to review national guidance when the final version becomes available, engage with current lived experience members, and liaise with the Clerk and Standards Officer and partner organisations to support implementation.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

DAVE BERRY
CHIEF OFFICER

DATE: 28 JULY 2026

ITEM No …10……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD 19 AUGUST 2026 (DEFERRED FROM 24 JUNE 2026)**

REPORT ON: **DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT ANNUAL REPORT 2025/26**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB25-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to advise the Integration Joint Board of the outcome of the Chief Internal Auditor's Report on the Integration Joint Board's internal control framework for the financial year 2025/26.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board:

2.1 Notes the content and findings of the attached Annual Internal Audit Report 2025/26 (incorporating Report D03/26 – Internal Control Evaluation 2025/26) (Appendix 1).

2.2 Instructs the Acting Chief Finance Officer to report progress towards meeting the recommendations of the Annual Internal Audit Report and Internal Control Evaluation to the Performance and Audit Committee.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Integrated Resources Advisory Group (IRAG), established by the Scottish Government to develop professional guidance, outlines the responsibility of the Integration Joint Board (IJB) to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This guidance also shows that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.

4.2 The IJB's Performance and Audit Committee agreed at its meeting of 24 September 2025 meeting (PAC35-2025, Article XVI of the minute refers) to continue the arrangement for the provision of Internal Audit Services through the appointment of Fife, Tayside and Forth Valley

Audit and Management Services (FTF) as the IJB's lead internal auditors and therefore continuing the role of Chief Internal Auditor, supported by Dundee City Council's Internal Audit service. The attached report provides the Chief Internal Auditor's opinion on the IJB's internal control framework in place for the financial year 2025/26.

4.3 The Internal Audit review (incorporating the Internal Control Evaluation) examined the framework in place during 2025/26 to provide assurance to the Chief Officer, as Accountable Officer, that there is a sound system of internal control that supports the achievement of the IJB's objectives. In doing so, the review considered the areas of Corporate Governance, Clinical Governance, Staff Governance, Financial Governance and Information Governance.

4.4 The IJB's Draft Annual Statement of Accounts 2025/26 includes a Governance Statement based on a self-assessment of the IJB's governance, risk management and control frameworks as they have developed during 2025/26. While highlighting a number of areas of continuous improvement following on from previous years assessments and recommendations from internal and external audit reports, the Governance Statement has established there are no major issues.

4.5 The Chief Internal Auditor's report sets out the findings of their evaluation of the IJB's Governance Framework and highlights both key elements of good practice and areas of recommended improvement to further strengthen the IJB's overall governance system. Where substantive recommendations have been made, a management response and timescale for delivery has been agreed and these will be monitored through the Performance and Audit Committee's Governance Action Plan. The Chief Internal Auditor's assessment of the IJB's frameworks concludes that reliance can be placed on the IJB's governance arrangements and systems of internal controls for 2025/26.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Officer, Regional Audit Manager and Chief Internal Auditor were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 16 June 2026

Appendix 1

FTF Internal Audit Service

Annual Report

2025/26

Report No. D04/27

Annual assurance on Dundee City IJB governance, risk management and internal control framework

Issued by	FTF Internal Audit Service
Final report issued	**16 June 2026**
Presented to	Integration Joint Board 24 June 2026
Level of assurance	**Reasonable Assurance**

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Distribution

This report has been issued to:

D Berry, Chief Officer

C Jones, Acting Chief Finance Officer

G Lloyd, Chief Social Work Officer

D Shaw, Clinical Director / Associate Medical Director, Primary Care

Dundee City Integration Joint Board

Performance and Audit Committee

External Audit

C Wyllie, Chief Internal Auditor, Dundee City Council

Report timeline

Stage	Date
Draft report issued	12 June 2026
Management response received	15 June 2026
Target IJB Committee date	24 June 2026
Final report issued	**16 June 2026**

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Contents

This annual report sets out the outcomes of the 2025/26 internal audit programme and the Chief Internal Auditor's conclusion on Dundee City IJB's internal control framework.

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Section 1 Conclusion

This annual report to the Performance and Audit Committee (PAC) provides the outcomes of the 2025/26 internal audit and the Chief Internal Auditor's opinion on the IJB's internal control framework for the financial year 2025/26.

The overall Internal Audit Conclusion for the year has been primarily based on:

- Outputs of the Dundee City IJB 2025/26 internal audit plan and prior year audits reported in 2025/26 (Section 2).
- Internal audit work carried out in each of the partner organisations, where reports were considered relevant for IJB assurance purposes (Section 3).
- The 2025/26 Internal Control Evaluation (ICE), which provided Reasonable Assurance (Section 5).
- Progress with the delivery of previous internal audit and other governance improvement action points.

Based on the internal audit work undertaken during the year my overall conclusion is that:

> *The IJB has adequate and effective governance, risk management and internal control arrangements in place. The Chief Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role. The 2025/26 internal audit plan has been delivered in line with Global Internal Audit Standards and the Application note: GIAS in the UK Public Sector.*

In addition, we have not advised management of any concerns around the following:

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

Action requested

The Audit and Assurance Committee is asked to take **Reasonable Assurance** from this report in evaluating the internal control environment and to report accordingly to the IJB.

Audit scope and objectives

The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to comply with the accounts and audit regulations and legislation under section 106 of the Local Government (Scotland) Act 1973. The Integrated Resources Advisory Group (IRAG) guidance requires IJBs to establish appropriate and proportionate arrangements for audit provision, including arrangements to review risk management, governance and control of delegated resources.

This guidance states that the IJB has responsibility for reviewing the effectiveness of the governance arrangements including the system of internal control. To inform this review and the preparation of the governance statement, as stated in the CIPFA framework on Delivering Good Governance in Local Government, Internal Audit is required to provide an annual assurance statement on the overall adequacy and effectiveness of the framework of governance, risk management and control.

Guidance issued in April 2017 requires IJBs to prepare their annual accounts and governance statements in accordance with Local Authority Accounts (Scotland) Regulations 2014. These regulations require an authority to:

i) Be responsible for ensuring that the financial management of the authority is adequate and effective, and that the authority has a sound system of internal control which:

(a) facilitates the effective exercise of the authority's functions; and

(b) includes arrangements for the management of risk.

ii) Conduct a review at least once in each financial year of the effectiveness of its system of internal control.

The CIPFA 'Delivering Good Governance' in Local Government Framework 2016 places a responsibility on the authority to ensure additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the internal auditor.

The IJB Annual Internal Audit Plan for 2025/26 was based on a joint risk assessment by Internal Audit and the Acting Chief Finance Officer and was approved at the September 2025 PAC.

The authority, role and objectives for Internal Audit are set out within the IJB's Governance Manual. Internal Audit is required to provide the PAC with an annual assurance statement on the adequacy and effectiveness of internal controls.

The authority, role, and objectives for Internal Audit are set out in Appendix 1 of Dundee City IJB's Standing Orders. The Internal Audit Charter will be presented to the September 2026 PAC.

Internal Audit is required to provide the IJB with an annual assurance statement on the adequacy and effectiveness of internal controls.

Dundee City IJB Governance Statement

Dundee City IJB has produced a draft Governance Statement for 2025/26 which reflects its own assessments of the governance arrangements including areas for development, setting out several actions to further strengthen these arrangements. These are generally complex areas which have remained outstanding for several years and depend on the input of partner bodies.

The draft Governance Statement states that:

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

Partner Bodies' Governance Statements

Dundee City IJB is in an interdependent relationship with both partner bodies in which the controls in place in one body inevitably affect those in the other.

The draft NHS Tayside 2025/26 Governance Statement concludes that:

> '*As the appointed Accountable Officer, and noting the disclosure in relation to Information Governance Incident Reporting, I am able to conclude with the ongoing improvement work undertaken throughout the year, as evidenced [above]; the governance framework and the assurances and evidence received from the Board's committees, that corporate governance continues to be strengthened and internal controls were operating adequately and effectively throughout the financial year ended 31 March,2026*.'

In the NHS Tayside Annual Internal Audit 2025/26 report the Chief Internal Auditor concluded that:

'The Board has adequate and effective governance, risk management and internal control arrangements in place. The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role. The 2025/26 internal audit plan has been delivered in line with Global Internal Audit Standards.'

Dundee City Council's draft Governance Statement for 2025/26 concludes that:

'*The annual review demonstrates sufficient evidence that the code's principles of delivering good governance in local government operated effectively and the Council complies with the Local Code of Corporate Governance in all significant respects for 2025/26. It is proposed over 2026/27 steps are taken to address the items identified in the Continuous Improvement Agenda to further enhance the Council's governance arrangements".*

Dundee Council Internal Audit Annual Report is not yet available.

Audit Follow Up

Progress is being made in implementing agreed actions. Management continue to respond positively to our findings, and management actions have been agreed to improve the systems of governance, risk management and control.

The 2025/26 ICE reported that a review of historic actions is to be undertaken by FTF and management to streamline and remove any that are no longer relevant, and to refresh the presentation of remaining actions. The Governance Action Plan is maintained by the IJB and reported to each PAC meeting.

Internal Audit Arrangements

Following a meeting of the IJB in May 2016, FTF Internal Audit was appointed to provide the IJB's Internal Audit Service and have provided the service thereafter. The 2025/26 Internal Audit Plan was approved by the PAC in September 2025 and internal audit work undertaken in 2025/26 is set out in Section 2 of this report.

Resources to deliver the Annual Internal Audit Plan are provided by the NHS Tayside (FTF Internal Audit) and Dundee City Council Internal Audit Services.

Global Internal Audit Standards (GIAS) require an External Quality Assessment (EQA) of the Internal Audit Service at least once every five years. An assessment for the FTF Internal Audit consortium, that provides the NHS Tayside Internal Audit service was undertaken by the Chartered Institute of Internal Auditors and the final report was issued on 4 March 2025. The overall opinion was the internal audit service 'Generally Conforms' to the GIAS, which is the highest level of conformance.

FTF have developed an improvement action plan based on a gap analysis against GIAS and recommendations and suggested improvements from the March 2025 EQA report. This improvement action plan is monitored by the NHS Tayside Audit and Risk Committee. Assurance is provided to Dundee City IJB as part of internal audit progress reports. The majority of improvement plan actions are complete, with the remaining actions planned for implementation during 2026/27.

For Dundee City Council Internal Audit Service, a report was presented to the Dundee City Council December 2025 Scrutiny and Audit Committee noting that, for a number of reasons, mainly resource availability, the five-year requirement for an EQA was not met. A self-assessment for the review was sent to the reviewer in November 2023 and the review concluded in August 2025. The review was undertaken against the previous Public Sector Internal Audit Standards (PSIAS), now replaced by GIAS and the Application Note: GIAS in the UK Public Sector, and concluded that 'Dundee City Council's Internal Audit Service fully conforms with the PSIAS in twelve areas and generally conforms in two'. An action plan was agreed as a result of the review and progress reported to the Dundee City Council Scrutiny and Audit Committee. An action plan is also being implemented to ensure compliance with GIAS (UK Public Sector) and the two plans will be aligned where appropriate.

Internal Audit Plan

The NHS Tayside 2025/26 Annual Internal Audit Plan included provision of audit resources and providing the Chief Internal Auditor function to Dundee City IJB. Provision of internal audit resources for IJB audits was also included in the Dundee City Council Internal Audit Plan 2025/26.

Internal Audit has continued to highlight the requirement for coherence between governance structures, performance management, risk management and to improve the ability of the IJB to monitor the achievement of operational and strategic objectives.

Our 2025/26 work provided assurance on the adequacy of governance, risk management, and controls. Summarised findings, or the full report, for each review were presented to the PAC during the year.

Progress against the annual plan is reported to each meeting of the PAC. The 2025/26 internal audit plan has been substantially completed, with one report at draft report stage (Lead Partner) with the final report to be presented to the September 2026 PAC. Planning of the 2025/26 audit of Partner Bodies Support Services is in progress.

Staffing and Skill Mix

Resources to deliver the Annual Internal Audit Plan are provided by the NHS Tayside (FTF Internal Audit) and Dundee City Council Internal Audit Services.

During 2025/26 internal audit services to Dundee City IJB were provided by:

FTF	**Dundee City Council**
Jocelyn Lyall, BAcc, CPFA, Chief Internal Auditor	Cathie Wyllie, CA, Service Leader – Internal Audit
Barry Hudson, BAcc, CA, Regional Audit Manager	David Vernon CMIIA – Acting Senior Manager – Internal Audit (Corporate Finance)
Ruth Boyd, FCCA, Principal Auditor	Andrew Diffin, CA, Senior Internal Auditor

Review of Governance since the Internal Control Evaluation 2025/26 report

As well as following up previously agreed actions, we have completed audit work to identify any material changes to the control environment in the period from the issue of the draft 2025/26 ICE on 19 May 2026 to the issue of this report. The PAC met on 20 May 2026 and considered the following items of business:

- A self-assessment report on the Committee's performance in 2025/26, confirming that activities were in line with the remit and terms of reference. An assurance report is to be submitted to the August 2026 IJB.
- A summary of gradings awarded by the Care Inspectorate to Dundee registered care homes for adults / older people and other adult services from April 2025 to March 2026 highlighted there were 25% less inspections than in 2024/25 and, overall, there was an improvement in grades for care homes.
- The first Strategic Risk Report in the new format, following approval of the Strategic Risk Management Framework by the IJB in February 2026. Work to address the need for an assurance plan for strategic risks shared with corporate bodies (NHS Tayside and Dundee City Council) had not been completed with management citing pressures associated with the 2026/27 budget setting process. It is expected that arrangements will be agreed and reported to the September 2026 meeting of the PAC.

- An update on IJB Directions issued in 2025/26, noting that all Directions have either been implemented by the partner(s), are ongoing – with specific target dates for an update to be provided, or are not yet due.

Indicative Year End Financial Position – 31 March 2026

While there has been no financial reporting to the IJB since the Internal Audit ICE report was completed, we have been informed by the Acting Chief Finance Officer that indicative figures at 31 March 2026 are:

- Overspend has increased from £4,961k reported at February 2026 to £5,659k at March 2026.
- Achievement of savings is 84% for 2025/26. Recurring was 78% and non-recurring 98%.
- A further uncommitted £500k has been realigned from Transformation Funding to help reduce year end deficit.
- All general uncommitted reserves were used by 31 March 2026.

Acknowledgement

On behalf of the Internal Audit Service, I would like to thank all members of staff within the Board for the help and co-operation extended to Internal Audit. My team and I have greatly appreciated the positive support of Officers and the PAC.

Jocelyn Lyall BAcc CPFA
Chief Internal Auditor

Section 2 – Dundee City IJB Internal Audits 2025/26 and prior year audits reported in 2025/26

Reference	Audit	Indicative Scope	Performance & Audit Committee Date
D03-25	Internal Control Evaluation 2024/25	Holistic assessment of the internal control environment in preparation for production of the 2024/25 Annual Internal Audit Report.	June 2025
D04-25	Annual Report 2024/25	Chief Internal Auditor's annual assurance statement to the IJB with fieldwork to support the conclusion.	June 2025

Reference	Audit	Indicative Scope	Performance & Audit Committee Date
D01-26	Planning	Audit Risk Assessment & Operational Planning 2025/26	September 2025 PAC
D02-26	Audit Management	Liaison with management, pre-audit committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Each PAC during 2025/26.
D03-26	Internal Control Evaluation 2025/26	Holistic assessment of the internal control environment in preparation for production of the 2025/26 Annual Internal Audit Report.	ICE 2025/26 finalised on 10 June 2026, to be considered at the 24 June 2026 IJB.
D04-26	Annual Report 2025/26	Chief Internal Auditor's annual assurance statement to the IJB with fieldwork to support the conclusion.	To be considered at the 24 June 2026 IJB.
D05-25	Lead Partner Services	Lead Partner governance and assurance arrangements.	Draft report issued and report will be considered at September 2026 PAC.

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Section 3 – Relevant Partner Organisation Internal Audits 2025/26

NHS Tayside	Report Assurance	Audit Committee Meeting Date
T10/25 Internal Control Evaluation 2024/25	Reasonable	30 April 2025
T26/25 Savings Governance	Reasonable	25 June 2025
T28/25 NHS Scotland National Payroll System – ePayroll updates	Reasonable	25 June 2025
T10/26 Annual Internal Audit Report 2024/25	Reasonable	27 August 2025
T17/25 Adverse Event Management	Limited	17 December 2025
T18/25 Medical Equipment and Devices	Reasonable	17 December 2025
T31/25 Data Breaches Learning Review	Limited	17 December 2025
T19/25 Medicines Management (Controlled Drugs)	Limited	29 April 2026
T11/26 Internal Control Evaluation 2025/26	Reasonable	29 April 2026
T14/26 Risk Management – CIA validation of self-assessment	Reasonable	29 April 2026
Dundee City Council	**Report Description**	**Scrutiny & Audit Committee Meeting Date**
Young People in Residential Care - Missing Persons Processes	Substantial Assurance	24 September 2025
Partnership Working – Dundee Alcohol and Drug Partnership	Comprehensive Assurance	24 September 2025
Capital Planning and Monitoring	Limited Assurance	24 September 2025
Climate Strategy and Delivery Plans	Substantial Assurance	24 September 2025
SLAs with External Bodies	Limited Assurance	3 December 2025
MOSAIC system payments	Limited Assurance	4 February 2026

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Section 4 Definitions

Definition of Assurance

We assess the system adequacy and control application, and provide a conclusion based on the following criteria:

Category	System Adequacy	Controls
Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

Assessment of Risk

We risk assess each finding according to the following criteria. The right-hand column shows the total number of findings in each category arising from this year's work.

Category	Definition	Findings
Fundamental	Non-compliance with key controls, or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	**Nil**
Significant	Weaknesses in the design or implementation of key controls – those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for the area under review.	**Nil**
Moderate	Weaknesses in the design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for the area under review.	**Nil**
Merits attention	There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	**Nil**

FTF Internal Audit Service

Dundee IJB Internal Control Evaluation 2025/26

Report No. D03-26

Issued To:

D Berry, Chief Officer
C Jones, Acting Chief Finance Officer

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

Dundee Integration Joint Board
External Audit

C Wyllie, Chief Internal Auditor, Dundee City Council

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Report Highlights

Audit Conclusion

	Level of Assurance	
Overall Assurance	**Reasonable**	
Corporate Governance	Reasonable	
Clinical & Care Governance	Reasonable	
Staff Governance	Reasonable	
Financial Governance	Reasonable	
Digital & Information Governance	Reasonable	

Audit Findings Summary

Risk Assessment		Total	Risk Assessment		Total
Fundamental		**None**	**Moderate**		**Five**
Significant		**Five**	**Merits Attention**		**None**

Audit Report Timeline

Key Dates			
Draft Report Issued:	19 May 2026	Management Responses Received:	10 June 2026
Target Audit Committee Date:	24 June 2026	**Final Report Issued:**	**08 June 2026**

Contents

INTRODUCTION

2. As Accountable Officers, Chief Officers are responsible for maintaining a sound system of internal control to manage and control the available resources used in the organisation. This review aims to highlight any significant issues that may affect the Governance Statement.

3. FTF complies with the Global Internal Auditing Standards (GIAS) and the Application Note: GIAS in the UK Public Sector. The Application Note provides UK public sector-specific context, interpretations of GIAS requirements in the specific circumstances expected to apply across the UK public sector and some additional requirements.

4. Within the Local Government context application of GIAS is also supported by the CIPFA '*Code of Practice for the Governance of Internal Audit in Local Government*'. This Code provides a link between the recommended practices in GIAS and established governance arrangements of local government bodies and reflects the legislation and practices of local government bodies.

OBJECTIVE

5. The Dundee City IJB (DIJB) Internal Audit Plan is based on a joint risk assessment by Internal Audit and the Acting Chief Finance Officer and approved by the Performance and Audit Committee. It provides coverage of key risks and aspects of governance including Corporate, Clinical, Staff, Financial and Information Governance. Internal Audit is also required to provide the Performance and Audit Committee with an annual assurance conclusion on the adequacy and effectiveness of internal controls.

6. Together, the mid-year Internal Control Evaluation (ICE) and the Annual Report provide a conclusion on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year and an overview of areas which have not been subject to a full audit. These reviews do not and cannot provide the same level of assurance as a full review but do provide insight into the systems which have not been audited in full. The ICE review highlights potential year end assurance issues and allows a holistic view of governance within DIJB.

7. This review will be a key component of the conclusion we provide in our 2025/26 Annual Report, and the findings will inform the 2026/27 internal audit planning process.

8. To inform our assessment of the internal control framework, Internal Audit developed and utilised a governance checklist to obtain audit evidence. The checklist was based on requirements of the Integration Scheme, guidance issued by the Scottish Government to support Health and Social Care Integration and best practice.

9. Our audit specifically considered whether governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

AUDIT CONCLUSION

10. Overall, this report provides Reasonable Assurance on governance, risk management and internal controls. We have provided an update on progress to date and, where appropriate, built on and consolidated previous audit findings to allow refreshed action and completion dates to be agreed. This has culminated in 10 findings for which Management [have agreed action to progress].

11. Internal Audit identified positive progress across areas of governance with a number requiring full implementation and embedding in business as usual. In addition, underlying weaknesses from older recommendations may still remain.

KEY DEVELOPMENTS

12. Key developments since the issue of our 2024/25 Annual Report include:

- Update to the Equality Mainstreaming and Equality Outcomes Progress report.
- Progress reported on improvements in arrangements for identifying and responding to adults at risk of harm, following the joint inspection of adult support and protection in Dundee published in December 2023.
- Reporting throughout 2025/26 to the IJB on the Joint Inspection of Adult Services in Dundee Health and Social Care Partnership (DHSCP) with the findings and improvement plan presented to the April 2026 DIJB meeting.
- Health and Care (Staffing) (Scotland) Act 2019 statutory annual report approved by DIJB in June 2025.
- DHSCP Workforce Plan for 2025-28 approved by the DIJB in June 2025. This plan was updated to reflect feedback and recommendations from national guidance, and Internal Audit D06/24 issued in January 2025.
- IJB Development sessions focused on budgets, equalities, engagement and co-production, Mental Health and Adult Support & Protection and Statutory Review of the Strategic Commissioning Framework.
- Review of the effectiveness of the DIJB Strategic Plan completed by 31 March 2026 to ensure compliance with section 37 of the Public Bodies (Joint Working) (Scotland) Act 2014.
- Information Sharing Agreement between Dundee City Council and NHS Tayside signed off and presented to the IJB.
- Review and update of the Performance and Audit Committee and the Strategic Planning Advisory Group Terms of Reference.
- Update on the DIJB Property Strategy approved in 2022, with a Property Strategy Sub-Group established to oversee implementation
- Update on the current position and progress of delegated Tayside-wide Lead Partner services.
- New Risk Management Strategy developed by the Tayside Risk Management group and approved at the December 2025 IJB meeting.
- IJB Strategic Risk Management Framework approved by the DIJB in February 2026, including a fully updated Strategic Risk Register.
- Review and update of the IJB Financial Regulations and Scheme of Delegation.

- The February 2026 IJB agreed the current Strategic Commissioning Framework 2023-2033 will remain in place until a revised strategy has been produced.

RISK

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

14. We reviewed the risk profile and the IJB's arrangements to identify, assess and prioritise the management of significant risks to achieving its strategic objectives and service delivery.

ACTION

15. Management have agreed actions to address the findings from this audit. A follow-up of implementation of the agreed actions will be undertaken in accordance with the IJB's audit follow up protocol and timescales.

ACKNOWLEDGEMENT

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

Jocelyn Lyall BAcc CPFA

Chief Internal Auditor

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Corporate Governance

Governance

The Integration Scheme was approved in 2022 for the 5 years to 2027. The update will need to commence in 2026/27, with this being progressed in partnership by Dundee City Council and NHS Tayside. The IJB Standing Orders were last updated in 2023 and a review in line with the review of the Integration Scheme would be beneficial.

IJB and Committee work plans are to be implemented for 2026/27 and will set out the schedule of reporting for meetings, including several items to progress or complete outstanding actions within the Governance Action Plan. Of the 35 actions remaining as reported to the February 2026 PAC, 28 are more than a year old, with some dating back to 2021.

Performance and Audit Committee (PAC)

The Terms of Reference of the PAC were approved at the September 2025 PAC meeting to reflect requirements identified by Audit Scotland relating to fraud arrangements, committee annual evaluation and a formal training programme for members. The Committee Annual Evaluation will be reported to the PAC in May 2026 prior to reporting to the IJB.

Directions

The May 2025 PAC considered the IJB Direction Annual Report for 2022024/25 with no issues reported.

Risk Management

A new Risk Management Strategy developed by the Tayside Risk Management group was approved by DIJB in December 2025. The main changes are the move from a combined policy and strategy document to a clearer, standalone risk management strategy with explicit governance mechanisms. The new approach emphasises stronger alignment with recognised standards such as ISO 31000:2018 and IRM guidance, introduces defined sections for risk appetite and tolerance and establishes clear governance for their approval and monitoring. Additionally, there is a move away from prescriptive reporting towards more locally tailored frameworks, reflecting a more flexible and accountable risk management system.

In 2025/26, the IJB risk profile was reported to the May and September 2025 PACs. A report was to be submitted to the November 2025 PAC, but as the meeting was not quorate it was not discussed. Due to the ongoing work to refresh risk management arrangements, the PAC did not have holistic governance oversight of the IJB strategic risk profile over the final six months of 2025/26. A draft of the revised and updated strategic risk register was approved by the IJB in February 2026. An update was not provided to the February 2026 PAC, as the new strategic register was submitted to the IJB in February 2026.

The Senior Management Team has identified a need to undertake a review of arrangements for recording, managing and reporting strategic risk across both the IJB and the DHSCP, as reported to the September PAC. Recent developments including the Risk Management Strategy have prompted a more focused review of arrangements to ensure that strategic risk management arrangements in both the IJB and the Partnership are fit for purpose.

The revised IJB Risk Management Framework was approved by DIJB at its February 2026 meeting. Revisions included:

- Update to the risk register, including risk categories and risk appetite.
- Report template used to provide assurance reports on strategic risk management to the PAC fully revised
- A revised format for the risk assessment section of IJB reports
- Work is continuing to address the final actions to develop an assurance plan for strategic risks that are shared with the corporate bodies (NHS Tayside and Dundee City Council), and further enhancement of reporting arrangements against the Risk Management Action Plan. An update on these aspects will be submitted to the PAC in May 2026.

The 2024/25 Dundee City IJB Internal Audit Annual Report set out the need for IJB reports to explicitly link to strategic risks. This reporting commenced in April 2026, and the revised format will support report authors to clearly link and articulate the impact of report content to risks within the IJB's Strategic Risk Register.

The draft risk profile as reported and approved by the IJB within the Risk Management Framework in February 2026 is below:

Risk No.	Risk Title	Inherent Risk	February 2026
1	Financial Sustainability	25	25
2	Workforce Capacity	16	12
3	Property Infrastructure	20	20
4	Public Sector Reform	20	16
5	Increased Service Demand	20	16
6	External Provider Sustainability	16	12
7	Data Quality	16	12
8	Digital Infrastructure	20	16
9	Information Governance	16	12
10	Engagement	20	12
11	Whole System Collaboration	16	12

Resilience

The Category 1 Responder Annual Report presented to the IJB in June 2025 included information on work with partners. The latest reporting of the Strategic Risk for Resilience to the September 2025 IJB highlighted two actions that, once complete, would lead to the risk being removed. This risk is not part of the new corporate risk register and the Category 1 Responder Annual Report for 2025/26 will be reported in June 2026.

Strategy

The Strategic Commissioning Framework 2023-2033 was approved in 2023 and was titled the "Plan for Excellence for Health and Social Care in Dundee". The February 2026 IJB agreed to support the Strategic Planning Advisory Group to revise the strategic shifts associated with each strategic priority, to undertake any other minor revisions required and submit the revised Strategic Commissioning Framework 2023-2033 to the IJB for approval on 26 June 2026.

In October 2024 the HSCP finalised and published their Delivery Plan to March 2026. The delivery plan is aligned to support the achievement of the strategic priorities and shifts identified within the IJB's Plan for Excellence in Health and Social Care in Dundee. An update to the August 2025 IJB included a review of the content of the Delivery Plan to provide a high-level overview of progress against actions within the plan and ensure that changes in the wider operating environment are adequately reflected within the actions. Three actions are complete, 22 are progressing well, 44 have minor delays and 8 have significant delays, with details provided in the update.

Transformation

The 2025/26 budget paper presented to the March 2025 IJB reported a forecast budget gap of £17.5m. With limited uncommitted reserves coming forward from 2024/25 the challenge facing DIJB was significant. Partnership working to transform services to a sustainable operating model was recognised as the way to deal with the ever-increasing demand for services and to improve outcomes for people.

D03/25 Internal Control Evaluation 2024/25 recommended transformation reporting to the IJB, with DHSCP management agreeing creation of a Budget Delivery Group to monitor the progress of savings, transformation proposals and new opportunities. This action is ongoing with the Budget Delivery Group in place and focusing on transformation.

Anticipated delivery of 2025/26 planned savings was summarised in regular Finance Monitoring Report to the IJB, highlighting where planned savings were expected to be delivered in full, in part and where minimal delivery was anticipated.

Transformation / Service Redesign savings were reported as:

For Period to February 2026	Recurring Planned £000s	Recurring Anticipated Delivery at Year End £000s	Non-Recurring Planned £000s	Non – Recurring Anticipated Delivery at Year End £000s
Efficiency / Management Action	4,404	3,644	1,207	1,080
Savings	7,338	5,280	4,600	4,600

The unplanned overspend is reflective of the ongoing challenge to fully deliver the significant level of savings and efficiencies totalling £17,500k during 2025/26 while also managing demand, clinical and care standards and performance expectations. Officers and Senior Management continue to monitor, lead and support service areas to manage and mitigate these pressures with an aim of returning to overall financial balance and longer-term financial sustainability.

Performance

The Dundee Health and Social Care Performance Report is presented quarterly to the PAC. The GAP to May 2026 highlights that the revised strategic risk register will have a direct link to be made between the content of reports, including performance reports, and the content of the strategic risk register (including the effectiveness of controls). This development will be monitored in the ICE for 2026/27 to allow it to be embedded in IJB reporting.

Lead Partner Services

The Annual Report on Lead Partner Services Update to the IJB in December 2025 reported the developments to agree to an annual reporting cycle for Lead Partner services to improve visibility and reporting and strengthen IJB governance in relation to Lead Partner services across Tayside, and that consideration would be given to standardising how overspends and underspends were reflected in future reports.

Internal Audit AN05/25 will conclude on whether robust governance, strategic planning, monitoring, and reporting arrangements are in place for service delivery under the Lead Partner approach, ensuring compliance with Integration Scheme requirements and providing adequate assurance for ongoing and future planning.

Audit Findings and Management Action Point					
	Finding & Root Cause	**Impact/Potential Risk**	**Assessment of Risk**	**Agreed Management Action**	**Responsible Officer / Action by Date**
1.	**Governance Action Plan (GAP)** Several outstanding actions in the GAP relate back to 2021 and 28 remain open. An exercise to streamline and review relevance of these outstanding actions would be beneficial. Future reporting should include a split of actions which are over a year old and actions which are under one year old. Outstanding actions which are well over a year old may not be relevant to the IJB and agreed action may not be feasible.	Actions within the GAP may no longer be appropriate and relevant.	 **Moderate**	Further review of historic actions to be undertaken alongside FTF to streamline and remove any that are no longer relevant and refresh the presentation of remaining actions	**Acting Chief Finance Officer** **September 2026**
2.	**Whistle Blowing** While Whistleblowing Policies for Dundee City Council and NHS Tayside are in place there was no quarterly reporting of any concerns to the IJB, as required by the Integration Scheme.	There is a risk that the Integration Scheme is not being followed for Whistleblowing reporting and any concerns are not reported to the IJB.	 **Moderate**	Annual Whistleblowing Reports from corporate bodies to be shared and incorporated in IJB's Annual Performance report	**Acting Head of Strategic Services** **September 2026**

3.	**Strategy Delivery Plan** Actions in the DHSCP delivery plan October 2024 - March 2026 update report are not SMART, including allocation to an individual/group, ensuring target timescales for delivery and remedial action taken.	Monitoring of delivery plan action cannot be carried out effectively.	 **Moderate**	This will be considered for the next report submitted regarding the delivery plan.	**Acting Head of Service, Strategic Services** **October 2026**
4.	**Transformation Programme Oversight** While the IJB has been informed of specific overall planned interventions (efficiency/management action and savings), there is no programme of whole system transformation reporting through governance structures or reporting from the Budget Delivery Group.	There is a risk that transformation activity is not identified, prioritised, delivered and monitored in a coordinated way, leading to slippage in planned interventions and failure to achieve intended service redesign and recurring financial benefits.	 **Significant**	Consideration of formal and structured reporting processes to be considered by HSCP Senior Leadership team with the aim to produce more detailed and robust Transformation reporting. Consideration of wider Whole System Transformation impact will need developed with NHST colleagues	**Acting Chief Finance Officer / Heads of Health and Community Care** **September 2026**
5.	**Register of Interests** The publicly available Register of Interests on the DHSCP website requires to be updated, as the latest version relates to 2024.	A published register makes information available to stakeholders and the public and shows what interests decision-makers hold that might affect decisions.	 **Moderate**	Work will continue with Committee Services to review the process and publish updated information	**Clerk to the IJB** **December 2026**

Areas for Consideration:

As previously noted in the Internal Control Evaluation 2024/25 report, there is no formal agreed process to identify relevant legislation and guidance and provide assurance that the IJB complies. Reliance is placed on key officers within the partnership to highlight new legislation and communication from partner bodies. Assurance is provided by the partner bodies at year end through their Governance Statements that controls are in place to ensure compliance with legislation and guidance.

Clinical and Care Governance

A new NHS Tayside Clinical Governance Framework was endorsed by the NHS Tayside Clinical Governance Committee (CGC) in April 2025.

The role of the Dundee HSCP Clinical, Care and Professional Governance Group (CCPG) is to provide assurance to DIJB, NHS Tayside Board and Dundee City Council that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within DHSCP.

The CCPG reports to Dundee City Council and to the NHS Tayside Clinical Governance Clinical Governance Quality Assurance Meeting (CGQAM), providing assurance on DHSCP Clinical Governance arrangements and alignment with the NHS Tayside Clinical Governance Framework. The CCPG also reports quarterly to the PAC.

A review of the CCPG Assurance Framework is underway, including aligning CCPG agendas with the recommended template, reviewing agendas/reports to meet onward reporting/assurance requirement, using the Clinical Governance Framework and Resource Pack and use of the self-assessment checklist. Application of the NHST Clinical Governance Framework is evolving, with feedback to the February 2026 CCPG from the CGQAM highlighting planned changes to annual reporting expectations, the need for stronger governance input on deep-dive papers, and the alignment of learning themes across the three Tayside partnerships.

Development sessions will be held through 2026-2027 to further support Chairs of primary governance groups discharge their duties in relation to clinical, care and professional governance across the Partnership.

Adverse Events

CCPG quarterly reports to PAC include reporting on adverse events, Significant Adverse Event Reviews (SAERs) and Dundee CCPG Group activity. At end of November 2025, 75% of current SAERs had breached the 140-day target for completion and 393 events remained outstanding i.e. verification is overdue.

Complaints

The Dundee IJB Complaints Handling Procedure is available to the public on the DHSCP website. A quarterly feedback report is considered by the PAC with the last report presented to the November 2025 meeting. For quarter 1 and 2 all NHS stage 1 complaints were completed within the timescales. Social Care reported 57% completion of complaints for quarter 1 and 33% for quarter 2. Stage 2 complaints performance was 29% completion for social care in quarter 1 and 2 and 31% (quarter 1) and 60% (quarter 2) for completion of NHS complaints. The report highlights that the IJB had received no complaints.

Audit Findings and Management Action Points					
No.	**Finding**	**Impact/Potential Risk**	**Assessment of Risk**	**Agreed Management Action**	**Responsible Officer / Action by Date**
6.	**Complaints** Performance against the required timescales to respond to stage 1 and stage 2 complaints is poor. A report to PAC specifically detailing SMART actions to improve performance, linked to the root causes of non-conformance would improve scrutiny, challenge and monitoring of complaints management.	There may not be appropriate governance oversight of challenges in management of complaints, and assurance on remedial action.	 Moderate	Ongoing efforts across the HSCP continue to investigate and respond to complaints within expected timescales however root causes are primarily the complexity of complaints (including the ongoing health and wellbeing needs of complainants) and wider workload pressures. These factors have been and will continue to be reported to the PAC via quarterly reports. Q4 25/26 report does show improving trend for Stage 1 complaints, though deterioration of Stage 2 Health complaints. A refreshed DHSCP Complaints Standard Operating Procedure has been drafted for consideration by the Senior Management Team. This incorporates learning and analysis of performance challenges to date.	**Acting Head of Service, Strategic Services** **November 2026**
7.	**Adverse Events** The number of outstanding unverified events is increasing year on year and SAERs are not being completed in the required timescales. Actions included in	There is a risk that adverse event reporting is not taking place as required, and that trends, emerging	 **Significant**	Project management time and clinical governance facilitator resource have been released to review and support enhanced processes to better manage adverse events, in particular in those	Nurse Director December 2026

	reports in 2025/26 were the same as actions in 2024/25, with no assessment of completion or effectiveness in improving performance.	risks and lesson learned are not identified or acted upon in a timely manner. There is not sufficient scrutiny of the impact levels of adverse events at governance level, reducing assurance over safety and learning. There is a risk that adverse event trends, backlogs and emerging risks are not escalated as required.		areas where a large number of complex events are reported. This work has commenced in mental health and learning disability services and will expand to the drug and alcohol recovery team in due course. The current position has seen the number of outstanding adverse events in MHLD reduced from 130 to 77. Work will continue to support staff further to develop systems and processes improving this position. Ongoing oversight through the establishment of the MHLD AEM group and CCPG Forum will ensure continued reduction in outstanding events, improved timeliness of review and closure, and enhanced quality of learning and assurance from adverse event reporting.	

Items for Consideration

Involvement and Engagement Plan

The Internal Control Evaluation 2024/25 reported that the IJB does not have an Involvement and Engagement Plan as required by the Integration Scheme. Management agreed that the approach to involvement and engagement would be considered as part for the statutory review of the IJB's Strategic Commissioning Framework, which was considered at the February 2026 IJB. The IJB noted the work undertaken by the Strategic Planning Advisory Group to progress the statutory review of the Strategic Commissioning Framework 2023-2033, including engagement with partners and the public.

Duplication of complaints reporting to PAC

Two regular reports to PAC include complaints handling performance, with the quarterly report providing the greater detail. An opportunity exists to avoid duplication of reporting to the PAC.

Attendance at CCPG

Attendance by members or their designated deputies at CCPG should be closely monitored. Insufficient CCPG attendance may weaken governance oversight, leading to delayed decisions and missed escalation of key risks and actions.

Complaints

Complaints outcomes and planned service improvements are included in the feedback report. Similar reporting of complaints is also included within the DHSCP Clinical, Care and Professional Governance Assurance Report to each PAC. An opportunity exists to streamline reporting and avoid duplication from the two reports to PAC which include complaints.

Staff Governance

Workforce Plan

From 2025, HSCPs are no longer required to submit three-year workforce strategies. Instead, annual delivery plans will focus on the HSCP Strategic Plan with emphasis on utilising locality needs data. The Scottish Government requested an interim one-year Workforce Plan which was submitted in March 2025. Further guidance for the 2026-2029 period is to be provided by Scottish Government.

Notwithstanding the change in approach from Scottish Government, DIJB approved the work undertaken to update the DHSCP Workforce Plan 2025-2028, including incorporating feedback and recommendations from national guidance and Internal Audit report D06/24 Workforce, issued in January 2025. The updated plan incorporates changes in the use of workforce data and analysis to ensure a clearer focus on key workforce planning challenges. New data has been captured and analysed at service level, including gaps identified using staffing tools. A section has been added to incorporate predicted changes to service demand, models of provision and anticipated workforce impacts. The supporting action plan and risk register have been fully revised.

A short life working group for integrated workforce planning across Tayside had been established involving the three HSCPS, Local Authorities and NHS Tayside with the aims of identifying priorities and opportunities for greater collaboration, develop recommendations for leadership consideration and propose a clear framework for collaborative workforce planning.

Induction of IJB Members

Given the complex and dynamic nature of the environment within which the IJB operates, initial induction provided to new IJB members is essential to equip them with the appropriate skills, knowledge, resources and support to fulfil their roles and responsibilities. The induction pack has been enhanced during 2025/26 and was tested on a recently appointed IJB member. The Acting Chief Finance Officer advised that some changes are required to finalise the document and that feedback was positive.

Audit Findings and Management Action Points					
No.	**Finding**	**Impact/Potential Risk**	**Assessment of Risk**	**Agreed Management Action**	**Responsible Officer / Action by Date**
8.	**Chief Officer and Chief Finance Officer Objectives and Appraisal** We have been informed the Chief Officer has formal objectives and appraisal (mainly linked through partner organisation senior leadership processes and their remuneration arrangements). The Acting Chief Finance Officer had no formally agreed objectives, nor have they undergone an appraisal process for 2024/25 and 2025/26.	This position presents a risk to good governance. Without formal and appropriate objectives and appraisal there is no documented basis to demonstrate how the officer is contributing to delivery of IJB strategic objectives and statutory duties. Effective senior management oversight cannot be evidenced, limiting assurance of a supportive but challenging performance management culture.	 **Significant**	Regular 1:1 occur between the Chief Officer and Chief Executives of both Dundee City Council and NHS Tayside to discuss priorities and performance. Similarly regular 1:1 occur between the Chief Officer and Acting Chief Finance Officer (and similarly for other members of Senior Management) to discuss priorities and performance. Both postholders regularly participate in wider strategic and performance meetings within IJB, HSCP, NHS Tayside and Dundee City Council to enhance and influence governance and priorities. Objectives and Appraisal process to be considered in line with employing organisation arrangements.	**Chief Officer December 2026**

Financial Governance

Budget Planning

The IJB's 2025/26 budget for delegated services was approved by the IJB on 26 March 2025. The budget set out the cost pressures and funding available, with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2025/26 financial year, based on currently available information.

A further budget update for 2025/26 was presented to the June 2025 DIJB meeting. Changes to the 2025/26 budget included increased reserves availability from the final 2024/25 financial position and receipt of additional funding from NHS Tayside, reflecting Scottish Government allocations to support whole system pressures and sustainability during 2024/25. NHS Tayside set its budget on 24 April 2025 and delegated budgets to Dundee IJB were in line with DIJB planning assumptions for 2025/26.

Budget Extract 2025/26	**£000s**
Anticipated Funding Shortfall	**(17,548)**
Operational Efficiencies and Management Actions	4,404
Non-Recurring Initiatives	1,207
Recurring Savings Proposals	7,338
Non-Recurring Use of IJB Reserves	4,600
Total - Proposed Actions to Address the Shortfall	**17,548**

Financial Position

DIJB's projected financial position for 2025/26, reported at February 2026, is a overspend of £4,961k. This unplanned overspend is reflective of the ongoing challenge to fully deliver the significant level of savings and efficiencies totalling £17,500k during 2025/26 while also managing demand, clinical and care standards and performance expectations. Officers and Senior Management continue to monitor, lead and support service areas to manage and mitigate these pressures with an aim of returning to overall financial balance and longer-term financial sustainability.

Five Year Financial Outlook - 2025/26-2029/30

An overview of the medium to longer term financial challenges likely to impact on the IJB's future delegated budget, and the framework within which these challenges would be mitigated to enable the IJB's strategic priorities to be delivered within a balanced budget, was presented to the IJB in August 2025. The overview stated that the approach could potentially result in savings totalling approximately £52.5m being required over the next five financial years.

The IJB's transformation programme consists of Mental Health and Learning Disability Whole System Change Programme; ADP Strategic Framework and Delivery Plan; Urgent and Unscheduled Care Board; Planned Care; Integrated Community Teams; Primary Care Improvement Plan; and Digital Transformation. The outlook paper is clear that the progression of these programmes is key to improving services, reducing risk and ensuring best value.

Large Hospital Set Aside

The process for managing the Large Hospital Services budget and activity remains unresolved and is highlighted in the Audit Scotland Annual Report for 2024/25. While no new recommendations are made at this time, continued whole system collaborative working is important to the achievement of intended outcomes.

Recovery Planning

A recovery plan was approved at the October 2025 IJB. The plan acknowledges that measures needed to deliver financial recovery and financial sustainability may conflict with the objectives and desired scale and pace of the IJB's Strategic Plan. The plan is detailed in the actions required to address the projected financial overspend position for 2025/26 and approves the use of further reserves held. After all planned actions, the estimated deficit for 2025/26 was £2,144k.

The latest finance report for the period to February 2026 provided an update on the Financial Recovery Plan actions along with an updated assessment of the additional financial implications during the remaining months of 2025/26. At that stage, the planned actions were insufficient to fully cover the projected overspend, with a residual balance of c.£2.2m remaining. Should this remain at the end of the financial year, the Risk Share arrangements with Dundee City Council and NHS Tayside would crystallise.

Budget 2026/27

The Accounts Commission for Scotland "Integration Joint Boards: Finance Bulletin 2024/25" highlighted that across Scotland the financial position of IJBs continues to be precarious. There is a concerning picture of mounting financial pressures on IJBs due to increasing demand, rising costs and a growing number of people with long-term complex needs where the cost of delivering services is rising faster than available funding. IJBs, alongside their NHS and council partners, must urgently take decisions on where to redesign, reduce or discontinue services.

Budget development and reporting for 2026/27 have been comprehensive with an initial Budget Outlook report to the October 2025 IJB and a 2026/27 Budget Outlook update to the February 2026 IJB. These included a range of estimated cost pressures impacting on the IJB's delegated budget 2026/27. The February 2026 update highlighted that actual levels of funding to be received from the partner bodies and the detail of the additional Scottish Government funding for IJBs are subject to ongoing discussion and review. A budget development timetable and indicative timetable was set for the 2026/27 Budget, to be agreed when partner organisation and Scottish Government funding for IJBs are confirmed.

The development of the 2026/27 budget has been comprehensive and includes financial assumptions. IJB development sessions were held from October 2025 to March 2026 to share and discuss the anticipated pressures and potential options.

The Proposed Budget for 2026/27 paper presented to the 31 March 2026 IJB set out the implications of the proposed delegated budget for 2026/27 from Dundee City Council and of the indicative budget from Tayside NHS Board and sought approval for investments and expenditure to set a balanced budget for DHSCP for 2026/27. The Operational Efficiencies and Management Actions for 2026/27 were reported for the 2026/27 value and the recurring value, as were the 2026/27 savings proposals.

Scheme of Delegation and Financial Regulations

The Scheme of Delegation was previously approved by the IJB at its meeting of the 23 April 2019. The extant Scheme of Delegation was formally approved by the PAC in December 2025. The PAC also approved updated Financial Regulations.

Finance Team Capacity

Audit Scotland highlighted in its Annual Report for 2024/25 that *"the IJB has operated for an extended period with the Chief Officer and Chief Finance Officer both in acting/ interim roles pending permanent recruitment. The Chief Officer was appointed on a permanent basis in June 2025 which provides stability in the IJB's leadership. We encourage the IJB to work with partner bodies to recruit a permanent Chief Finance Officer as soon as possible."*

At the time of writing this report, the recruitment of a permanent Chief Finance Officer has not been advertised.

Audit Findings and Management Action Points					
No.	**Finding**	**Impact/Potential Risk**	**Assessment of Risk**	**Agreed Management Action**	**Responsible Officer / Action by Date**
9.	**Finance Team Capacity** The duties of the Section 95 Officer must be formally assigned to an appropriate individual and agreed by the IJB. The Acting Chief Finance Officer was appointed from January 2024, and this post has not been advertised and appointed to on a permanent basis.	There is a risk that this position puts pressure on the capacity of the team from a workforce and control environment perspective, with the Acting CFO still delivering substantive role duties. Instability in leadership teams has the potential to disrupt strategic planning and the leadership capacity to bring about the fundamental change required to address the growing scale of challenges facing IJBs.	 **Significant**	Progress continues to be made towards formalising senior management structure and recruiting to permanent posts, including Chief Finance Officer, including consideration of revised job descriptions for both employing organisations.	**Chief Officer** **September 2026**

Items for Consideration

Transformation Programme and Projects

Transformation programmes were listed within the Budget Outlook report to the IJB. While Financial Monitoring reports to the IJB list the projects to deliver savings, the link from each project to the relevant transformation programme is not clear.

Information Governance

The DHSCP, NHS Tayside, and Dundee City Council Information Sharing Agreement was signed by the parties at the DIJB meeting in October 2025. The accompanying report provided assurance on robustness of information governance arrangements for the HSCP. The Governance Action Plan states that following a request for assurance at the PAC in September 2025, an annual Information Governance Report was to be completed for 2025/26.

Definition of Assurance

We assess the system adequacy and control application, and provide a conclusion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

Assessment of Risk

We risk assess each finding according to the following criteria:

Fundamental		Non-Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. **Requires action to avoid exposure to significant risks to achieving the objectives for area under review.**
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. **Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.**
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**

Source	Rec.	Assessment of Risk	Description	Original target date	Current Status	Conclusion
D03/22 Annual Report 2020/21	4	**Significant**	Adopt pan-Tayside solutions to LHSA, corporate support and hosted services.	March 2022	**2024/25** Bi-monthly meetings are in place to discuss key risks and strategic priorities. Financial summary of Lead Partner services included in monthly finance report to HSCP managers. Internal Audit of Lead Partner arrangements is scheduled in 2025. There has been little progress with LHSA. **2025/26 – May 2026 GAP** Internal audit of Lead Partner arrangements is ongoing. Further actions for improvement to current governance, performance and risk management arrangements will be identified via this report.	Action - Ongoing
D03/22 Annual Report 2020/21	6	**Moderate**	IJB Assurance Plan, including assurances required to be provided by partners.	December 2021	**2024/25** PAC and IJB report tracker now in place to ensure that relevant assurances are provided on core governance and strategic issues. This includes quarterly risk updates, as well as Clinical and Care Governance, performance, strategy, audit and finance. The tracker is reviewed and amended regularly by the Senior Management Team and in response	Action - Ongoing

					to the action tracker from IJB and PAC meetings. Findings of internal audit reports conducted by Dundee City Council and NHS Tayside with relevance to the IJB are now summarised and reported to PAC. Further work is to be progressed in relation to FTF Assurance Principles over the next year. Development work with Angus and Perth & Kinross IJB's is underway for lead partner services assurances. **2025/26 – May 2026 GAP** Revised strategic risk register and reporting arrangements now approved by IJB and being implemented. Further discussions to be held with corporate bodies regarding assurance mechanisms for shared risks (which are now clearly identified within the IJB risk register format / reports).	
D03/23 Annual Report 2021/22	2	**Significant**	Consideration of how the IJB receives assurances and monitors progress against actions in the Strategic Commissioning Plan.	December 2022	**2024/25** A delivery plan covering October 2024 – March 2026 was endorsed by the IJB in October 2024. Future versions of the plan will align to financial years. This will be monitored via the Senior Management Team and the Strategic Planning Advisory Group, with	Action - Complete

					exception reporting to the IJB where required. The Strategic Planning Advisory Group advised that work was required to update the action lists associated with each strategic priority in the commissioning plan; an addendum was published, and actions will be monitored by the Strategic Planning Advisory Group. Due to resource issues, the Resource and Performance framework have not been progressed. **2025/26 – Sept 2025 GAP** Full update on progress against the Annual Delivery Plan was submitted to the IJB on 20 August 2025. This format will now be adopted to provide 6 monthly reports.	
D03/23 Annual Report 2021/22	4	**Significant**	The IJB to receive relevant, reliable, and sufficient assurances against its strategic risks especially high scoring ones (risk appetite still to be established) either through adapting existing reporting processes or through specific deep dive assurance report. Some assurances may have to come from other organisations e.g. partner bodies.	December 2022	**2024/25** Development session focused on risk was delivered. Risk appetite survey of IJB members has been developed and was supposed to be finalised for issuing in January 2025 however this deadline was not met. Meantime, routine reporting against strategic risk register remains embedded as part of the IJB meeting cycle. **2025/26 – May 2026 GAP** Revised strategic risk register and reporting arrangements now	Action - Complete

					approved by IJB and being implemented. This includes implementation of risk appetite within the risk register format.	
D03/23 Annual Report 2021/22	5	**Moderate**	Consideration as to how clinical and care governance arrangements feed into the formation of IJB directions.	December 2022	**2024/25** An IJB Directions policy has been agreed and is being implemented. At the next review of that policy the interface with CCPG will be considered and relevant amendments recommended to the IJB. **2025/26 – May 2026 GAP** Review of Directions Policy was deferred to June 2026 meeting due to capacity challenges related to the 2026/27 budget setting process.	Action - Ongoing
D03/23 Annual Report 2021/22	6	**Significant**	Detailed monitoring of savings initiatives.	As required	**2024/25** Further strengthening of reporting on savings and transformation will be made in the 2025/26 budget setting process. Additional opportunities to enhance reporting through the implementation of the Delivery Plan. **2025/26 – January and May 2026 GAP** Financial reporting has continued to the IJB including updates on individual savings and transformation programmes. Senior Management Team Budget Delivery Group now embedded and meeting	Action - Ongoing

					monthly to exercise oversight of progress.	
D03/23 Annual Report 2021/22	7	**Merits Attention**	Reporting of progress in delivering the Risk Management Action Plan should set out progress against individual actions to allow for clear monitoring of maturity assessment.	November 2022	**2024/25** Following a risk management development session in November 2924 consideration will be given as to how these individual actions are subsequently reported to the IJB. **2025/26 May 2026 GAP** Revised strategic risk register and reporting arrangements now approved by IJB and being implemented. New report format includes reporting against all risk management actions.	Action - Complete
D03/24 Annual Report 2022/23	1	**Significant**	Monitoring of the implementation of the Strategic Commissioning Framework and of the development and implementation of the supporting Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework is fundamental. Financial monitoring reports to clearly link to the Strategy Delivery Plan and Resource Framework.	December 2023	**2024/25** A Delivery Plan was produced in October 2024. No progress has been made on the Resource and Performance Frameworks. Financial recovery and budget planning for 2025/26 continues through development sessions and IJB reports. The scale of the financial challenge is recognised and is to be managed alongside strategic and commissioning priorities. **2025/26 – May 2026 GAP** IJB has agreed to retain and revise the existing strategic plan. SPAG are developing proposed revisions for	Action - Ongoing

					submission to the IJB, which will include recommendations regarding rationalization / prioritisation of strategic shifts to reflect available resources.	
D03/24 Annual Report 2022/23	2	**Moderate**	Consider how IJB members can be involved in the development and agreement of the organisation's risk profile. IJB to clearly set out how risk appetite is considered as part of decision making, how risk appetite affects monitoring and escalation process for individual risk and to ensure risk appetite is reflected in target risk scores and how the IJB will understand if the target is being achieved.	December 2023 and April 2024	**2024/25** A risk appetite survey was being developed. This was scheduled for completion by January 2025, but this deadline has not been met. **2025/26 – May 2026 GAP** Revised strategic risk register and reporting arrangements now approved by IJB and being implemented. This has included implementation of risk appetite into the risk management framework, risk register content, format and reporting templates.	Action - Complete
D03/25 Annual Report 2023/24	2	**Significant**	Firm timeline for prioritised completion of the resource and performance frameworks and Annual Delivery Plan.	October 2024	**2024/25** The Delivery Plan for an 18m period Oct 2024 – March 2025 was approved by the IJB in October 2024. The resource and performance frameworks have not yet been completed. **2025/26 – May 2026 GAP** Following completion of 2026/27 budget setting the delivery plan is now being updated for the year. It is	Action - Ongoing

					anticipated that this will be completed in May 2026. The IJB has now agreed to retain and revise the strategic plan, which is due to be submitted in June 2026. This will then allow the resource and performance frameworks to be completed by October 2026.	
D03/25 Annual Report 2023/24	3	**Merits Attention**	The Annual Report of the PAC should conclude on the adequacy and effectiveness of its work and provide assurance that it has fulfilled its remit during the year under review.	August 2024	**2024/25** An annual report was presented in August 2024, but this did not conclude on the adequacy and effectiveness of the PAC, and it did not provide assurance that it had fulfilled its remit. Therefore, this action must be considered ongoing. **2025/26 – January and May 2026 GAP** Next annual assurance report has been scheduled on the IJB planner for August 2026, and note has been added regarding assurance language to be incorporated within the report format	Action - Ongoing
D03/25 Annual Report 2023/24	4	**Moderate**	Document control front sheets to be included with each statutory document.	August 2024	**2025/26 – May 2026 GAP** Document control tables added to Financial Regulations and the Scheme of Delegation (December 2026). The Register of Member Interests was last published for 2024. Work	Action - Ongoing

					has started to revise and publish this again as soon as possible and thereafter on an annual basis.	
D03/25 Annual Report 2023/24	5	**Merits Attention**	The PAC to receive, review and endorse the Strategic Risk Annual Report before endorsing it for onward submission to the IJB.	May 2025	**2025/26 – May 2026 GAP** Noted – future annual reports will go to PAC then to IJB. This is not due until February 2027, following the review and replacement of the previous risk register in early 2026.	Action - Ongoing
D03/25 Annual Report 2023/24	6	**Merits Attention**	Implement a monitoring process for directions, including requesting progress reports from partners as required.	May 2025	**2024/25** Not yet due for completion **2025/26 – May 2026 GAP** Assurance report regarding implementation of Directions commenced to PAC in May 2025. This will now take place on an annual basis and has been reflected in the IJB Report Planner. Arrangements for ongoing monitoring throughout the year to inform the annual overview report are being finalized via a review of the Directions Policy (due to be submitted to the IJB in June 2026).	Action - Ongoing
D03/25 Annual Report 2023/24	9	**Moderate**	DIJB to consider adopting FTF Assurance Principles across governance groups to provide clarity around the use of assurance levels used within the NHS Tayside Clinical Governance fora.	October 2024	**2024/25** Report was to be taken to the IJB in October 2024, but this did not happen. **2025/26 – January and May 2026 GAP**	Action - Ongoing

					Recommendation to be reviewed as part of 25/26 updated Internal Control Evaluation and IA Annual Report, to consider any impact of changes from PSIAS to GIAS, as well as refreshed IJB Risk Register.	
D03/25 Annual Report 2023/24	10	**Moderate**	Financial monitoring to be enhanced to allow Board to gauge progress against budgets, especially where brought forward reserves are being used to balance a budget and in savings targets. Financial reports to show actual savings against planned savings and savings to be categorised as recurring or non-recurring.	October 2025	**2024/25** Complications around the integrated nature of the budget but looking to enhance monitoring where appropriate. Added complexities surrounding utilisation of in-year reserves for financial monitoring purposes as statutory accounting treatment dictates this is actioned at year end. **2025/26 – January 2026 GAP** Financial monitoring reports have been further enhanced to highlight progress against planned savings proposals. Internal management reporting pack has also been enhanced to highlight additional information and key drivers. The format and content of regular reporting (to both IJB and internally) will continue to be reviewed and enhanced when a need is identified.	Action - Complete
Internal Control Evaluation 2024/25	2	**Significant**	Budget monitoring reports, identifying significant variances, are provided to each IJB meeting.	August 2025	**2024/25** Enhancement of Financial Monitoring Reports content and detail will be reviewed and	Action - Ongoing

			Overspends are being reported in almost every delegated service, and a financial recovery plan had to be put in place after Q1 in 2024/25. It could be helpful to examine initial planning assumptions to establish whether the adverse variances can be attributed to these. Lessons learned from previous years experiences should be built into the financial planning process for future years.		implemented noting the recommendation. **2025/26 – May 2026 GAP** Lessons learned from 2026/27 have been discussed by the Core Management Team and incorporated into timelines and plans for budget planning for 2027/28.	
Internal Control Evaluation 2024/25	3	**Moderate**	In October 2024 Dundee HSCP's Delivery Plan October 2024 to March 2026 was approved but has not yet been uploaded and available to the public on the Dundee HSCP website. No monitoring of progress with the Delivery Plan has been received by the IJB.	September 2025	**2024/25** The October 2024 version of the delivery plan was published as part of the IJB papers but has also now been published as a standalone document. **2025/26 – September 2025 GAP** Full update on progress against the Annual Delivery Plan was submitted to the IJB on 20 August 2025. This format will now be adopted to provide 6 monthly reports.	Action - complete
Internal Control Evaluation 2024/25	4	**Moderate**	The Governance Action Plan presented to the January 2025 PAC does not include recommendations from Internal Audit report D03/25 – DIJB Annual Report 2023/24, issued on 13 June 2024. Internal Audit have undertaken follow up on these	September 2025	**2024/25** Governance Action Plan to be reviewed and updated to incorporate recommendations from Internal Audit report 2023/24. **2025/26 – September 2025 GAP**	Action - complete

			actions within this report see Section 3.		These actions have now been added, alongside actions from the Internal Audit Report for 2025.	
Internal Control Evaluation 2024/25	5	**Moderate**	The Terms of Reference (ToR) for the PAC were updated in December 2023 to reflect their responsibility for the core areas of counter fraud and corruption. The remit of the PAC now includes "to receive assurances that effective counter fraud and corruption arrangements are in place within the partner bodies governance arrangements". No specific assurances have been presented to the PAC since the update to the ToR.	December 2025	**2024/25** Officers to liaise with partner body colleagues to obtain and report relevant assurance annually to PAC. **2025/26 – January and May 2026 GAP** Assurance report to IJB scheduled on report tracker for August 2026.	Action - ongoing
Internal Control Evaluation 2024/25	7	**Moderate**	Whilst papers to the IJB and PAC include a risk section; these are not always explicitly linked to the extant strategic risk. All papers that the IJB or PAC consider should be linked to, or contributing to mitigation of, a strategic risk. Where a link cannot be made to a strategic risk then consideration should be given as to whether the IJB or PAC needs to devote time and resource to it. The IJB has committed to taking forward the Committee Assurance Principles during 2025/26 and the	October 2025	**2024/25** Officers are in the process of revising the Strategic Risk Register, which will then be submitted to the IJB for approval. As part of this process guidance to IJB report writers on completion of the Risk Section within the report template will be updated and re-issued. **2025/26 – May 2026 GAP** Revised strategic risk register and reporting arrangements now approved by IJB and being implemented. This includes an	Action - complete

			adoption and application of these will help to ensure links to risk and performance. Example reports from ICE fieldwork include: • The financial recovery plan presented in December 2024 linked to a risk around delivering a balanced budget. However, this description doesn't appear in the strategic risk register, where the financial risks are (1) Unable to maintain IJB spend and (2) Restrictions on Public Sector Funding. In October 2024 the IJB considered the development and implementation of the Dundee HSCP Workforce Plan 20222-2025. This report did not include a risk section on the basis that the report is for information only. However, implementation of a workforce plan links directly to mitigation of the workforce strategic risk. The IJB should consider whether the progress that was reported is, in any way,		updated IJB report format (risk assessment section) to support a focus on the impact of reports and recommendations on the content of the strategic risk register including risk appetite.	

			mitigating the risk and lowering the risk score.			
Internal Control Evaluation 2024/25	8	**Moderate**	CCPG minutes record discussion around their assurance role within NHS Tayside's revised clinical governance framework, considering spending development time to align with this structure and facilitate reporting into the new Clinical Governance Quality Assurance Meeting. The CCPG should agree what is expected of it, and what the existing Primary Governance Groups are accountable for within this revised framework.	December 2025	**2024/25** Reporting into the new Clinical Governance Quality Assurance Group has been ongoing since January 2025. This alternates between assurance and exception reporting in line with reporting to the Clinical Governance Committee. This is an iterative process with the HSCPs coming together to develop comprehensive understanding of new framework and how best to provide assurance aligned to the new Framework. Work with the primary governance groups will commence once the above development is complete. **2025/26 – February GAP** NHS Tayside Clinical Governance Team have provided educational sessions relating to the quality management system. Reporting	Action - complete

					paperwork has been updated to better reflect the requirements for reporting into the clinical governance quality assurance meeting and this will continue to be monitored and updated as the group matures through 2026-2027. Development sessions will be held through 2026-2027 to further support chairs of primary governance groups discharge their duties in relation to clinical, care and professional governance across the Partnership.	
Internal Control Evaluation 2024/25	9	**Moderate**	The revised Integration Scheme, section 11, covers information sharing and data handling. Para 11.1 – The Parties…. will adhere to the Information Sharing Protocol Para 11.3 – The Data Protection Officers of NHST, DCC and the IJB…. will meet annually, or more frequently if required, to review the Information Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of the IJB, the Council and NHST. A draft Information Sharing Agreement with NHST and DCC was provided to us during our	December 2025	**2024/25** The Information Sharing Agreement will be finalised and presented to the IJB by October 2025. Thereafter an Annual Report will be submitted at the end of each Financial Year. **2025/26 – February and May 2026 GAP** Information Governance Assurance Report scheduled on IJB Report Tracker for June 2026.	Action - ongoing

			Annual Report work in June 2024. This was dated 2019 and we were informed that this was to be revisited to ensure it was signed by all parties and finalised. This has not come before the IJB yet, neither has an annual report been provided. The IJB was sighted on GDPR regulations in October 2018 (DIJB54-2018) but no formal assurances from the partners have been received since. We have previously commented that the IJB should receive assurance that its strategies and statutory responsibilities are supported by the asset and IT strategies and information governance arrangements of its partners and that these are appropriately prioritised, resourced, and monitored, as an important enabler for the delivery of genuine transformation. The outstanding resource framework to support the Strategic Commissioning Framework is intended to include digital			
Internal Control Evaluation	10	**Moderate**	Partnership working to transform services into a sustainable operating model is recognised as the way to deal with the ever-	December 2025	**2024/25** Due to capacity within senior Leadership team and prioritisation of	Action - ongoing

2024/25			increasing demand for services and to improve outcomes for people. Consolidated transformation programme updates were to be provided to the IJB, but this has not progressed. We have been informed that this is in the pipeline and will be a focus in 2025/26, with reliance on the partners making transformations.		Financial Recovery Plan during 2024/25, this has not been progressed. This will be part of current year (and longer term) strategic financial planning priorities during 2025/26. The HSCP management team is creating a Budget Delivery Group consisting of HSCP officers which will monitor the progress of savings and transformation proposals and new opportunities. **2025/26 February and May 2026 GAP** Regular financial monitoring reports have been enhanced to provide progress with savings delivery. Specific service Transformation reports are presented as regularly as possible. Ongoing emphasis on transformation and financial sustainability continues to be the priority for senior leadership team and budget delivery group.	
Internal Control Evaluation 2024/25	11	**Moderate**	We previously made recommendations about updating statutory documents and including a document control form to evidence update and review on a regular basis.	December 2025	**2024/25** Control Document recommendation to be introduced and maintained **2025/26 – May 2026 GAP** Whilst individual governance documents have been updated with version control tables, a	Action - ongoing

			DIJB has been working through the revision to documents such as financial regulations, standing orders etc. These have been updated at various times. To ensure that the IJB is given assurance that these are subject to regular review and kept current, a control document that would allow review of the 'suite' at a glance might be appropriate.		consolidated control document is yet to be developed. This will be progressed over the next reporting period.	
Internal Control Evaluation 2024/25	12	**Merits Attention**	Our 2021/22 Annual Report recommendation that the PAC should provide an annual report to the IJB "with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of the matters under its purview" featured in DIJB's Governance Action Plan. The first PAC annual report was in 2023 and, in our annual report 2023/24 we recommended again that the report should conclude on the adequacy and effectiveness of the work of the PAC and provide assurance that it has fulfilled its remit. This was accepted with a completion date of August 2024.	August 2025	**2024/25** Annual report to be presented to PAC in May 2025 to review activity of 2024/25 and confirm PAC has fulfilled its remit. This will support the Assurance report provided to IJB, scheduled to be presented to IJB at August meeting. These annual reports will be incorporated into PAC and IJB workplans. **2025/26 – February 2026 GAP** Annual assurance report provided to the IJB in 2025 and scheduled for both PAC and IJB in 2026.	Action - Complete

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ITEM No …11……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 AUGUST 2026**

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

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB38-2026**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial position for delegated health and social care services for 2026/27.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report including the projected operational financial position for delegated services for the 2026/27 financial year as at 30th June 2026 as outlined in Appendices 1, 2, and 3 of this report.

2.2 Note the continuing actions being led by Officers and Senior Management to deliver planned savings and address the financial overspend position (as detailed in section 4.5 and 4.6).

2.3 Note the content of the IJB Financial Position – Finance Update 2026/27 report (as detailed in section 4.8 and Appendix 6 of this report).

2.4 Approve the continuation of Financial Recovery plan actions and instruct the Chief Finance Officer to develop an updated Financial Recovery Plan to be presented at next IJB meeting (as detailed in section 4.6.

3.0 FINANCIAL IMPLICATIONS

3.1 The projected financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2027 shows a projected operational overspend of £2,104k.

3.2 This unplanned overspend is reflective of the challenge to fully deliver the significant level of savings and efficiencies totalling £11,799k during 2026/27 while also continuing to manage demand, clinical and care standards and performance expectations. Officers, Senior Management and colleagues from Partner Bodies continue to monitor, lead and support service areas to manage and mitigate these pressures with an aim of returning to overall whole-system financial balance and longer-term financial sustainability.

4.0 MAIN TEXT

4.1 Background

4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."

4.1.2 The IJB's budget for delegated services was approved at the meeting of the IJB held on the 31 March 2026 (DIJB10-2026 Article III of the minute of the meeting of 31 March 2026 refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2026/27 financial year.

4.1.3 A further report was approved at the meeting of the IJB held on 24 June 2026 (DIJB26-2026 Article IX of the minute of Dundee Integration Joint Board held on 24 June 2026 refers). This updated the 2026/27 plan following confirmation of the 2025/26 financial year-end and risk share position, and details of confirmed budget settlement received from NHS Tayside resulting in an additional funding gap for 2026/27.

4.1.4 An updated assessment of the status of the approved savings plan is set out in Appendix 4 of this report and further details of specific savings initiatives and service reviews are detailed in section 4.5.

4.2 Projected Outturn Position – Key Areas

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

4.3 Operational Health and Community Care Services Delegated to Dundee IJB

4.3.1 The financial position for services delegated to the IJB details an operational overspend of £1,501k for the financial year.

4.3.2 Following investment through the 26/27 budget setting process, Older People Services are projecting an underspend of £361k.

- Overspends are recognised in Psychiatry of Old Age (In Patients) continues to relate to reduced assumed income levels from neighbouring HSCPs following recent changes to commissioned bed numbers. As part of 2026/27 budget, it was acknowledged that bed occupancy demand had shifted and the income target was partially replaced by a target relating to anticipated bed closures.

- Older People In-Patient wards (both POA and (MfE) are projecting overspends this year, mainly due to staffing pressures linked to supplementary staffing, absence and patient acuity with ongoing whole-system work progressing to support further changes around discharge without delay and length of stay.

- At present, Care at Home expenditure is projecting close to break even, however this assumes work continuing at pace through this year to deliver the planned reductions in spend in line with approved budget agreement. During the first quarter of 2026/27, total shift hours for external care at home provision has remained higher than anticipated, however this has been partially offset by reductions in internal provision. Whole-system work is ongoing to support continuous improvement to discharge pathways through shifting the balance of care and supporting people at home / community.

- Older People Care Home spend incorporates both the 3 Council-run Care Homes and externally commissioned Care Home placements – with the underspend reflecting a level of vacancies (partially offset by supplementary staffing spend) and demand trends for older people residential and nursing care home placements.

4.3.3 Mental Health services contribute a projected overspend of £2,115k to the position mainly as a result of demand and assessed complexity for Care Home placements and Accommodation with Support packages and resultant spend.

- Projected spend also includes unavoidable premium costs for emergency contingency arrangements to support a particular situation while alternative provision is being explored and progressed.

4.3.4 Learning Disabilities services contribute a further £898k projected overspend to the position predominantly linked to Care Home placements and Care at Home packages, including impact of some complex care packages.

4.3.5 Spend against Physical Disability budgets is currently projecting an underspend of (£1,475k) mainly as a result of lower spend than budgeted for within Care Home placements.

4.3.6 Community Nurse Services / AHP / Other Adult Services and Drug and Alcohol Services groupings are showing a collective projected underspend of (£218k), however it is noted this includes an overspend of £500k linked to ongoing demand pressures in Community Nursing Teams, alongside high absence levels which is resulting in an ongoing reliance of bank staff to fill gaps. It is anticipated that expended access to laptops and agile devices will support Community Nursing Teams continue to progress operational transformation work to restructure into Locality Teams, however this rollout has been delayed due to supplier shortages of relevant equipment. A significant underspend is also included in this grouping for Physio & Occupational Therapy of (£725k) mainly due to vacancies.

4.3.7 Lead Partner Services managed by Dundee includes projected overspends within Specialist Palliative Care Services of £685k, Psychological Therapies of £300k, Nutrition and Dietetics of £300k and Early Intervention in Psychosis of £175k. Similar to other service areas, the key reasons relate to staffing and demand pressures. In addition, non-recurring funding had previously been provided to set up Early Intervention in Psychosis service and longer terms solutions are now being explored to sustain the service.

4.3.8 Other Support and Centralised Management budgets is showing a projected overspend of £20k – this is split between a projected underspend of (£293k) due to vacancies in other support services, a projected overspend of £332k on support and other management costs including an increased bad debt provision relating to historic unpaid debts (with work continues with the Council's Debt Recovery team to maximise the recovery of unpaid bills, including consideration of formal legal action where appropriate) and net (£19k) underspend on centrally managed line. This includes additional funding for 26/27 to support the backfill arrangements associated with Reduced Working Week changes under national Agenda for Change reform – this additional funding was distributed during July and is anticipated to be distributed to services in due course.

4.3.9 Other Contractors includes General Medical Services and Family Health Services and is currently projecting a combined overspend of £929k. This includes an overspend relating to GP 2C practices.

4.3.10 GP and Other Family Health Services Prescribing continues to be monitored at a local and Tayside-wide basis due to the scale and complexity of the budget. The Prescribing financial plan for 2026/27 indicated a projected cost pressure of £371k as a result of anticipated volume and pricing growth. At this stage of the financial year, a projected overspend of £324k is being reported however this is based on only 1 month of confirmed data. (It is normal for data to be received 2 months in arrears to allow for national review and verification).

4.3.11 Key drivers of underspends across various services continue to be staffing vacancies, with ongoing challenges of recruitment and retention of staff. This is similar across a number of medical, nursing, Allied Health Professionals (AHPs), social care, social work and other staffing groups and across various bands / grades and skill-mixes. Prioritised recruitment activity continues to take place throughout the service areas to ensure patient demand and clinical risk is managed as best as possible, however due to financial constraints, governance procedures continue to be implemented to ensure recruitment is only progressed for critical and essential posts. Enhanced scrutiny processes have also been introduced by both Dundee City Council and NHS Tayside, with the latter resulting in a 4-week recruitment pause during May / June '26 while the new process was developed. While the financial position is anticipated to benefit from this pause and enhanced processes, with consistent requirements and scrutiny now in place across each organisation, it is also recognised that safe staffing levels must be maintained across a number of teams and a corresponding increase in supplementary spend has also been noted. This ongoing recruitment and retention challenge was recognised during the 2025/26 and 2026/27 budget setting process with non-recurring slippages / vacancy factor savings targets implemented to reflect the ongoing reality of the current recruitment market. In addition, due to Organisational Change processes within NHS Tayside to support Mental Health and Learning Disability transition processes, a number of substantive HSCP-approved nursing recruitment requests are currently paused with vacancies being held for potential redeployment. The associated service and operational risks continue to be monitored and escalated where required, with fixed term appointments being progressed for areas of greatest risk.

4.3.12 In addition to the specific service overspends already highlighted, key drivers of overspends are mainly as a result of the premium cost of essential supplementary staffing (bank, agency or locum staff) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff. As highlighted above, this appears to have spiked during the first quarter of 2026/27 with both the impact of the recruitment pause and implementation of Reduced Working Week (with full time staff reducing from 37 hours to 36 hours from 1st April) both occurring during this time. Additional funding has been made available from Scottish Government to support backfill arrangements however this was only distributed during July 2026 – as a result teams have been unable to manage the backfill through recruitment and have likely relied on supplementary staffing to manage the capacity gap.

4.3.13 In addition, income for chargeable social care services continues to be lower than budget and continues to create a cost pressure across various service budgets, with a wider project team working on improving the income recovery processes across a number of inter-dependent Council teams. Significant work has been completed by the project team to map existing processes with 'quick wins' being implemented where possible and proposals to improve and streamline the work being developed. It is also thought that the reduced income levels may be impacted by general reductions in overall financial affordability and eligible income levels of service users, which will result in reductions to charging levels. Service users continue to be encouraged to contact Council Advice Services (Welfare Rights team) to obtain support relating to benefit eligibility and claims.

4.3.14 Supplementary spend during the first 3 months of 2026/27 totals £2,045k, with comparable period in 2025/26 being £1,186k. This includes £301k on additional part-time hours and overtime, £554k on agency, and £1,190k on bank nursing / sessional staffing. As highlighted above, it is anticipated that the high levels of supplementary spend during first 3 months had been adversely impacted by the recruitment pause and reduced working week implementation. Supplementary staffing spend continues to be checked against vacancy management controls to ensure there are no unintended consequences of 'holding' posts, with essential recruitment being progressed as quickly as possible to avoid additional or premium spend to cover vacancies.

4.2.15 Absence rates for NHS employed staff within HSCP have averaged at 6.43% Lost Hours during the first 3 months of 2026/27 (slightly lower than overall NHS Tayside figure of 6.46%). The cumulative Working Days Lost for DCC employed staff within the HSCP for rolling 12 months to June 2026 was 26.65 days lost (or 11.59% per FTE) (higher than overall Council figure of 15.46 days lost). It should be noted that c.88% of Council-employed days lost in June related to long-term reasons (compared to Council-wide of c.80%), with long-term absence often requiring additional support and modified return-to-work plans. Recent trends are showing signs of improvement through spring months, however the overall rates do remain high. Efforts are ongoing to support staff wellbeing through return-to-work policies where possible and appropriate, which in turn should further address some of the spend relating to supplementary staffing. Specific service areas that continue to experience high levels continue to be challenged to understand and address their gaps. Graphs detailing the monthly spend on supplementary staffing and monthly absence levels are included in Appendix 5. As previously highlighted, the differences in absence information calculation and presentation means the figures for the 2 sets of staffing groups cannot be directly compared.

4.2.16 At this early stage in the financial year and acknowledging some of the additional operational pressures during first quarter, the projected year end position includes a number of assumptions around delivery trajectory during the remainder of the year. The 2026/27 budget plan already recognised that many savings would be delivered during the second half of this financial year (with full year impact being anticipated from 2027/28) and this has been incorporated into the projected position, and it is also assumed that some of the operational pressures in relation to recruitment scrutiny as well as reduced working week will begin to ease. It is also anticipated that financial benefits as a result of wider enhanced scrutiny within NHS Tayside in relation to supplementary staffing spend and non-pay spend will also materialise.

4.4 Tayside-wide Delegated Services

4.4.1 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some Tayside-wide services on behalf of Dundee IJB and a number of Tayside-wide services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the Lead IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of these adjustments to Dundee is a reduced net cost implication of £647k which mainly relates to a share of underspends for services led by Perth & Kinross IJB with Angus IJB services having a smaller reported overspend.

4.4.2 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. There had been no budget formally delegated to the IJBs for 2026/27 during the budget setting process. Due to the IJB's having strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position in the IJB's annual accounts. Given the unusual governance position around In-Patient Mental Health Services whereby there is a separation between strategic planning and operational delivery of the service, ongoing discussions continue to take place to agree annual financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year.

4.4.3 It is currently presumed the 2026/27 Year End Risk Share arrangements for In-Patient Mental Health Services will be similar to previous years however at this stage we have not yet been provided with a projected year end position for these services. This will be incorporated into future financial reports when the information becomes available.

4.5 Progress to deliver 2026/27 Budget and Planned Savings

4.5.1 Following the IJB's 2026/27 budget being set (as detailed in section 4.1), an updating report on progress is to be presented to August 2026.

4.5.2 Delivery of 2026/27 planned savings is summarised in Appendix 4 of this report. This highlights areas where the planned savings has been delivered in full this year (green RAG status), where there is only partially delivered this year (amber RAG status) and where there is only minimal delivery this year (red RAG status).

4.6 Ongoing Actions to resolve Financial Gap

4.6.1 The 2026/27 Financial Plans and Budget setting report reflected a significant financial challenge with a funding shortfall of £11.8m. While significant progress has being made to address this gap with this report highlighting a projected overspend, indicating that around 84% of savings and efficiencies are currently anticipated to be met (breakdown included in Appendix 4), the projected position is already noting some unplanned and unanticipated cost pressures that are driving the projected overspend (including supplementary staffing spend, premium costs for care package arrangements) as well as potential slippage in delivery of planned savings.

4.6.2 As with previous years, the current financial position continues to be closely monitored at Senior and Extended Management Meetings, with continuing actions being progressed to ensure both a robust understanding of financial drivers as well as implementing actions to improve the projected financial position.

4.6.3 Under the IJB's Integration Scheme, where an unplanned year end overspend is projected, a Recovery Plan must be presented to address the in-year overspends and any recurring overspends for future years. The 2025/26 Financial Recovery Plan was approved IJB on 22 October 2025 (DIJB73-2025, Article XIV on the minute of meeting refers). That Plan listed and highlighted a number of in-year actions that were being taken across services in the HSCP to manage spend and reduce the projected overspend, while also trying to minimise any detrimental impact to performance or capacity and flow for Dundee patients and service users.

4.6.4 Due to the ongoing financial challenges, it is recommended that the actions and controls implemented during 2025/26 remain in place, with Senior Management to consider additional actions that can be developed to address the current year projected overspend. An updated Financial Recovery Plan is to be presented to the October 2026 IJB meeting.

4.7 Reserves Position

4.7.1 The IJB's reserves position was reduced at the year ended 31st March 2026 as a result of the unplanned operational overspend of £5,659k during 2025/26. This resulted in the IJB having total committed reserves of £5,880k and uncommitted reserves of £nil at the start of 2026/27 financial year. The reserves position is noted in Table 1 below:

Table 1

Reserve Purpose	Closing Reserves @ 31/3/26
	£k
Primary Care	1,827
Drug & Alcohol	385
Strategic Developments	1,407
Service Specific	158
Systems Pressures funding	2,103
Total committed	**5,880**
General	0
TOTAL RESERVES	**5,880**

4.7.2 Scottish Government funding in relation to specific allocations including Primary Care Improvement Fund and Alcohol and Drugs Partnerships can only be spent on these areas.

4.7.3 NHS Tayside passed through a share of Scottish Government allocation funding relating to 'Operational Improvement Plan' towards the end of 2025/26, with the understanding this will be used to support OIP commitments and must be held in an earmarked reserve within the IJB where it relates to delegated services. This funding totals £1,730k for Dundee IJB and it is noted this is to be placed in an earmarked reserve in the 2025/26 Annual Accounts to be carried forward and utilised as required during 2026/27.

4.7.4 The IJB's Reserves Policy seeks to retain Reserves of 2% of budget (approximately £6.5m) however it is recognised that this is particularly challenging to maintain within the current financial climate with many IJB's across the country having no reserves or below their respective reserves policies.

4.7.5 The above table details the Year End balances held in ring-fenced and earmarked reserves for 2025/26. All of these balances are held for specific purposes and should only be utilised in line with specified plans.

4.8 **National IJB Financial Position 2026/27**

4.8.1 An annual report prepared by Health and Social Care Scotland to highlight the scale of the financial challenges facing Scotland's health and social care system is attached in Appendix 6.

4.8.2 The report aims to provide a clear understanding of the key cost pressures, the actions being taken to manage these and the impact on services and outcomes. The report also seeks to inform discussions between government, partners and stakeholders on what can be realistically delivered within available resources, and the changes required to ensure long-term sustainability.

4.8.3 The report also highlights and recognises that the system is interconnected and IJB decisions around savings in one area of the system often have consequences elsewhere in the wider system; and the increasing cost pressures relating to rising demand and inflationary pressures absorbs funding that the IJB could have directed towards early intervention and prevention measures.

4.8.4 The financial challenges being faced by Dundee IJB, along with the key pressures and actions being taken to deliver savings and financial sustainability are consistent with the national position set out in the report.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

Risk	1 IJB - Financial Sustainability - There is a risk of the IJB being unable to maintain financial sustainability
Risk Level	25
Risk Appetite	Outwith
The report demonstrates:	
	An increase in risk level
	A reduction in risk level
	The effectiveness of current controls
X	**The identification and implementation of additional controls** Regular financial monitoring reports to the IJB will highlight issues raised.

	Actions to be taken by Officers, Senior Management and Budget holders to manage overspending areas. Transformation and Strategic Delivery Plan to drive forward priorities towards a sustainable financial position
	The presence of a new / emerging risk

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 22 July 2026

Appendix 1

DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2026/27

Jun-26

	Net Budget £,000	Projected Full Year Overspend / (Underspend) £,000
Older Peoples Services	104,681	(361)
Mental Health	17,484	2,115
Learning Disability	42,673	898
Physical Disabilities	10,478	(1,475)
Drug and Alcohol Recovery Service	8,160	100
Community Nurse Services/AHP/Other Adult	19,739	(318)
Lead Partner Services	32,382	521
Other Dundee Services / Support / Mgmt	2,293	1,500
Centrally Managed Budgets	3,741	(1,480)
Total Health and Community Care Services	**241,630**	**1,501**
Prescribing & Other FHS Prescribing	35,877	324
General Medical Services	36,856	980
FHS - Cash Limited & Non Cash Limited	27,164	(51)
Large Hospital Set Aside	23,198	0
In-Patient Mental Health	0	0
Total	**364,725**	**2,754**
Net Effect of Lead Partner Services*	(5,989)	(647)
Grand Total	**358,736**	**2,106**

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			Appendix 2
	DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2026/27		**Jun-26**
		Partnership Total	
		Annual Budget £,000	**Projected Full Year Overspend / (Underspend) £,000**
1			
	Psych Of Old Age (In Pat)	5,679	875
	Older People Serv. - Ecs	322	-35
	Integrated Discharge Team	1,206	110
	Ijb Medicine for Elderly	5,988	418
	Stoke Neuro Rehab Unit (ward 4)	1,516	-300
	Medical (P.O.A)	972	45
	Psy Of Old Age - Community	2,934	70
	Medical (MFE)	2,826	-50
	Care at Home	41,379	-102
	Care Homes	32,756	-902
	Day Services	1,381	-332
	Respite	647	217
	Accommodation with Support	154	145
	Other	6,920	-519
	Older Peoples Services	104,681	-361
2			
	Community Mental Health Team	5,162	325
	Care at Home	1,162	-114
	Care Homes	737	734
	Day Services	65	-6
	Respite	-3	31
	Accommodation with Support	5,903	1,167
	Other	4,458	-22
	Mental Health	17,484	2,115
3			
	Learning Disability (Dundee)	1,748	-30
	Care at Home	675	141
	Care Homes	3,743	708
	Day Services	10,178	-330
	Respite	831	-218
	Accommodation with Support	25,157	201
	Other	341	424
	Learning Disability	42,673	898
4			
	Care at Home	1,247	17
	Care Homes	2,576	-1,375
	Day Services	1,515	-90
	Respite	53	0
	Accommodation with Support	655	161
	Other	4,432	-188
	Physical Disabilities	10,478	-1,475
5			
	Dundee Drug Alcohol Recovery	4,772	190
	Care at Home	0	0
	Care Homes	341	111
	Day Services	71	-67
	Respite	0	0
	Accommodation with Support	368	-42
	Other	2,608	-92
	Drug and Alcohol Recovery Service	8,160	100

		Partnership Total	
		Annual Budget £,000	Projected Full Year Overspend / (Underspend) £,000
6			
	A.H.P.S Admin	432	-60
	Physio + Occupational Therapy	8,399	-725
	Nursing Services (Adult)	10,025	500
	Community Supplies - Adult	335	48
	Anticoagulation	547	-80
	Other Adult Services	0	0
	Community Nurse Services / AHP / Other Adult Services	19,739	-318
7			
	Palliative Care - Dundee	4,005	375
	Palliative Care - Medical	1,976	165
	Palliative Care - Angus	508	-25
	Palliative Care - Perth	2,424	170
	Stroke Neuro Rehab Unit (ward 5)	2,335	155
	Tayside Adult Autism Consultancy Team	423	-25
	Psychological Therapies	7,894	300
	Psychotherapy (Tayside)	1,455	-140
	Perinatal Infant Mental Health	1,043	-5
	Early Intervention In Psychosis	98	175
	Dietetics (Tayside)	4,930	300
	Sexual & Reproductive Health	2,969	43
	Medical Advisory Service	91	-10
	Tayside Health Arts Trust	91	0
	Learning Disability (Tay Ahp)	1,036	-135
	Lead Partner Centrally Managed	1,104	-822
	Lead Partner Services	32,382	521
8			
	Working Health Services	0	28
	The Corner	716	35
	Ijb Management	1,023	-90
	Partnership Funding	25,939	0
	Urgent Care	1,999	-190
	Community Health Team	184	-11
	Health Inclusion	1,097	-40
	Primary Care	887	-25
	Support Services / Management Costs	3,209	1,793
	Other Dundee Services / Support / Mgmt	35,055	1,500
	Centrally Managed Budget	3,741	-1,480
	Total Health and Community Care Services	**274,392**	**1,501**
	Other Contractors		
	FHS Drugs Prescribing	36,177	432
	Other FHS Prescribing	-300	-108
	General Medical Services	36,473	741
	Dundee 2c (gms) Services	383	239
	FHS - Cash Limited & Non Cash Limited	27,164	-51
	Large Hospital Set Aside	23,198	0
	In-Patient Mental Health	0	0
	Grand H&SCP	**397,487**	**2,754**
	Lead Partner Recharges Out	-19,624	-316
	Lead Partner Recharges In	13,622	-319
	Lead Partner Recharge Cost Pressure Investment	13	-13
	Hosted Services - Net Impact of Risk Sharing Adjustment	**-5,989**	**-647**
	Grand Total	**391,498**	**2,106**

NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - Jun 26			
	Annual Budget £000s	Projected End Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,376	79	31
Out of Hours	13,009	0	0
Tayside Continence Service	1,648	353	139
Locality Pharmacy	2,505	0	0
Speech Therapy (Tayside)	1,855	(32)	(12)
Sub-total	**20,393**	**401**	**158**
Apprenticeship Levy & Balance of Savings Target	277	9	3
Total Lead Partner Services - Angus	**20,670**	**409**	**161**
Lead Partner Services - Perth & Kinross			
Prison Health Services	6,001	(67)	(26)
Public Dental Service	3,330	(518)	(204)
Podiatry (Tayside)	4,273	(392)	(154)
Sub-total	**13,604**	**(977)**	**(385)**
Apprenticeship Levy & Balance of Savings Target	299	(242)	(95)
Total Lead Partner Services - Perth&Kinross	**13,904**	**(1,218)**	**(480)**
Total Lead Partner Services from Angus and P&K	**13,622**		**(319)**

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Appendix 4

Dundee IJB Approved Savings Plan 2026/27	2026/27 Value £000	Anticipated 26/27 Delivery £000		Non-Delivery Risk - RAG
Recurring Saving Description				
Operational Efficiencies / Management Actions	**Total**	**Total**		
Review of vacancies and skills-mix within teams	0.864	0.680	79%	Low
Non-pay review efficiencies	0.218	0.120	55%	Medium
Service delivery efficiencies	0.394	0.301	76%	Low
Other efficiency targets	1.215	0.954	79%	Low
Other management proposals	0.108	0.090	83%	Low
Inpatient beds	0.180	0.180	100%	Low
Removal of Demographic Growth investment	2.201	2.201	100%	Low
Add back 25/26 undelivered / superseded	-1.286	-1.286	100%	Low
Further efficiencies	0.789	0.789	100%	Low
Continuation of approved savings & actions from 2025/26				
Care at Home	1.500	1.000	67%	Medium
Housing with Care	0.404	0.404	100%	Low
SPCS in-patient bed review	0.179	0.100	56%	Medium
MfE in-patient bed review	0.140	0.100	71%	Medium
Decisions taken by other bodies				
DCC Review of Charges - Additional Income	0.414	0.300	72%	Medium
Benefits from DCC VR/VSER	0.233	0.233	100%	Low
New proposals for Consultation				
Targeted reductions - Lunch Club	0.007	0.007	100%	Low
Targeted reductions - Food Train	0.041	0.041	100%	Low
External Commissioned Services	1.724	1.724	100%	Low
Review Physiotherapy & Occupational Therapy	0.313	0.313	100%	Low
Review of Equipment & Adaptations	0.028	0.020	71%	Medium
Older People Mental Health and Care Home - weekend service	0.021	0.010	48%	Medium
Review of The Corner	0.032	0.032	100%	Low
TOTAL APPROVED RECURRING SAVINGS 2026/27	**9.719**	**8.313**		

Dundee IJB Approved Savings Plan 2026/27	2026/27 Value £000	Anticipated 26/27 Delivery £000		RAG
Non-Recurring Saving Description	**£m**	**£m**		
	Total	**Total**		
Staff slippage - non-recurring	1.500	1.000	67%	Medium
Further Efficiencies	0.208	0.100	48%	Medium
Use of Reserves	0.373	0.373	100%	Low
TOTAL APPROVED NON-RECURRING SAVINGS 2026/27	**2.081**	**1.473**		
TOTAL APPROVED SAVINGS 2026/27	**11.800**	**9.786**		
		83%		

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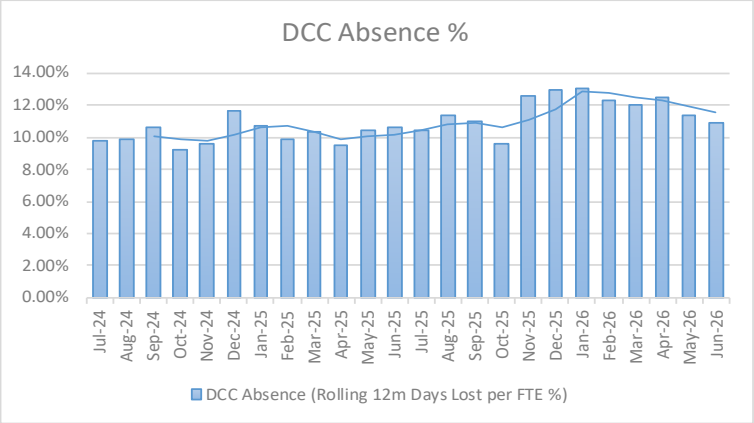
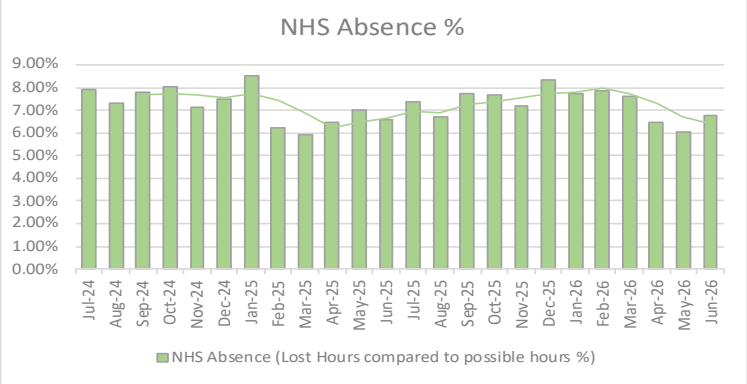
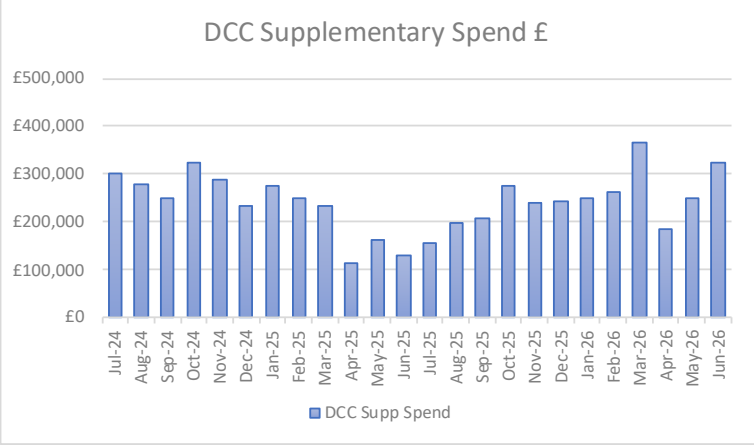
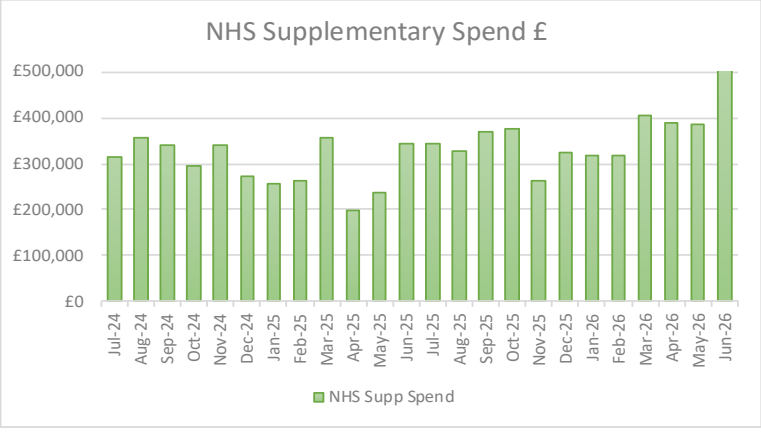
Appendix 5

Supplementary Staffing Spend and Absence Data Monitoring









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APPENDIX …6...

HEALTH AND SOCIAL CARE SCOTLAND

IJB Financial Position

FINANCE UPDATE 2026/27

Health and Social Care Scotland
JULY 2026

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Contents

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Key messages

URGENT

The 2026/27 position is unsustainable: £475m of financial pressure is now being managed across Scotland's health and social care system, with limited reserves remaining and a growing reliance on one-off measures.

IN-YEAR IMPACT

Without additional recurring funding, high-impact reductions will be felt in-year, not at some future point. Recovery actions will reduce care at home, care home placements, packages of care, staffing, early intervention and prevention support.

WHOLE-SYSTEM PRESSURE

The impact will not be contained within IJB budgets. Reduced social care capacity will increase pressure across the whole system, including unpaid carers, hospital discharge, primary and community care, councils, NHS partners and commissioned providers.

SERVICE REDUCTION

IJB savings are more directly felt as service reductions. With fewer internal efficiency levers than NHS Boards and Councils, financial plans are more likely to have a direct impact on frontline care and support.

PREVENTION AT RISK

Prevention is being squeezed at the point it is most needed. As resources are redirected to statutory and crisis services, investment in early intervention and prevention is reduced, weakening long-term sustainability and storing up greater demand and cost for future years.

REALISTIC EXPECTATIONS

National expectations and available resources are no longer aligned. Without sustainable funding and realistic national expectations, IJBs will continue to reduce services and shift risk onto people, unpaid carers, providers and partners.

Purpose

This report sets out the financial position of Integration Joint Boards for 2026/27, highlighting the scale of the financial challenges facing Scotland's health and social care system. It aims to provide a clear understanding of key cost pressures, the actions being taken to manage these, and the impact on services and outcomes.

Transformation, prevention and service redesign are essential parts of the solution, and work is already underway across IJBs to change models of care and support. However, the scale of the redesign required is not deliverable at the pace needed to close the recurring financial gap in-year.

The report is intended to support informed decision-making by outlining the implications of current funding levels and identifying the risks to the sustainability of health and social care services. The challenge is no longer simply one of financial sustainability. Integration Authorities are increasingly required to choose between maintaining essential statutory services and delivering national policy ambitions. Without additional recurring investment, both cannot be achieved. The report seeks to inform discussions between government, partners and stakeholders on what can be realistically delivered within available resources, and the changes required to ensure long-term sustainability.

Introduction

Integration Joint Boards (IJBs) are the public bodies responsible for planning how local health and social care resources are used. In simple terms, they sit between NHS boards and councils and direct how available funding should be used to deliver community health services, adult social care and, in some areas, children's services. Most of the money used by IJBs comes from NHS boards and councils, with services then delivered either directly or through commissioned providers. This means the system is interconnected: when costs rise or savings are required in one part of health and social care, the consequences are often felt elsewhere in the wider system as well.

That wider system context is important for interpreting this report. If an IJB reduces care at home, delays a package of care, limits care home placements or scales back preventative services, the effect is not confined to one budget line. It can increase pressure on unpaid carers, make discharge from hospital more difficult, place additional strain on primary care and community services, and create financial and operational risk for commissioned providers. Equally, when funding is absorbed by rising demand, inflation, workforce costs and new policy commitments, there is less available to invest in early intervention and prevention that could reduce demand in future years.

The risks if no action is taken are illustrated below:

In its most recent national bulletin, Audit Scotland stated that Scotland's IJBs are in a **"critical financial position"**, with financial pressures and demand for services continuing to outstrip funding growth and savings achieved. Audit Scotland said IJBs will need to make **"difficult decisions"** about service delivery, including redesigning, reducing or discontinuing services, and should be transparent with the public about the consequences.

The central issue in 2026/27 is therefore not simply that IJBs face financial pressure, but that the level of pressure requires substantial savings, service change and non-recurring measures to keep budgets in balance. A significant proportion of those

actions relate to social care. For external stakeholders, the key question is what level of savings is being taken out of the system this year, where those savings are falling, and what impact that will have on people, carers, providers and the wider public sector.

Health and Social Care Scotland commissioned this analysis of the 2026/27 budget position. All 31 IJBs provided information which has been reviewed to show the scale of the financial challenge, the actions being taken to address it, and the likely implications for services and outcomes across the system.

Financial Position

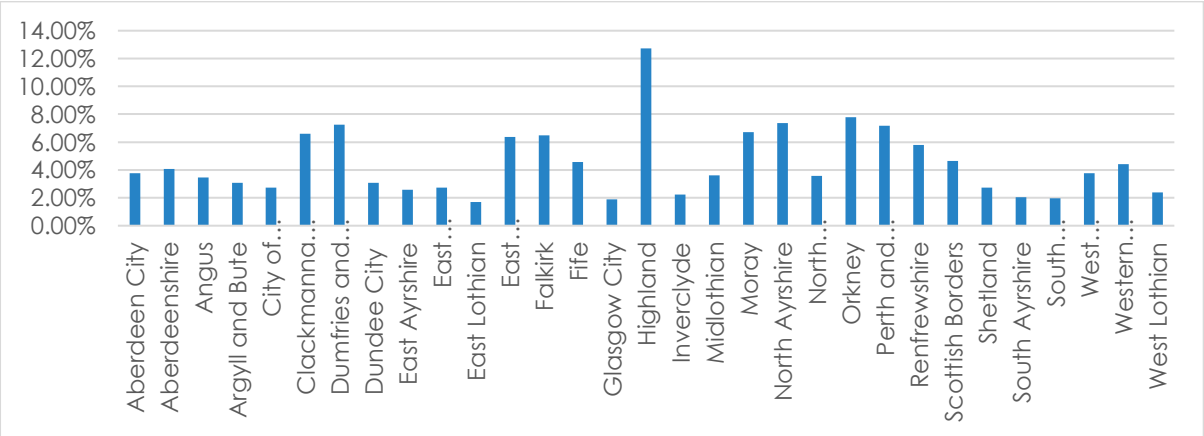
Key Point: IJBs face a £475m funding pressure with depleted reserves (67% hold no contingency reserves) leaving very limited capacity to absorb risk or sustain services. This is a recurring pressure with more than £1.3bn of recurring pressure managed over the last three years alone.

IJBs receive funding annually as agreed contributions from council and NHS board partners. Each year the level of funding received depends on the financial position and budget decisions of those partners. While Scottish Government have provided additional investment for social care in 2026/27, the funding is primarily for the Real Living Wage policy. This funding is passed on to the commissioned providers to ensure their staff are paid at least the living wage and does not provide for any additional investment in social care to meet increased demand as more people need support and have more complex needs or to support the development of more sustainable models targeting early intervention and prevention.

The budget for 2026/27 totals £12.2bn and includes financial pressure across the 31 IJBs of £474.87m. This pressure equates to 3.86% of the total budget, with individual pressures ranging from 1.7% to 12.73%.

The financial challenge facing Integration Authorities is not a one-year issue. More than £1.3bn of recurring financial pressure has been managed over the last three years and medium-term projections indicate continued growth in demand, workforce costs and complexity of need. Although there is variation in the proportion of the pressure in each IJB area because this pressure has built over the years and IJBs have taken significant actions to reduce spend and find alternative funding, such as the use of reserves, transformation of services, and the reduction of serves, all areas face considerable challenges in sustaining delivery while meeting the needs of local communities.

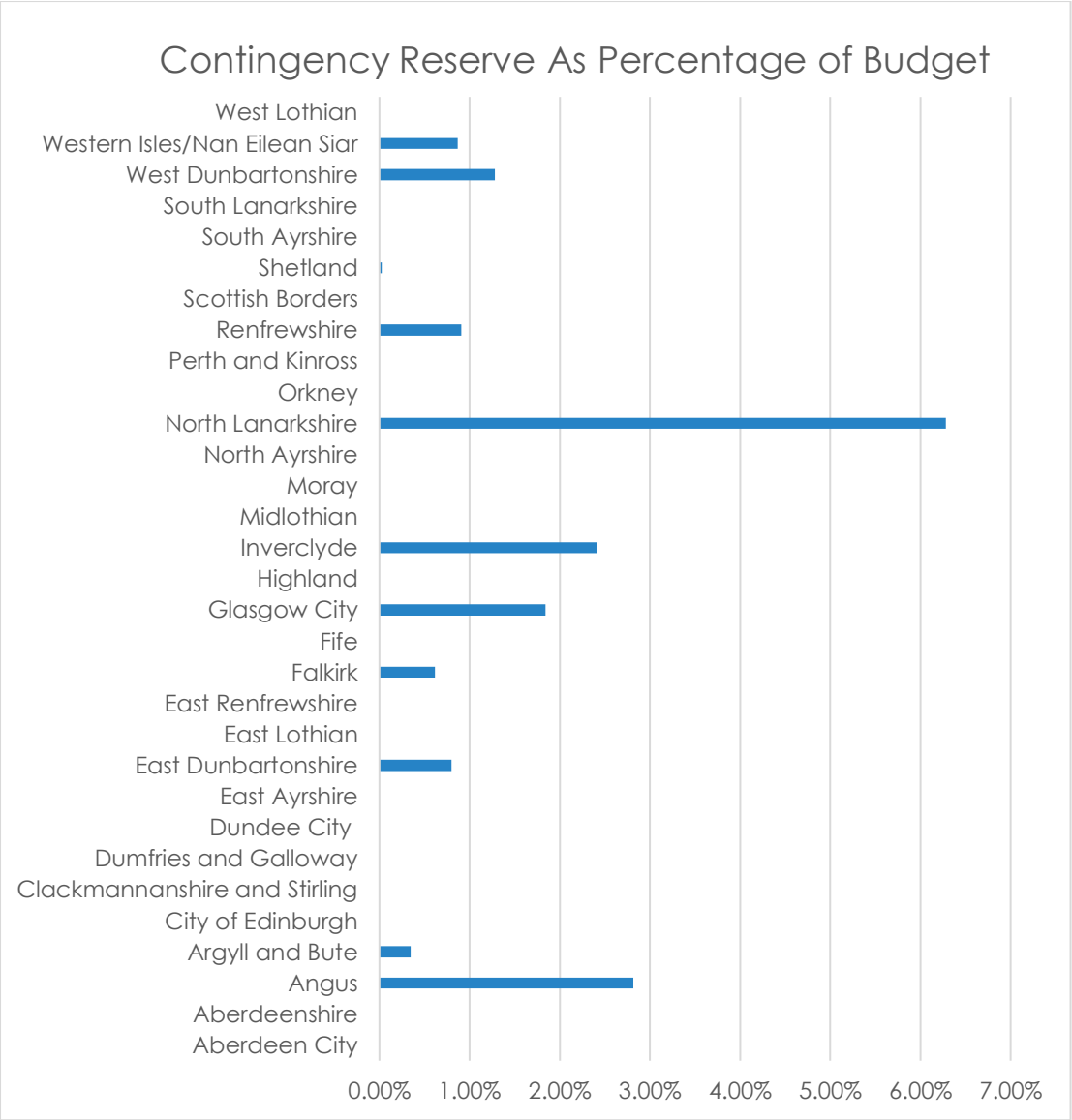
Exhibit 1
Financial pressure as percentage of budget



Reserves are a key component of overall funding strategy to ensure long term financial stability and sustainability. Contingency reserves are a critical part of this and are extra funds set aside to deal with unexpected costs and financial risks. General practice advises that contingency reserves should be held at 2 to 4% of the funding available. In the absence of a contingency reserve, IJBs must consider their Integration Authorities Integration Scheme and will need to rely on additional contributions from partners to address unfunded cost pressures.

In recent years reserve balances have been used to offset the financial pressure facing IJBs leading to a depleted position. 67% of IJBs now have no contingency reserve balance with the remaining contingency reserves totalling £102.39m or 0.84% of budget, far below the best practice level.

Exhibit 2
Contingency reserve balance as percentage of funding



Financial sustainability risks have been recognised by a majority of auditors in their reporting on the annual audit of IJBs. IJBs have a strong understanding of the drivers causing the cost and demand pressures and the steps which should be taken to improve sustainability - including building reserve balances and investing in early intervention and prevention - however without additional investment this is not possible.

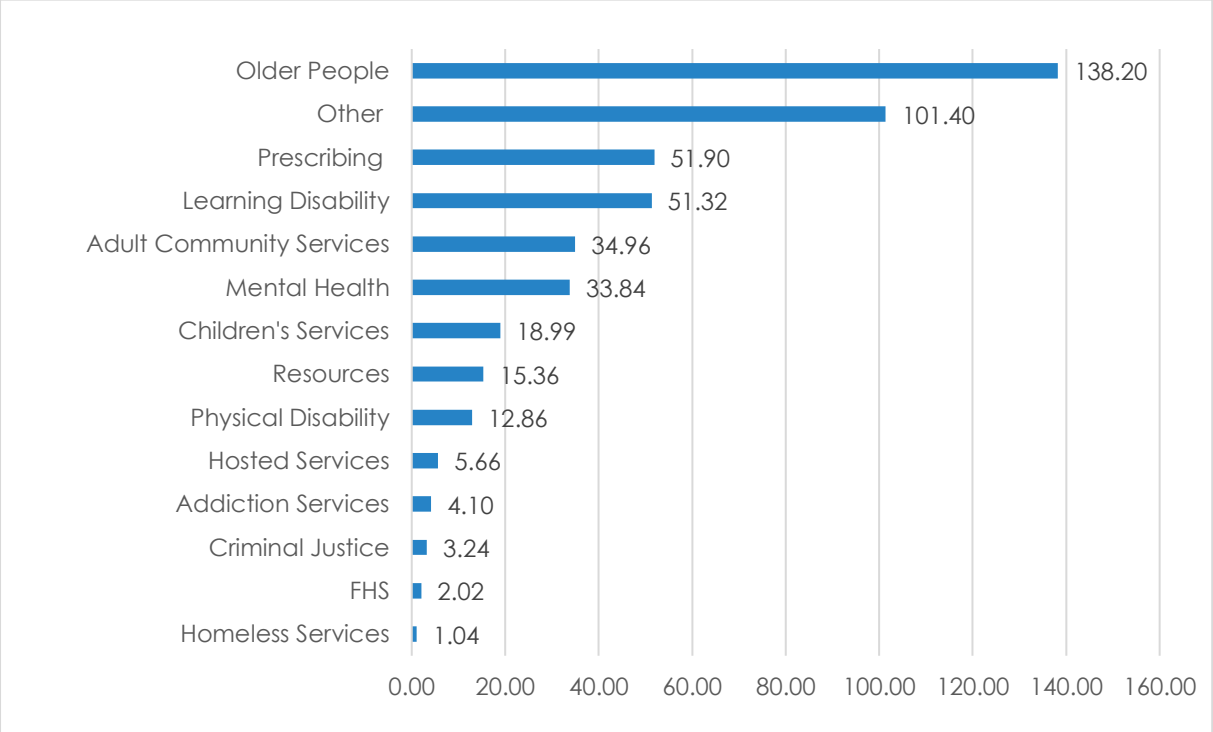
Cost Pressures

Key Point: Costs are rising as more people need care and their needs are more complex, compounded by workforce costs and inflation, this is expected to worsen as the population ages. The financial challenge is recurring rather than short-term or exceptional.

Existing cost pressures are described below: (i) by service area and (ii) by cost driver.

Analysis of the total pressure by service area is available from 28 of the 31 IJBs. Providing insight into £442m of the £475m or 93% of the total.

Exhibit 3
Financial pressure by service



While Older People is the single largest category, when considered as a whole, the services which support the adult population exceed this area of pressure. Services such as those supporting people with learning disabilities for example can be lower volume but very high-cost packages of care.

When evaluated by cost driver, demand and complexity of need is the highest category of pressure, responsible for over 21% of the total value, this considers the number of people who need services and the level and range of support those people require. Followed by staffing pressures at 18%, related to employee cost pressures, values are shown in exhibit 4.

The ‘other’ category includes a range of drivers including inflationary pressures, non-pay cost increases and pension related costs, while the non-delivery of savings category relates primarily to savings programmes due to be delivered in 2025/26. Prescribing is a significant pressure in each presentation of data, when viewed by cost driver the lower figure - £47.54m to the £51.90m in Exhibit 3 – is due to inclusion of some prescribing related costs within the non-delivery of savings category.

Exhibit 4
Financial pressure by cost driver

The projected population change facing Scotland, according to the National Records of Scotland, is one which over the 25 years to mid-2049 sees a growing population 75 years and older and a falling population in general with particular drops in children and young adults. This shift in demographics is likely to exacerbate the current pressures with additional support required due to age related conditions and a falling working age population.

Recovery Actions

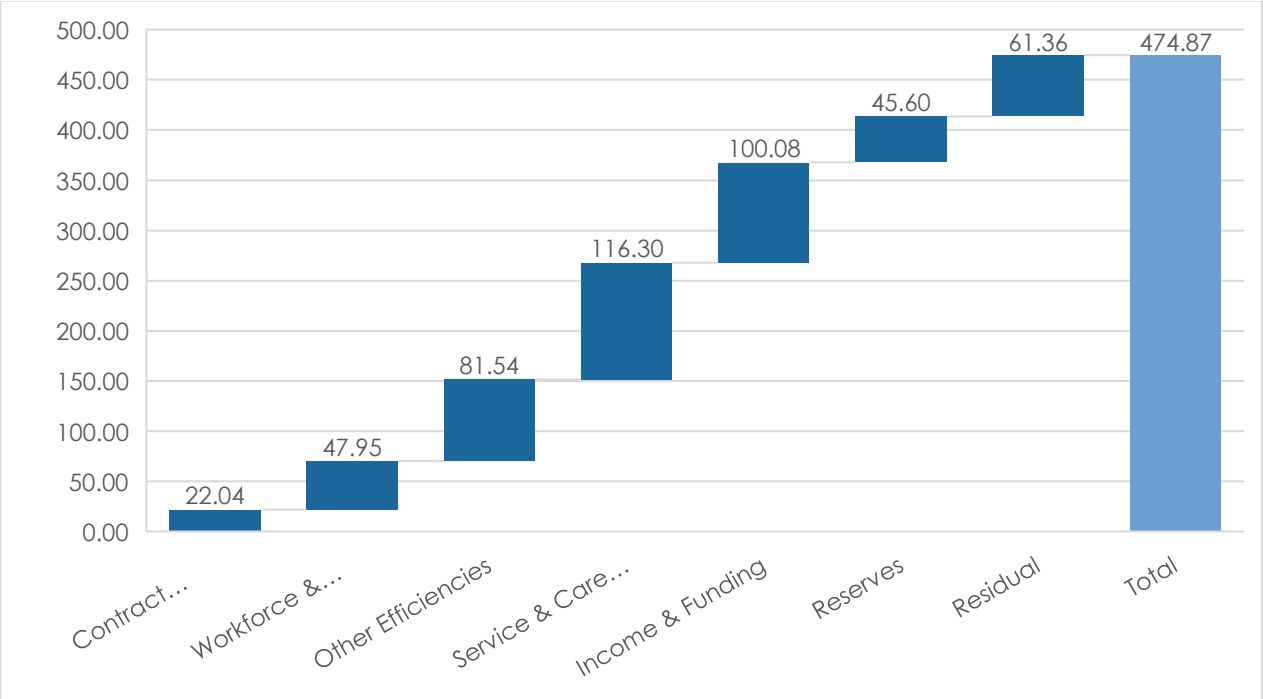
Key Point: Recovery actions rely heavily on reducing services, particularly in social care, alongside workforce reductions and the use of reserves because IJBs have limited ability to achieve savings through internal efficiencies alone. Reserves account for almost 10% of the funding solution, nearly double the 5% reliance previously highlighted by Audit Scotland as a concern, while contingency reserves are depleted.

The data submitted included approximately 150 individual lines describing how IJBs are planning to address the 2026/27 financial challenge. These actions are not all the same. Some are direct savings from reducing, redesigning or constraining services; some are workforce or efficiency measures; and some reflect additional funding, transfers or the use of reserves rather than savings released from the system.

While IJBs have a range of delegated health and social care services, savings being taken out of the system fall disproportionately on social care. Across the country, the most significant area of direct savings is service and care delivery. This shows the effect of balancing budgets through reduced activity, fewer placements, care package reviews and a reduction in preventative services.

It is worth noting that NHS Boards face financial challenges and associated recovery and savings plans as set out in ‘the Grid’. However, a significant proportion of NHS Boards savings programmes are typically focused on areas such as corporate services, asset management, energy efficiency, procurement and large-scale digital initiatives. While these measures can be complex and challenging to deliver, their impact on service users/patients may be less immediately visible than reductions in commissioned services. By contrast, as commissioning bodies, IJBs have more limited opportunities to achieve savings through internal efficiencies alone and therefore need to reduce the level, scope, or volume of services commissioned in order to achieve financial balance. While pressures arise from NHS services, e.g. prescribing pressures, savings being taken out of the system to restore overall balance primarily relate to social care.

Exhibit 5
A summary of savings and actions to meet the financial pressure



Contract Management includes £22.04m of actions identified as contract reductions.

Workforce and Staffing actions account for £47.95m of savings related to the reduction of staffing levels, controls on additional staffing costs, a review of staffing and vacancy management actions. While workforce related actions account for a significant proportion of recovery actions it is becoming increasingly challenging due to recruitment pressures, workforce shortages and changes to employment legislation. The Employment Rights Act 2025 strengthens workforce protections, consultation requirements and redundancy obligations. While these developments are important protections for employees, they increase complexity, implementation timescales and financial risks associated with workforce reduction programmes.

Other Efficiencies at £81.54m includes many small local projects and reductions in non-pay costs, travel, general efficiencies etc.

Service and Care Delivery changes deliver £116.30m and represent the most direct reduction in activity and support across the system. Many of these actions fall on social care and include:

- Reduced care at home activity
- Reduction in the purchase of care home placements
- Reductions in early intervention services
- Reviews of packages of care
- Service review/redesign
- Prescribing savings

Income and Funding at £145.68m includes:

- Additional partner funding
- Funding passthrough and budget transfers
- Increased charging and income maximisation

Reserves to the value of £45.6, or 9.7% of actions to bridge the funding gap. This has increased from 5% in 24/25 which at that level was raised as a concern by Audit Scotland. The increase is reflective of the continued and cumulative pressure being faced by IJBs.

A **Residual** balance of £61.36m remains with actions of recovery to be determined.

Implications for Services and Outcomes

Key Point: The scale of the savings required mean less care and support is available. This will lead to longer waits, unmet need and more pressure on families, carers, hospitals and other services.

The most important issue for 2026/27 is the scale of savings and recovery measures now being required to keep health and social care budgets in balance. While the current financial pressure amounts to £474.87m in 2026/27, the equivalent figures were £457m in 2024/25 and £449m in 2025/26. This means that more than £1.3bn of pressure has had to be managed over the last three years. Given that much of this challenge is recurring, the effect compounds year after year, requiring repeated savings, service redesign and the removal of capacity from the system.

The scope for further efficiencies without service impact is now very limited. As a result, a significant part of the 2026/27 response is being delivered through actions that affect service capacity and access, especially in social care. The national picture includes the following reductions:

- **£33.82m Reduced care at home activity**, the equivalent to more than 1.2m hours of homecare activity
- **£9.27m Reduction in the purchase of care home placements**, the equivalent of over 250 care home beds
- **£41.42m Reduced staffing**, the equivalent of 840 band 5 nurses

These reductions sit alongside wider redesigns and reviews of services and packages of care. They illustrate that the response to financial pressure is increasingly about reducing activity, narrowing access to services, slowing service growth and limiting preventative support.

The requirement to deliver recurring savings has implications both for the internal operations of the IJB and for the services experienced by service users, carers and communities.

Internally the savings identified reduce staffing levels, placing additional pressure on workforce capacity for business support services and directly provided care services. A reliance on vacancy management and tighter controls on expenditure can also impact the pace of service development and improvement activity and continuing to operate services in this way has a profound impact on the workforce.

For service users and communities, reductions in care at home activity, care home placements and early intervention services increase the likelihood of longer waits, unmet need and higher levels of crisis. The consequences are then felt elsewhere:

unpaid carers carry greater pressure, hospital discharge can become more difficult, community and primary care services can face additional demand, and councils and NHS partners can experience increased operational and financial strain.

Savings programmes will have a direct impact on commissioned providers, with organisations such as the Coalition of Care and Support Providers in Scotland (CCPS) advising the funding position has already pushed the sector to the brink. IAs are committed to working with our providers but must do so within the resources available, without additional investment in Health and Social Care there is a risk to the ability of providers to continue delivering services which would reduce choice for service users, risk continuity and stability of care and expose Local Authorities and IJBs to additional operational and financial risk as providers of last resort.

Alongside transformation and the reduction of existing services the current financial pressures have a significant impact on how IJBs can effectively invest in services which will deliver long term improvements and protect the future of health and care in Scotland.

Investment in early intervention and prevention is critical to improve outcomes, support independence, reduce pressure on unpaid carers and avoid higher-cost demand elsewhere in the system. However, when budgets are under severe strain, these services are often the part of the system with least protection once legal responsibilities and crisis responses have been prioritised. The 2026/27 actions identify £7.29m of savings from early intervention and preventative services, which risks storing up future demand and weakening the long-term sustainability of health and social care.

These decisions are not taken lightly but rather are a direct result of the scale of the challenge presented to IJBs and the requirement to deliver a balanced budget which meets all legal responsibilities. An increase in overall resources is required to allow for investment in prevention while ensuring services are delivered which meet the needs of those most at risk currently.

As outlined above, IAs face significant challenges in meeting current levels of demand with the funding available. However, maintaining the status quo is not sufficient to meet Scotland’s future health and social care needs. As such, IAs remain committed to continuous improvement and transformation, including supporting the delivery of Scottish Government policy ambitions.

While funding is at times provided to support new policies and service developments, this is not always consistent and rarely meets the full cost of implementation. This creates an ongoing tension between the ambition to fully deliver national policy

objectives and the requirement to maintain a balanced budget while continuing the provide essential care and support services.

Financial sustainability and delivery of national policy ambitions are increasingly disconnected with raised public expectations on a range of new developments for example; Care Reform which, if not fully funded, will significantly increase the funding gap.

The current financial environment affects the ability of IAs to invest at the scale required to support national ambitions. Without sufficient recurring resources, there is increasing tension between responding to current statutory demand and keeping operational services safe, and investing in the approaches required to deliver long-term policy ambitions.

Integration Authorities are increasingly being required to choose between:

Maintaining Essential Services	Delivering National Ambitions
Meeting statutory demand	Prevention and early intervention
Protecting social care capacity	Population Health Framework
Supporting unpaid carers	Care Reform
Managing hospital discharge	Community-based care expansion and reducing delayed discharge
Maintaining provider sustainability	Public Service Reform

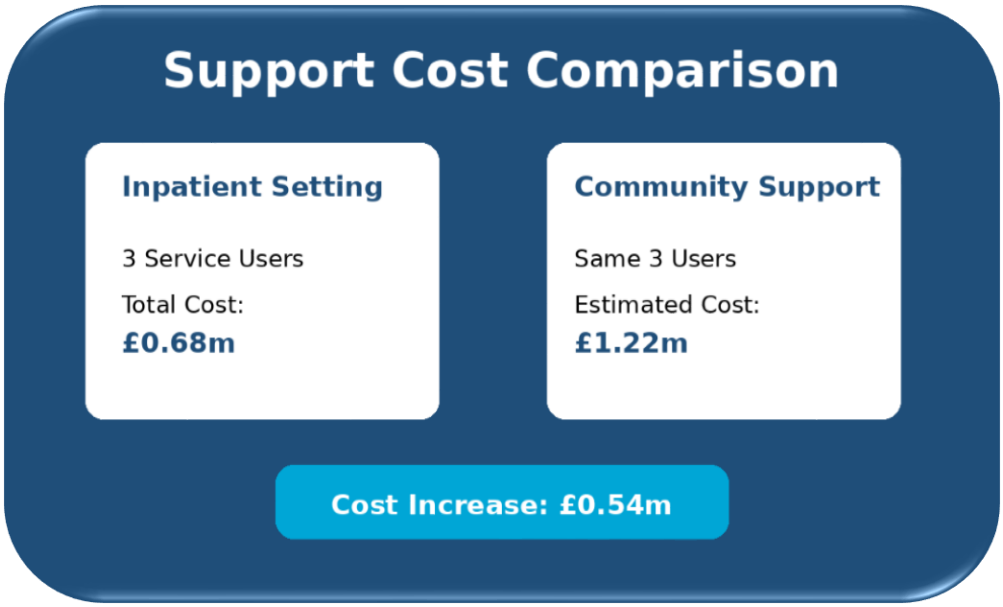
While Integration Authorities (IAs) remain committed to maximising the impact of existing resources, efficiency measures alone are unlikely to deliver the pace and scale of change required to secure long-term sustainability. The Public Bodies (Joint Working) (Scotland) Act 2014 established a clear ambition for integration: to improve outcomes through the strategic planning and delivery of services around the needs of individuals and communities, supported by a progressive shift in the balance of care from institutional and acute settings towards prevention, early intervention and community-based support.

Central to this ambition was the concept of set-aside acute resources, intended to provide Integration Authorities with meaningful influence over the planning and deployment of hospital resources and to support the reallocation of investment towards community-based models of care. However, despite progress in integration and a continued commitment to its underlying principles, the practical mechanisms required to enable significant resource transfer from acute services into communities have remained limited. As a result, many Integration Authorities continue to carry responsibility for delivering transformational change without having sufficient control over, or access to, the resources needed to accelerate that change.

Delivering the ambitions of integration requires the effective use of existing resources alongside targeted investment to support service redesign, transitional double-running costs, workforce development and the strengthening of community capacity. Without this, Integration Authorities are increasingly required to balance the delivery of new policy commitments against meeting the wider needs of their populations, creating a risk that progress in one area is achieved only at the expense of another. A sustainable and preventative health and social care system will require both renewed commitment to the principles of integration and the investment necessary to make the intended shift in resources a practical reality.

This tension also seen for example in the work relating to the Coming Home agenda and wider aim of supporting people within their communities. While there is agreement with the principles and a desire to ensure people are where they want to be, with their support structures around them living as full and independent a life as possible, this creates significant additional financial pressure.

Below is an example from one IJB area



In year one this is an increase of £0.54m from the current NHS cost and a £1.22m additional cost for the IJB as the budget used to support the service user does not transfer from the inpatient to community setting. With inflation and increased costs related to Fair Work commitments this cost will continue to increase. While it is recognised this is the correct action for the service users a consequence is the reduction of the overall pool of funding available to support the wider community.

Key Point: Shifting support from inpatient settings to community-based care does not necessarily mean this care is delivered at lower cost. In some cases, the community model is the right outcome for the person but costs more to deliver,

particularly where the funding associated with the inpatient placement does not transfer with the individual. This means IJBs can be asked to absorb a higher cost while the original hospital cost is not released to fund the new community support. In circumstances where funding does transfer this is typically less than the required amount, reducing the size of the deficit but not fully offsetting the pressure to be absorbed locally.

Each increase in costs, whether from prescribing, increasing population, inflation, increasing staff costs or new policy commitments that are not fully funded, further narrows the room to invest in reform and prevention. The result is a cycle in which resources are repeatedly redirected towards immediate pressures to deliver on legal responsibilities, while opportunities to reduce future demand across hospitals, community services and social care are squeezed out.

Conclusions and Next Steps

The 2026/27 position should be understood not simply as a statement of financial pressure, but as a statement of the scale of savings, service change and non-recurring measures now required across Scotland's health and social care system. With £474.87m of pressure, very limited contingency reserves and a continued reliance on one-off solutions, the current approach is becoming increasingly difficult to sustain.

A significant proportion of the response year on year falls on social care through reduced care at home activity, fewer care home placements, staffing reductions, package reviews and reduced preventative support. These actions will have tangible implications for people who need support, unpaid carers, staff, commissioned providers and partner organisations across the wider system. The impact of the actions to deliver savings are not contained to IJB budgets alone and will reach across the system in terms of redirected pressures, sector performance and a shift towards more reactive and potentially more costly interventions further down the line.

IJBs remain committed to delivering high-quality care and supporting people to live independently in their communities and are proactively seeking every opportunity to maintain and protect essential services whilst seeking out more sustainable options through various initiatives;

- Service prioritisation and review to ensure continued 'fit for purpose' and evidencing maximum impact against strategic objectives
- Strengthening community led approaches, maximising capacity and local opportunities
- Exploring opportunities in digital innovation and technology enabled care
- Exploring opportunities in collective commissioning

However, capacity to resource the above is constrained with recurring pressures and without more sustainable recurring funding IJBs will continue to make difficult decisions, increasingly focused on maintenance of essential only statutory services. While difficult decisions are required to achieve financial sustainability, the evidence shows that investment in social care is cost-effective and helps reduce demand on acute services. Recent work with Health Improvement Scotland on their Return on Investment (ROI) Project clearly demonstrated directing unscheduled care funding towards social care had a positive impact on demand and capacity within the acute sector.

The Independent Review of Adult Social Care Services in Scotland highlighted that 'strong and effective social care support is foundational to the flourishing of everyone in Scotland and a good investment in our economy and in our citizens' but in order to

maximise the potential of social care support, a paradigm shift was required where new thinking and decision making was based on;

- Social care being seen as an investment
- Social care workforce having parity with public sector partners in terms of workforce pay, terms and conditions, career path and progression
- An approach that is preventative and anticipatory
- Enabling rights and capabilities rather than managing need
- Commissiong and procurement based on collaboration rather than competition

The current funding available for the delivery of social care services and consequential financial and service delivery decisions being made by IJBs does not align with the ambition of “parity of esteem” as a vital foundational principle of social care reform.

The financial challenges outlined in this report are likely to continue in the absence of additional funding, required to maintain existing service levels, reflecting the combined impact of demographic growth, increasing complexity of need, inflationary pressures and other unavoidable costs. It will therefore be increasingly important to work in partnership with government and other stakeholders to develop a shared and realistic understanding of what can be sustainably delivered within available social care resources. This will provide an opportunity to align public expectations with the realities of current and future service provision, ensuring services remain effective and sustainable, and protecting the future of Scotland’s health and social care system.

Looking ahead, there is a need for:

- **Sustainable recurring funding**, protecting the future of social care and recognising that this will positively impact on longer term pressures in other areas including acute health services
- **Investment in prevention and early intervention activities**, which is not only the right thing to do but is the most cost-effective model for the longer term future of public services
- **Continued service transformation**, to drive forward efficiencies and ensure services continue to be fit for purpose while maximising the use of digital innovations
- **Collaborative working with partners and Scottish Government**, as the impact of reduced community health and social care services impacts across the whole system and the achievement of government ambitions
- **Nationally supported and driven change on expectations**, considering the expectations of citizens, what a sustainable funding model may look like and where funding will be generated

The question facing us all is no longer whether Integration Authorities can continue finding savings. The question is whether the current level of health and social care support expected by the public can continue to be delivered within the resources available. The Community Health and Care system has moved beyond a discussion about efficiencies and transformation.

The scale of recurring financial pressure now requires decisions about what level of social care Scotland can realistically afford and what national ambitions can realistically be delivered.

ITEM No …12……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 19 AUGUST 2026**

REPORT ON: **2026/27 BUDGET AND SAVINGS DELIVERY PROGRESS UPDATE**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB41-2026**

1.0 PURPOSE OF REPORT

1.1 To provide the Integration Joint Board with a progress update on the actions and reviews being undertaken to deliver the 2026/27 Financial Plan and Balanced Budget.

2.0 RECOMMENDATIONS

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

2.1 Notes the progress to deliver the required actions and reviews in Section 4 of this report

2.2 Instructs Chief Finance Officer to provide a further update on ongoing and outstanding reviews no later than 31 December 2026.

2.3 Approves the recommendation not to commission any further shopping or similar support services and confirms the intention to cease IJB funding to Food Train at the end of September 2026, following the six-month review period, as detailed in sections 4.3.9 and 4.3.10.

3.0 FINANCIAL IMPLICATIONS

3.1 This report provides an update to the proposals set out and previously approved for an overall budget for 2026/27 for Dundee Integration Joint Board of £357.6m.

4.0 MAIN TEXT

4.1.1 The IJB's budget for delegated services was approved at the meeting of the IJB held on the 31 March 2026 (DIJB10-2026 Article III of the minute of the meeting of 31 March 2026 refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2026/27 financial year.

4.1.2 A further report was approved at the meeting of the IJB held on 24 June 2026 (DIJB26-2026 Article IX of the minute of Dundee Integration Joint Board held on 24 June 2026 refers). This updated the 2026/27 plan following confirmation of the 2025/26 financial year-end and risk share position, and details of confirmed budget settlement received from NHS Tayside resulting in an additional funding gap for 2026/27.

4.1.3 The budget report included approval to progress a number of savings decisions and undertake a number of service reviews with an anticipation of being able to deliver efficiencies and savings as part of the 2026/27 financial plan. An update to each of these is noted in the following sections.

4.2 Targeted Reduction – Lunch Club (26/27 £7k; from 27/28 £10k)

4.2.1 In March 2026 paper DIJB10-2026 Appendix 6 (Article III of the minute to the Dundee Integration Joint Board held on 31 March 2026 refers) was submitted to the IJB and approval was given to cease commissioning lunch club services from Bharatiya Ashram with the anticipation of delivering revenue savings of £7k in 2026/27 and recurring savings of £10k from 2027/28.

4.2.2 Following the IJB's decision that commissioned funding for the lunch club service would cease, a three-month notice and transition period was provided from April to June 2026. During this period, HSCP officers engaged with Bharatiya Ashram to support transition planning and explore whether a sustainable delivery model could be developed beyond the period of IJB funding. This included discussion of potential cost reductions, service redesign, efficiency measures, alternative funding streams and revised charging structures that could contribute to the longer-term sustainability of the service. Officers also provided information on potential funding opportunities available to Third Sector organisations which may assist in bridging the gap between service costs and income generation.

4.2.3 An initial review meeting was held with representatives of Bharatiya Ashram on 20 April 2026. Discussions focused on the organisation's current operating model and the options available to support longer-term sustainability. Officers encouraged the organisation to explore a range of funding opportunities and alternative approaches to service delivery during the extension period.

4.2.4 Further positive meetings were held during May and June, where alternative funding opportunities were discussed, potential partnership arrangements were explored and other options were being reviewed (including charging arrangements) to deliver future service sustainability. The June meeting confirmed the organisation had temporarily reduced frequency to one day a week but also indicated that it was exploring opportunities to reinstate this provision in the future through closer integration with the wider activities of the Multicultural Centre and a funding opportunity that is awaiting release. It was anticipated that this approach will create efficiencies and support the longer-term viability of the lunch club service.

4.2.5 Commissioned funding from Dundee IJB has ceased at 30th June 2026 as planned.

4.3 Targeted Reduction – Food Train (26/27 £41k; from 27/28 £82k)

4.3.1 In March 2026 paper DIJB10-2026 Appendix 6 (Article III of the minute to the Dundee Integration Joint Board held on 31 March 2026 refers) was submitted to the IJB and approval was given to commission Food Train for a further 6-month period to allow officers to support the organisation to consider options to ensure financial sustainability of the service without ongoing reliance on IJB funds. This was with the anticipation of delivering revenue savings of £41k in 2026/27 and recurring savings of £82k from 2027/28.Separate to this, officers were also instructed to consider future commissioning intentions for shopping and other similar support services (informed by information on levels of need and demand, market conditions and models operating in other Partnership areas), with a view to making recommendations to the IJB regarding any further commissioning of such services (from any provider).

4.3.2 Following the IJB’s decision to provide a six-month extension of funding from April to September 2026, HSCP officers commenced discussions with Food Train to explore whether a sustainable delivery model could be developed to enable the service to continue beyond the period of transitional funding. The extension was intended to provide Food Train with an opportunity to review its operating model and consider potential cost reductions, service redesign, efficiency measures, alternative funding streams and revised charging structures that could contribute to the longer-term sustainability of the service.

4.3.3 An initial meeting was held with the Food Train on 24 April 2026 where they advised that implementation of a full cost recovery model would be extremely challenging, Food Train

agreed to consider a range of alternative operating models and charging approaches. Following the meeting, HSCP officers provided information on potential alternative funding opportunities available to Third Sector organisations which may assist in bridging the gap between service costs and income generated through charging.

4.3.4 To support ongoing work, monthly review meetings were established to discuss progress and emerging opportunities.

4.3.5 Food Train advised on 25th June that surveys were being completed face-to-face and by telephone in an effort to obtain a comprehensive response from all service users. The results were shared with HSCP Officers at end July and whilst the survey provides useful insight into the views of a proportion of service users, almost half of the membership did not participate (73 responses from 142 members). The survey captures members' perceptions of available alternatives but does not assess these against the full range of services currently available within Dundee. Consequently, responses regarding a lack of alternatives may reflect awareness of available options rather than the actual availability of support. It should be noted that the survey also asked service users to provide consent for their details to be passed to HSCP to offer alternative support or signposting should this be required – 20 individuals have provided this consent and these individuals will be contacted to support any unmet assessed needs should the service decide to close.

4.3.6 While the survey demonstrates that the service is valued by some members, the existence of a valued service does not in itself justify continued public funding. Consideration must also be given to strategic priorities, affordability, sustainability and the availability of alternative means through which individuals can access groceries, meals and practical support**.** Food Train has highlighted that applications for funding had been submitted to a range of organisations.

4.3.7 Food Train has subsequently advised that, should the funding support from Dundee IJB be withdrawn, they would look to continue the service for an interim period using their own funding sources whilst keeping the position under monthly review.

4.3.8 An updated Integrated Impact Assessment has been provided in Appendix 1 to provide details of potential impact and mitigations should Food Train decide to close the service following the withdrawal of IJB Commissioning funding.

4.3.9 It is recommended that the IJB confirms the intention to cease funding to Food Train at the end of September 2026, in line with the 6-month review period. HSCP officers will continue to work with the organisation and service users to support interim and any transition arrangements should the need arise.

4.3.10 Following the review of Food Train service provision, assessment of wider supports and service provision within Dundee HSCP and NHS Tayside, the availability of alternative food delivery, meal provision and practical support services, and the consideration of best use of limited public funding, it is also recommended that the IJB does not commission any further shopping or similar support services.

4.3.11 Report DIJB3-2025 was previously approved on 19th February 2025 (Article VII of the minute to the Dundee Integration Joint Board held on 19 February 2025 refers) which focussed Partnership resources on those most in need and funding of practical support was ceased to support increasing demand for personal care services. In line with the outcome of the review, Officers will continue to work with the private sector on a commercial model of support with a range of services already available for practical support by direct contract between the provider and person requiring the support.

4.4 <u>External Commissioned Services (26/27 £1,724k; from 27/28 £2,298k)</u>

4.4.1 In March 2026 paper DIJB10-2026 Appendix 7 (Article III of the minute to the Dundee Integration Joint Board held on 31 March 2026 refers) was submitted to the IJB and approval was given to reduce the level of service commissioned from identified third party service provider, with a view to reducing revenue costs by £1,724k in 2026/27 and delivery recurring savings of £2,298k from 2027/28.

4.4.2 Following the agreement of the budget, funding letters were issued to all third party commissioned services confirming available funding levels for 2026/27. This included details of the Adult Social Care Pay Uplift for qualifying providers, who have now all completed the required declaration and are now in receipt of uplift payments (backdated to 01 April 2026). Revised payment schedules reflecting 2026/27 funding levels approved by the IJB have been implemented for the majority of providers from July 2026, with the remaining mental health and learning disability providers to receive adjusted payments from August 2026. The delay for some providers has been necessary to allow sufficient time to agree adjustments to service specifications to reflect the reduced funding available in 2026/27, however will still result in the full delivery of the agreed savings value.

4.4.3 As approved in the budget report, a strategic review of third party commissioned services is to be undertaken during 2026/27. A further meeting with providers is to be scheduled for late August / early September to take forward this strategic review.

4.5 Review of Physiotherapy and Occupational Therapy (26/27 £313k; from 27/28 £417k)

4.5.1 In March 2026 paper DIJB10-2026 Appendix 8 (Article III of the minute to the Dundee Integration Joint Board held on 31 March 2026 refers) was submitted to the IJB and approval was given to review Occupational Therapy and Physiotherapy Services, with a view to reducing revenue costs by £313k in 2026/27 and deliver recurring savings of £417k from 2027/28.

4.5.2 Following the agreement of the budget, a comprehensive review of Occupational Therapy and Physiotherapy Services commenced to ensure services are delivered as efficiently and effectively as possible, with resources focused on areas of greatest need. The review has examined service structures, pathways, workforce deployment and opportunities to strengthen integration across the services. The review remains ongoing, with further work planned to support sustainable service models and future financial efficiencies.

4.5.3 To date, the review has identified a range of opportunities to improve patient pathways, streamline processes, reduce duplication and strengthen multidisciplinary working. These changes are contributing to the delivery of recurring financial efficiencies, with savings of £300k identified within Occupational Therapy and Physiotherapy services during 2026/27. Further opportunities may emerge as implementation progresses and the wider review of integrated rehabilitation services continues.

4.5.4 A key development arising from the review has been the redesign of the community physiotherapy leadership structure, strengthening coordination across community services and supporting staff to work to their full scope of practice. The integration of Falls, Geriatric Medicine and Community Rehabilitation services has supported more coordinated pathways, improved multidisciplinary working and a more joined-up patient journey. Early benefits include improved service coordination and significant reductions in waiting times across these services, helping ensure patients receive timely access to rehabilitation and support.

4.5.5 Implementation of changes has been supported through natural workforce turnover and vacancy management. While recruitment continues where required, periods of temporary vacancy have allowed the service to review operating models, redesign pathways and ensure workforce resources are aligned to areas of greatest need before appointments are made. This approach has supported transformation activity while maintaining service performance and patient outcomes.

4.5.6 The review is continuing and further work will be undertaken to identify opportunities to strengthen resilience and improve efficiency. While changes implemented to date have contributed significantly towards the required savings target, they have also reduced the service's ability to absorb future pressures without operational impact. Although there is no immediate risk to service delivery, workforce resilience is reduced, particularly during periods of sustained demand, prolonged absence, recruitment challenges or the introduction of new service requirements. Continued workforce planning, pathway redesign and service transformation will therefore be required to maintain performance, manage demand and deliver positive outcomes for patients over the longer term.

4.5.7 Overall, the review is demonstrating that efficiencies can be achieved through service redesign and further integration whilst maintaining safe and effective rehabilitation services. The ongoing review will continue to focus on ensuring resources are directed to areas of greatest need and that services remain sustainable in the context of increasing demand and ongoing financial pressures.

4.5.8 A further update on progress will be submitted to the IJB by 31st December 2026.

4.6 Review of Equipment and Adaptations (26/27 £20k; from 27/28 £37k)

4.6.1 In March 2026 paper DIJB10-2026 Appendix 9 (Article III of the minute to the Dundee Integration Joint Board held on 31 March 2026 refers) was submitted to the IJB and approval was given to review the Equipment and Adaptations Service, with a view to reducing revenue costs by £28k in 2026/27 and delivery recurring savings of £37.5k from 2027/28.

4.6.2 Following approval of the budget, a comprehensive review of Equipment and Adaptations Services was commissioned and remains ongoing. The review was established to ensure services are delivered as efficiently and effectively as possible, with resources focused on those with the greatest need while supporting people to remain safe and independent within their own homes.

4.6.3 The review is examining activity, pathways, governance arrangements, procurement processes and partnership working across Dundee Health and Social Care Partnership and Dundee City Council. Early findings indicate that future sustainability will require stronger coordination across Occupational Therapy, Housing Services, Children's Services, Finance and Procurement functions. Existing pathways and processes have evolved over many years and there are opportunities to streamline arrangements, improve joint working, strengthen procurement processes and reduce unnecessary delays and duplication.

4.6.4 The review has identified opportunities to modernise pathways, improve partnership working and strengthen coordination across services. There is a clear requirement to redesign a number of existing processes to improve efficiency, reduce duplication and ensure resources are utilised as effectively as possible. The review is expected to contribute towards the savings requirement identified through the budget-setting process of £28k in 2026/27 and recurring savings of £37k thereafter. However, the review has highlighted that delivering sustainable efficiencies within Equipment and Adaptations Services requires significant system-wide change involving multiple partners and functions. Further work is therefore ongoing to develop and implement revised processes and models of delivery that support both financial sustainability and positive outcomes for service users.

4.6.5 The review has also highlighted the significant financial pressures facing the service. The adaptations budget has remained relatively static for a number of years, despite sustained demand and increasing costs associated with adaptation and equipment provision. Demand remains consistently high, with over 5,000 referrals received in both 2024/25 and 2025/26, and a further 1,213 referrals received during the first quarter of 2026/27. This demonstrates continuing demand for equipment and adaptations services and highlights the increasing challenge of delivering services within a budget that has remained unchanged for a lengthy period.

4.6.6 Importantly, the review has reinforced the significant value that equipment and adaptations provide to the citizens of Dundee. Relatively low-cost items of equipment and small-scale adaptations frequently have a disproportionate impact on outcomes, enabling people to remain safe, independent and active within their own homes. These interventions support unpaid carers, reduce reliance on formal care services, help prevent avoidable hospital admissions, facilitate timely discharge and can delay or prevent admission to long-term care. In many cases, modest investments in equipment or adaptations generate substantial benefits for individuals while reducing demand across the wider health and social care system.

4.6.7 The emerging direction of travel is therefore focused on transforming how Equipment and Adaptations Services are delivered across the partnership, improving pathways and procurement arrangements, strengthening joint working across council and partnership services, and ensuring available resources are targeted where they can have the greatest impact on maintaining independence and improving outcomes for Dundee citizens.

4.6.8 A further update on progress will be submitted to the IJB by 31st December 2026.

4.7 Older People Mental Health and Care Home – weekend service (26/27 £10k; from 27/28 £28k)

4.7.1 In March 2026 paper DIJB10-2026 Appendix 10 (Article III of the minute to the Dundee Integration Joint Board held on 31 March 2026 refers) was submitted to the IJB and approval was given to reduce the current level of service by discontinuing weekend service provision within the Community Mental Health Team for Older People (East and West) and the Care Home Team, with a view to reducing revenue costs by £10k in 2026/27 and delivering recurring savings of £28k from 2027/28.

4.7.2 Following agreement of the budget, the Organisational Change process commenced within the service to implement the agreed service provision changes. Two engagement sessions were held involving HR, Staff Side representatives and all staff in CMHTOP and Care Home teams. A further focussed session for RMN staff was also held and 1:1 discussions have been offered.

4.7.3 Following on from the Engagement sessions, further conversations are to be held with NHS OOHS and Crisis Team to discuss the changes and manage any unanticipated implications.

4.7.4 Under the Organisational Change policy, it is recognised that some staff may have an entitlement to pay protection. Relevant individual calculations will be issued to staff where required. Following the development sessions and to allow time to issue these letters with appropriate notice, a provisional date of 2nd November 2026 has been agreed to ceased weekend service.

4.7.5 A further update will be submitted to IJB by 31st December 2026 to confirm the date the weekend service ceased.

4.8 Review of The Corner (26/27 £32k; from 27/28 £64k)

4.8.1 In March 2026 paper DIJB10-2026 Appendix 11 (Article III of the minute to the Dundee Integration Joint Board held on 31 March 2026 refers) was submitted to the IJB and approval was given to review “The Corner” Young People’s Service, with a view to reducing revenue costs by £32k in 2026/27 and delivery recurring savings of £64k from 2027/28.

4.8.2 Service leadership have commenced the review process. This was an opportunity to strengthen clarity around the service’s purpose, priorities and impact, particularly given the breadth of what The Corner delivers beyond core sexual health.

4.8.3 The Corner’s main KPI’s relate to sexual health and wellbeing, however the service has developed on many fronts to meet the needs of young people through a more holistic model of care, supplemented by other funding sources such as Carer’s Strategy Group and Corra grants. It is also recognised that the current model is providing opportunities for young people from outwith Dundee to access services and support delivered by The Corner.

4.8.4 A further update will be submitted to the IJB by 31 December 2026 to confirm the outcomes of the review and any recommendations arising from it.

4.9 Update – Charging and Income Maximisation Review (recurring £700k)

4.9.1 In March 2025 paper DIJB14-2025 Appendix 1 (Article IV of the minute to the Dundee Integration Joint Board held on 26 March 2025 refers) was submitted to the IJB and approval was given to conduct a review and work with Dundee City Council to further review charges for social care services, with a view to improving the revenue position by £700k.

4.9.2 A multi-departmental Project group involving a number of Council teams has been created to understand, review and enhance the current processes relating to charges for social care services.

4.9.3 There has been significant focus on maximising income from chargeable services while ensuring that service users receive all eligible benefit income and are charged fairly and consistently.

4.9.4 Charges were reviewed by Dundee City Council and increases applied from 1 April 2026. However, it is understood that this may not result in a corresponding increase in income, as the wider economic position of service users continues to worsen. Available income is not increasing, and financial contributions determined through Financial Assessments are reducing.

4.9.5 Levels of deprivation and economic inactivity in Dundee mean that fewer service users are assessed as being able to contribute financially to chargeable services when compared with more affluent Health and Social Care Partnerships.

4.9.6 The Improved Billing Processes and Income Maximisation Project aim is to reduce administrative costs, improve billing processes and introduce digital solutions, including electronic Financial Assessment, electronic Direct Debit and the Recovery Profile. To improve the experience of service users and families, letters and leaflets containing financial information have been reviewed and updated. The project has also considered parity and fairness in identifying options to reduce service user debt arising from unpaid invoices. Current areas of focus include earlier and more proactive communication with service users following missed payments, and the review of escalation processes for residential and non-residential care debt cases referred to Legal Services.

4.9.7 The project is currently costing the findings from advanced process mapping produced in collaboration with operational teams to support decisions regarding improvements and efficiencies.

4.9.8 A further progress update will be presented to IJB no later than 31st December 2026.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk	1 IJB - Financial Sustainability - There is a risk of the IJB being unable to maintain financial sustainability
Risk Level	25
Risk Appetite	Outwith

The report demonstrates:	
	An increase in risk level
	A reduction in risk level
	The effectiveness of current controls
X	**The identification and implementation of additional controls** The agreement of the 2026/27 budget, including savings proposals, acts as an additional mitigating action for this risk. Continuation and enhancement of financial scrutiny and controls
	The presence of a new / emerging risk

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Christine Jones
Acting Chief Finance Officer

DATE: 24 July 2026

Fiona Gibson, Interim Service Manager (Community Services)

David Phillips, Integrated Manager (Care at Home and Externally Commissioned Services)

Duane Patterson, Integrated Manager (Psychiatry of Older Age)

Andy Suttie, Head of Occupational Therapy and Physiotherapy

Russell Wood, Service Manager (DDARS, The Corner, TRSHS)

Kathryn Sharp, Acting Head of Service, Strategic Services

Lynsey Webster, Lead Officer, Quality, Data and Intelligence

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Appendix 1

Dundee IJB Approved Savings Plan 2026/27	2026/27 Value £000	Anticipated 26/27 Delivery £000		Non-Delivery Risk - RAG
Recurring Saving Description				
Operational Efficiencies / Management Actions	**Total**	**Total**		
Review of vacancies and skills-mix within teams	0.864	0.680	79%	Low
Non-pay review efficiencies	0.218	0.120	55%	Medium
Service delivery efficiencies	0.394	0.301	76%	Low
Other efficiency targets	1.215	0.954	79%	Low
Other management proposals	0.108	0.090	83%	Low
Inpatient beds	0.180	0.180	100%	Low
Removal of Demographic Growth investment	2.201	2.201	100%	Low
Add back 25/26 undelivered / superseded	-1.286	-1.286	100%	Low
Further efficiencies	0.789	0.789	100%	Low
Continuation of approved savings & actions from 2025/26				
Care at Home	1.500	1.000	67%	Medium
Housing with Care	0.404	0.404	100%	Low
SPCS in-patient bed review	0.179	0.100	56%	Medium
MfE in-patient bed review	0.140	0.100	71%	Medium
Decisions taken by other bodies				
DCC Review of Charges - Additional Income	0.414	0.300	72%	Medium
Benefits from DCC VR/VSER	0.233	0.233	100%	Low
New proposals for Consultation				
Targeted reductions - Lunch Club	0.007	0.007	100%	Low
Targeted reductions - Food Train	0.041	0.041	100%	Low
External Commissioned Services	1.724	1.724	100%	Low
Review Physiotherapy & Occupational Therapy	0.313	0.313	100%	Low
Review of Equipment & Adaptations	0.028	0.020	71%	Medium
Older People Mental Health and Care Home - weekend service	0.021	0.010	48%	Medium
Review of The Corner	0.032	0.032	100%	Low
TOTAL APPROVED RECURRING SAVINGS 2026/27	**9.719**	**8.313**		

Dundee IJB Approved Savings Plan 2026/27	2026/27 Value £000	Anticipated 26/27 Delivery £000		RAG
Non-Recurring Saving Description	**£m**	**£m**		
	Total	**Total**		
Staff slippage - non-recurring	1.500	1.000	67%	Medium
Further Efficiencies	0.208	0.100	48%	Medium
Use of Reserves	0.373	0.373	100%	Low
TOTAL APPROVED NON-RECURRING SAVINGS 2026/27	**2.081**	**1.473**		
TOTAL APPROVED SAVINGS 2026/27	**11.800**	**9.786**		
		83%		

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Dundee Integration Joint Board Integrated Impact Assessment

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

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

Document Title	2026/27 Budget and Savings Delivery Progress Update – Targeted Reduction – Food Train					
Type of document	Policy		Plan		Other- describe	Budget Report
Date of this Pre-Integrated Impact Assessment Screening	24/07/2026					
Date of last IIA (if this is an update)	N/A					

Description of Document Content & Intended Outcomes, Planned Implementation & End Dates

Following Budget decision making by IJB it was agreed to commission Food Train for a further 6-month period to allow officers to support the organisation to consider options to ensure financial sustainability of the service without ongoing reliance on IJB funds. Separate to this, officers were also instructed to consider future commissioning intentions for shopping and other similar support services (informed by information on levels of need and demand, market conditions and models operating in other Partnership areas), with a view to making recommendations to the IJB regarding any further commissioning of such services (from any provider).

Lead Officer/Document Author (Name, Job Title/Role, Email)

David Phillips , Integrated Manager

Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)

David Phillips , Integrated Manager

Job Title of colleagues or name of groups who contributed to pre-screening and IIA

Joyce Barclay, Senior Officer, Strategic Planning

Kathryn Sharp, Acing Head of Strategic Services

Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	**Yes**	**No**
A document or proposal that requires the IJB to take a decision	X	
A major Strategy/Plan, Policy or Action Plan		X
An area or partnership-wide Plan		X
A Plan/Programme/Strategy that sets the framework for future development consents		X
The setting up of a body such as a Commission or Working Group		X
An update to an existing Plan (when additional actions are described and planned)		X

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

Dundee Integration Joint Board Integrated Impact Assessment

People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).	X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	X	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	X	
Offenders and former offenders		X
Effects of Climate Change or Resource Use		X
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.		X
Transport, Accessible transport provision; sustainable modes of transport.		X
Natural Environment		X
Air, land or water quality; biodiversity; open and green spaces.		X
Built Environment. Built heritage; housing.		X

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

From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	X	N	

In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)

Anticipated Date of IJB	19th August 2026	**IJB Report Number**	DIJB41-2026
Date IIA completed	24/07/2026		

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2 -Impact Assessment Record
Conclusion of Equality, Fairness and Human Rights Impact Assessment *(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

The proposal is that current funding for the Food Train ceases in-line with the decision made by the IJB as part of the 2026/27 Budget (31 March 2026).

Whilst the survey conducted by the Food Train provides useful insight into the views of a proportion of service users, the findings should be considered alongside a number of limitations, including the 51% response rate, the absence of independent assessment of need, and the availability of a range of alternative services within Dundee. The findings indicate that 50 members identified the service as essential, representing approximately 35% of the overall membership. Although a number of respondents reported uncertainty regarding alternative arrangements, this can be mitigated through the actions outlined below. Whilst Food Train staff identified a number of welfare-related concerns during the survey process, many of the issues highlighted, including benefits advice, social care support and nutritional advice, fall within existing statutory and community support pathways and therefore can be mitigated through alternative provision. The evidence indicates that levels of reliance vary across the membership and that a significant proportion of individuals may be able to access alternative arrangements. For those who may experience difficulty, mitigation measures, including direct assessment by DHSCP and referral to appropriate services, are available to reduce potential adverse impacts (further details below).

There are a number of mitigating factors and there is potential for the needs of service users and potential service users for food, groceries and assistance to be appropriately meet in other ways. In addition to this The Food Train has applied for funding elsewhere or may decide at a future time to adjust their charging model to support continuation of the current model of service delivery but at a higher cost to recipients. Food Train Survey findings also indicate that 87% of respondents would continue to use the service at a cost of £10 per week. This demonstrates a willingness among members to contribute a higher charge towards service delivery and supports the exploration of alternative operating and charging models to improve sustainability.

Should the Food Train service cease following the end of DHSCP funding, a range of measures are available to mitigate potential impacts on older people and support continued access to food, groceries and assistance. Individuals with unmet needs will be considered on a case-by-case basis (after they have consented to referral or identified as vulnerable but unable to consent.) At present 20 service users (from 142) have been identified as meeting this criteria. An assessment of need will be undertaken to identify any risks arising from the cessation of the service and to consider whether alternative support arrangements are required.

A range of alternative services and options are available within Dundee to support access to food and nutrition, including:

- The **Community Meals Service**, which provides nutritional lunch and evening meals seven days per week to eligible individuals who may have difficulty preparing meals independently.
- Online and telephone grocery shopping services provided by major supermarkets, many of which offer delivery charges that are significantly lower than those currently associated with the Food Train model, providing a potentially more cost-effective option for service users.
- Digital food and grocery delivery platforms, including **Just Eat** and **Uber Eats**, are also available across Dundee. These platforms increasingly offer grocery, convenience store and household item delivery services, providing another means for individuals to access food and essential supplies without leaving their home.
- Some supermarket retailers offer **free delivery services** or annual delivery subscription schemes, which may represent better value for those requiring regular grocery deliveries.
- Dundee Health and Social Care Partnership currently has **41 approved care providers** operating within its framework arrangements. Many of these providers offer chargeable practical support services, including

assistance with shopping, collection of groceries, accompanying individuals to shops and other activities that support independent living.

- Support from family members, friends, neighbours and wider community networks may also be an appropriate and sustainable solution for some individuals currently accessing the service.

Should the Food Train service cease, there are established nutritional support services available within Dundee and NHS Tayside that can help mitigate any potential impact on individuals who may be at risk of poor nutrition. Individuals who are identified as being at risk of malnutrition can be referred to **Nutrition and Dietetics Services** for assessment and advice tailored to their individual needs. The service can provide guidance on healthy eating, nutritional requirements, meal planning and strategies to improve nutritional intake and wellbeing. In addition, NHS Tayside operates the **Get Nourished Advice Line**, which is delivered by trained NHS staff. The service provides advice on food and nutrition, support for individuals experiencing nutritional difficulties, and signposting to appropriate health, social care and community-based services. The advice line can assist individuals, carers and family members to access information and support that helps maintain good nutritional health.

Taking account of the availability of alternative food delivery, meal provision and practical support services within Dundee, together with the opportunity for direct assessment by DHSCP teams where required, it is anticipated that the impact on older people can be mitigated and that alternative arrangements can be identified for those individuals who require ongoing support.

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

Date	Activity/Activities	People/groups	By whom
Tuesday 3rd February 2026 – 3rd March 20226	IJB Public Budget Consultation Specifically, responses received in relation to section 4 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.	Members of the public Unpaid carers Third and independent sector health and social care providers Members of the health and social care workforce	Acting Head of Service, Strategic Services
17th/ 18th / 19th/ 24th/ 25th February 2026	Members of the public, including people who use health and social care services and unpaid carers, were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Members of the public Unpaid carers Third and independent sector health and social care providers	Acting Head of Service, Strategic Services / Strategic Planning and Business Support Team
1th/ 20th/23rd February 2026	Third party providers were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Third and independent sector health and social care providers	IJB Chief Officer/ Acting Head of Service, Strategic Services / Strategic Planning and Business

			Support Team
24th April 2026 /25th June 2026 / 26th July	DHSCP Integrated Manager and Contracts Officer meeting with the Chief Executive Officer of Food Train to discuss the outcome of the Integration Joint Board (IJB) decision regarding future funding arrangements, alternative models of provision / funding and impacts on services users and potential mitigations.	Third sector provider DHSCP DCC	Integrated Manger and contracts officer
July/August 2026	Consideration of survey results shared with the DHSCP by the Food Train.	Third sector provider DHSCP	Integrated Manger and contracts officer

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

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

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

Age		**Explanation, assessment and potential mitigations**
Positive		Food Train currently provides a grocery shopping and delivery service to 142 older people in Dundee. To inform consideration of the potential impact of the service ending, Food Train undertook a survey of its membership. The survey received 73 responses from 142 members, representing a response rate of 51%. While it is recognised that the ending of the service may have an impact on some older people, the information gathered to date by Food Train suggests that levels of reliance vary across the membership. The relatively low number of consent forms returned, alongside survey findings indicating that 50 individuals identified the service as essential (35% of total membership), suggests that the number of people requiring additional assessment or support from DHSCP may be limited (20 people, 14% of membership). Survey findings indicate that 87% of respondents would continue to use the service at a cost of £10 per week. This demonstrates a willingness among members to contribute a higher charge towards service delivery and supports the exploration of alternative operating and charging models to improve sustainability. This would help the Food Train mitigate against the possibility of closure of the service at a future point in time. A range of alternative provision is available in Dundee as an alternative to the funded shopping services currently commissioned by the IJB (see above for details). Many of these options are directly accessible by service users and their families on a self referral / self funded basis. The cost of a number of these options is also lower than the shopping delivery charge applied by the Food Train. In addition, the alternative shopping delivery services there are also alternative befriending and social isolation services available within Dundee which would contribute to mitigating against the wider potential impacts of any reduction in the Food Train Service (elements of the service not funded by Dundee IJB
No Impact		
Negative	X	
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

		which could be impacted by subsequent decisions by the Food Train regarding service delivery models or the overall sustainability of the service in the Dundee area).
Disability		**Explanation, assessment and potential mitigations**
Positive		As above for Age – a proportion of current service users will also be impacted by disability.
No Impact		
Negative	X	
Not Known		
Gender Reassignment		**Explanation, assessment and potential mitigations**
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Marriage & Civil Partnership		**Explanation, assessment and potential mitigations**
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		**Explanation, assessment and potential mitigations**
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Sex		**Explanation, assessment and potential mitigations**
Positive		Due to differences in life expectancy a greater proportion of older people are female.
No impact		
Negative	X	
Not known		
Religion & Belief		**Explanation, assessment and potential mitigations**
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Race & Ethnicity		**Explanation, assessment and potential mitigations**
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Sexual Orientation		**Explanation, assessment and potential mitigations**
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.		
None.		

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

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

Identified Areas of Deprivation -				
	Positive	**No Impact**	**Negative**	**Not Known**
Strathmartine (Ardler, St. Mary's & Kirkton)			X	
North East (Whitfield, Fintry & Mill O'Mains)			X	
Lochee (Lochee Beechwood, Charleston & Menzieshill)			X	
Coldside (Hilltown, Fairmuir & Coldside)			X	
East End (Mid Craigie, Linlathen & Douglas)			X	
Maryfield (Stobswell & City Centre)			X	
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End			X	
The Ferry			X	

Description of impacts on Fairness-. Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.

Food Train provides a city-wide service and supports individuals living across all localities within Dundee. As such, the impact of the service ending would not be concentrated within a single community or neighbourhood but would have the potential to affect service users residing throughout the Dundee Health and Social Care Partnership area.

However, the impact is limited to the current membership of 142 individuals and does not affect the wider population of Dundee. Whilst members are distributed across different localities, the potential impact is confined to those individuals who currently access the service. Alternative grocery delivery services, community-based supports, meal provision services and care at home services are available across Dundee, ensuring that support options remain accessible regardless of locality.

The available evidence does not suggest that any particular locality would experience a disproportionate impact as a result of the cessation of funding, with service users dispersed across the city rather than concentrated within a specific geographic area.

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

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

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

		Explanation, assessment and any potential mitigations
Care Experienced Children and Young People		
Positive		None of the proposals are considered to have any direct or indirect relevance to this group.
No Impact	**X**	
Negative		

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Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers **and** carers who support a family member or friend without pay)		
Positive		The ending of Food Train funding may have some impact on carers, family members and others who provide informal support to older people currently receiving the service. In some cases, individuals who are unable to access groceries independently may require assistance to identify and arrange alternative shopping or food provision services. For those individuals who have family involvement, support could include assisting with online grocery orders, arranging supermarket delivery services, collecting shopping during visits, or helping to identify and access alternative local services. As family members are often already in regular contact with their loved ones, these activities may be incorporated into existing support arrangements without requiring significant additional intervention. Whilst some carers may experience a degree of additional responsibility during any transition to alternative arrangements, the availability of multiple food delivery, meal provision and practical support options means that the impact is expected to be manageable and can be mitigated through appropriate planning and support. Where concerns are identified, and consent has been provided, DHSCP can engage directly with individuals to assess their circumstances and signpost them to appropriate services.
No Impact		
Negative	**X**	
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive		Please see section for Age (above).
No Impact		
Negative	X	
Not Known		
Serious & Enduring Mental Health Conditions		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	**X**	
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	**X**	
Negative		
Not Known		
Drug and/or Alcohol issues		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	**X**	
Negative		
Not Known		
Offenders and Former Offenders		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

STEP 2- **Impact Assessment Record** (continued)
Mark X in all relevant boxes. X must be placed in at least one box

Dundee Integration Joint Board Integrated Impact Assessment

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

		Explanation, assessment and any potential mitigations
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive	**X**	The cessation of DHSCP funding for Food Train may, for some service users, create opportunities to access alternative shopping arrangements that offer better value and lower ongoing costs. As part of its exploration of alternative operating models, Food Train consulted members on a proposed increase in charges to £10 per week. Survey findings indicated that 87% of respondents stated they would continue to use the service at the higher charge level. A number of major supermarkets offer home delivery services with delivery charges that are often lower than Food Train's weekly fee, particularly where customers utilise delivery saver memberships or promotional free delivery offers. Some retailers, such as Iceland, provide free delivery subject to minimum spend requirements, while delivery subscription schemes can further reduce the cost of regular shopping. For some households, using mainstream supermarket delivery services may also provide access to a wider range of promotions, loyalty schemes, discounts and own-brand products, which could contribute to reducing overall grocery expenditure. Family members, friends or informal carers may also be able to support individuals to access these services, including assistance with placing online orders where required. While it is recognised that some individuals value the support offered by Food Train, the availability of lower-cost alternatives may have a positive impact on household finances for some service users, particularly during a period of increasing cost-of-living pressures. The exploration of alternative shopping arrangements may therefore enable some individuals to maintain access to groceries while reducing the cost associated with service provision.
No Impact		
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Earnings & employment-including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact		
Negative	X	
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		It is recognised that due to the demographic profile of those accessing the Food Train service that some members may face additional challenges accessing alternative services that are provided primarily on a digital basis. This might create greater reliance on unpaid carers, family members and others to provide assistance to manage grocery orders, However, there are a number of alternative options that provide non-digital options (including telephone orders, the Community Meals Service and chargeable support via Care at Home Providers).
No Impact		
Negative	X	
Not Known		
Health (including Mental Health) Specifically consider any impacts to **Child Health**		

Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Healthy Weight/Weight Management/Overweight / Obesity		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Transport (including accessible transport provision and sustainable modes of transport)		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Life expectancy		
Positive		
No Impact	X	
Negative		
Not Known		

NOW COMPLETE THE **CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT** AT THE START OF STEP 2

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

Sustainable Procurement		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact		
Negative		
Not Known		

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

Strategic Environmental Assessment				
Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	X	**No**		
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes		**No**	X	*Use the SEA flowchart to determine whether this plan or proposal requires SEA.*

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

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

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

End of Impact Assessment Record.

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

Organisation	Member	Meeting Dates January 2026 to December 2026						
		18/02	31/03	15/04	24/06	19/08	21/10	9/12
Dundee City Council (Elected Member) (Chair)	Cllr Ken Lynn	✓	✓	✓	✓			
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓	✓	✓			
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	A	✓	✓	✓			
NHS Tayside (Non Executive Member (Vice Chair)	Bob Benson	✓	✓	✓	✓			
NHS Tayside (Non Executive Member)	Colleen Carlton	✓	✓	✓	✓			
NHS Tayside (Non Executive Member)	David Cheape	✓	✓	✓	✓			
Chief Officer	Dave Berry	✓	✓	✓	✓			
Acting Chief Finance Officer	Christine Jones	✓	✓	✓	✓			
Voluntary Sector	Christina Cooper	✓	✓	A	✓			
Dundee City Council (Chief Social Work Officer)	Glyn Lloyd	✓	✓	A	A/S			
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	✓	A	✓			
Trade Union Representative	Jim McFarlane	A	✓	✓	✓			
NHS Tayside (Registered Medical Practitioner (not providing primary medical services)	Dr Sanjay Pillai	A	A	A	A			
Clinical Director	Dr David Shaw	✓	✓	✓	✓			
Person Providing unpaid care in the area of the local authority	Martyn Sloan	A	✓	✓	✓			
NHS Tayside (Registered Nurse)	Jayne Smith	✓	✓	✓	A			
Service User Representative	Nicola Stevens	✓	A	✓	✓			
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers)	Dr David Wilson	✓	A	✓	✓			

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