



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

City Chambers
DUNDEE
DD1 3BY

16th June, 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 remotely on Wednesday, 24th June, 2026 at 10.00 am.

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

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday, 22nd June, 2026.

Yours faithfully

DAVE BERRY
Chief Officer

AGENDA

1 APOLOGIES

2 DECLARATION OF INTEREST

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

3 MINUTES OF PREVIOUS MEETINGS - Page 1

(a) The minutes of previous meeting of the Integration Joint Board held on 15th April, 2026 are submitted for approval.

(b) ACTION TRACKER - Page 7

The Action Tracker (DIJB19-2026) for meetings of the Integration Joint Board is submitted for noting and updating accordingly.

4 PERFORMANCE AND AUDIT COMMITTEE CHAIR'S ASSURANCE REPORT - Page 9

(Report No DIJB27-2026 by the Chair of the Performance and Audit Committee, copy attached – for information and record purposes).

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

(Report No DIJB25-2026 by the Chief Finance Officer – TO FOLLOW).

6 UNAUDITED ANNUAL ACCOUNTS 2025-26 - Page 11

(Report No DIJB28-2026 by the Chief Finance Officer- copy attached – for decision).

7 FINANCIAL MONITORING POSITION AS AT MARCH 2026 - Page 75

(Report No DIJB23-2026 by the Chief Finance Officer, copy attached – for decision).

8 DUNDEE INTEGRATION JOINT BOARD BUDGET UPDATE 2026/27

(Report No DIJB26-2026 by the Chief Finance Officer – TO FOLLOW).

9 TAYSIDE TOGETHER PALLIATIVE CARE MATTERS FOR ALL STRATEGY - Page 95

(Report No DIJB31-2026 by the Chief Officer – copy attached – for decision).

10 TAYSIDE PRIMARY CARE FOUNDATIONAL STRATEGY 2026-28 - Page 135

(Report No DIJB29-2026 by the Chief Officer – copy attached – for decision).

11 OUT OF HOUR MODEL OF CARE OPTION APPRAISAL - Page 203

(Report No DIJB33-2026 by the Chief Officer – copy attached – for decision).

12 HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – STATUTORY ANNUAL REPORT - Page 291

(Report No DIJB22–2026 by the Chief Officer, copy attached – for decision).

13 INFORMATION GOVERNANCE ANNUAL ASSURANCE REPORT - Page 331

(Report No DIJB24-2026 by the Chief Officer, copy attached – for noting).

14 ANNUAL COMPLAINTS AND FEEDBACK REPORT 2025/26 - Page 337

(Report No DIJB21-2026 by the Chief Officer, copy attached – for noting).

15 CATEGORY 1 RESPONDER – ANNUAL REPORT 2025/26 - Page 345

(Report No DIJB30-2026 by the Chief Officer, copy attached – for noting).

16 CHILDREN’S SERVICES PLANNING PARTNERSHIP PLAN 2026–2029 - Page 351

(Report No DIJB20-2026 by the Chief Officer, copy attached – for decision).

17 MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES - Page 383

A copy of the attendance return (DIJB32-2026) for meetings of the Integration Joint Board held over 2026 is attached for information.

18 IJB DEVELOPMENT SESSIONS

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

9th September – Topic TBC
 28th October – Budget Development
 4th November – Topic TBC
 16th December – Budget Development

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

19 DATE OF NEXT MEETING

The next meeting of the Dundee Integration Joint Board will be held on Wednesday, 19th August, 2026 at 10.00am in Committee Room 1, 14 City Square.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Bob Benson
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	David Cheape
Non Executive Member	Colleen Carlton
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Chief Officer	Dave Berry
Acting Chief Finance Officer (Proper Officer)	Christine Jones
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	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

<u>Organisation</u>	<u>Recipient</u>
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)	Fiona Owens
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 15th April, 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
Christine JONES	Acting Chief Finance Officer
Jim McFARLANE	Trade Union Representative
Martyn SLOAN	Person providing unpaid care in the area of the local authority
Dr David SHAW	Clinical Director
Jayne SMITH	Registered Nurse
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:-

Joyce BARCLAY	Health and Social Care Partnership
Rachel BROWNE	Audit Scotland
Paul BYRNE	DVVA
Clare LEWIS-ROBERTSON	Health and Social Care Partnership
Colin MASON	Veterans First Point
Gillian PARKS-WILSON	Health and Social Care Partnership
Shannon SHANKLAND	DVVA
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

Christina COOPER	Third Sector Representative
Glyn LLOYD	Chief Social Work Officer
Raymond MARSHALL	Staff Partnership Representative
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETINGS

- (a) The minute of meetings of the Integration Joint Board held on 18th February, 2026 and 31st March, 2026 were submitted and approved.

- (b) ACTION TRACKER

The Action Tracker (DIJB15-2026) for meetings of the Integration Joint Board was submitted and noted.

IV JOINT INSPECTION OF ADULT SERVICES IN THE DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP - FINDINGS AND IMPROVEMENT PLAN

There was submitted Report No DIJB13-2026 by the Chief Officer informing of the findings of the Joint Inspection of Adult Services for Dundee Health and Social Care Partnership, published by the Care Inspectorate and Healthcare Improvement Scotland on 10th March 2026, and outlining improvement activity arising from these findings.

Paul Byrne, Colin Mason, Gillian Parks-Wilson and Shannon Shankland gave a presentation in supplement to the report. The Integration Joint Board noted the content of the presentation.

The Integration Joint Board agreed:-

- (i) to note the content of the inspection report published by the Care Inspectorate and Healthcare Improvement Scotland (as at Appendix 1 to the report);
- (ii) to note the summary of inspection findings, including positive gradings, seven areas of strength, two good practice examples and areas for improvement (as at section 4.4 of the report);
- (iii) to note that improvement activity relating to the four areas for improvement had already begun, and that future plans would be overseen by the Dundee Mental Health and Wellbeing Strategic Planning and Commissioning Group (as at section 4.4.5 and Appendix 2 of the report); and
- (iv) to instruct the Chief Officer to make arrangements for a further update on the implementation and impact of improvement plans to be provided to the IJB no later than 31st December 2026.

Following questions and answers the Integration Joint Board agreed:-

- (v) to note the information provided on the Scottish Recovery Network Let's Evaluate Peer Support Roadshow taking place on 30th April 2026 at the DCA and that a report would be generated from the event;
- (vi) to note that the Joint Inspection report would be submitted to the Performance and Audit Committee; and
- (vii) to note thanks to the presenters and everyone involved in providing services.

V STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE – ANNUAL REVIEW

There was submitted Report No DIJB14-2026 by the Chief Officer submitting for approval updated terms of reference for the Dundee Integration Joint Board's Strategic Planning Advisory Group.

The Integration Joint Board agreed:-

- (i) to approve the revised terms of reference for the Strategic Planning Advisory Group (as at Appendix 1 to the report); and
- (ii) 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:-

- (iii) to note the query raised by Martyn about whether the upcoming change to his voting rights on the IJB would impact on him sitting on the ISPAG in the future and that this would be explored further by the Chief Officer;
- (iv) to note that the Chief Officer would discuss the query from Councillor McHugh about having an older people representative on the ISPAG with Kathryn Sharp along with wider representation; and
- (v) to note that Angie Smith would have a discussion with Councillor McHugh regarding the planned re-instatement of the Frailty Strategic Planning Group.

VI STATUTORY CHILDREN'S RIGHTS REPORT

There was submitted Report No DIJB12-2026 by the Chief Officer seeking approval of the proposal to publish a joint statutory Children's Rights Report with NHS Tayside, and of the content of the IJB element of that report.

The Integration Joint Board agreed:-

- (i) to note the status of the IJB as listed public authority under the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024, and requirement to publish a Children's Rights Report for the reporting period to 31st March 2026 (as at sections 4.1 to 4.4 of the report);
- (ii) to approve the proposal to discharge their statutory duty to produce and publish a Children's Rights Report through a joint publication with NHS Tayside (as at section 4.5.1 of the report);
- (iii) to approve the content of the Children's Rights Report, where it described the functions of Dundee IJB, for insertion into the joint publication (as at section 4.5.2 and appendix 1 of the report), and to note that NHS Tayside planned to approve their content during June 2026, after which the joint report would be published (as at section 4.5.3 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.

VII AUDIT SCOTLAND – ANNUAL AUDIT PLAN 2025/26

There was submitted Report No DIJB16-2026 by the Chief Finance Officer to note and approve the proposed Dundee Integration Joint Board Annual Audit Plan 2025/2026 as submitted by the IJB's appointed External Auditor (Audit Scotland).

The Integration Joint Board agreed:-

- (i) to note the content of the report; and
- (ii) to note the proposed Audit Plan for 2025/2026 as submitted by Audit Scotland (as at Appendix 1 of the report).

Following questions and answers the Integration Joint Board agreed:-

- (iii) to note that the appointed Auditor for the Dundee IJB was to change to Pauline Gillan; and
- (iv) to note thanks from the Chief Officer to Rachel and her team.

VIII FINANCIAL MONITORING POSITION AS AT FEBRUARY 2026

There was submitted Report No DIJB17-2026 by the Chief Finance Officer providing the Integration Joint Board with an update of the projected 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 projected operational financial position for delegated services for the 2025/2026 financial year end as at 28th February, 2026 as outlined in Appendices 1, 2, and 3 of the report; and
- (ii) to note the continuing actions being led by Officers and Senior Management to deliver planned savings and address the current projected financial overspend position (as detailed in section 4.5 and 4.6 of the report).

Following questions and answers the Integration Joint Board agreed:-

- (iii) to note that consideration would be given to incorporating detail on recovery of income for chargeable services into the Financial Monitoring report in the future;
- (iv) that the Acting Chief Finance Officer would provide more detail to members on the reasons for the increase in projected overspend since the last report; and
- (v) to note that the timetable for the budget setting process for 2027/2028 and future years was now under development and that any shifts in the timetable would be communicated to members as early as possible.

IX MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES

There was submitted a copy of the Attendance Return DIJB5-2026 for meetings of the Integration Joint Board held to date over 2025.

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

X IJB DEVELOPMENT SESSIONS

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

6th May – Strategic Commissioning Plan
 9th September – Topic TBC
 28th October – Budget Development
 4th November – Budget Development
 16th December – Budget Development

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

It was noted that the sessions on 28th October and 4th November seemed close together and this would be checked.

XI 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, 24th June, 2026 at 10.00am – venue to be confirmed

Councillor Ken Lynn, Chairperson.

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – ACTION TRACKER – MEETINGS ON 15TH APRIL 20206

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	In progress	Originally intended to be incorporated into a budget development session, however this has not been possible. This will now be considered for scheduling as a joint session with action 9 below. 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	In progress	Work is continuing, led by the ADP on both aspects. The annual report for the ADP will be submitted to the August IJB and an update will be provided within this report.
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	Ongoing	Date to be scheduled.
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.
5	31/03/26	III	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2026/2027	That the Chief Officer would work with colleagues in Dundee City Council around the timing of the budget consultation to improve response rates.	Chief Officer	June 2026	Complete	This feedback has been noted by the relevant officers and will be implemented within the 27/28 budget setting process.
6	15/04/26	IV	JOINT INSPECTION OF ADULT SERVICES IN THE DUNDEE HEALTH AND SOCIAL CARE	That the report would be submitted to the PAC.	Chief Officer	September 2026	Complete	This has been added to the report tracker for the September PAC meeting.

			PARTNERSHIP - FINDINGS AND IMPROVEMENT PLAN					
7	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.
8	15/04/26	V	STRATEGIC PLANNING ADVISORY GROUP TERMS OF REFERENCE – ANNUAL REVIEW	That a discussion would take place with Kathryn Sharp about the feasibility 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.
9	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	In progress	Meeting has been arranged for the end of June.
10	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
11	15/04/26	X	IJB DEVELOPMENT SESSIONS	That there would be a check to see if the 28th October and 4th November sessions were too close and needed to be rescheduled.	Acting Chief Finance Officer	June 2026	Complete	The October session is a budget development session whilst the November session is not. Officers therefore consider it to be appropriate to go ahead with the dates originally issued.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 JUNE 2026

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

REPORT BY: CHAIR, PERFORMANCE AND AUDIT COMMITTEE

REPORT NO: DIJB27-2026

This assurance report relates to the meeting of the Performance and Audit Committee (PAC) of the 20th May 2026.

Overview of Committee Business:

- The meeting reviewed the Action Tracker, signing off the completed actions. Members highlighted an outstanding action relating to an update on the roof repairs at Kingsway Care Centre wasn't included. Officers will carry this forward to the next meeting.
- The 2025/26 Quarter 3 Performance Report was noted by the Committee. Members queried use of 2 baseline years (2018/19 and 2020/21) and it was noted that it is standard to compare to 5 preceding financial years however 2020/21 was impacted by COVID-19 pandemic and therefore additional comparison to pre-COVID-19 is also provided. Officers committed to reviewing the approach to baseline year comparison moving into the 2026/27 reporting year. The Quarter 3 report continues to demonstrate significant variation in performance across Local Community Planning Partnership areas, related to underlying local population demographics, which will require differing actions and supports within the communities.
- Members accepted the reasonable level of assurance provided within the DHSCP Clinical, Care and Professional Governance Assurance Report, however requested that part of this should be qualified to limited assurance for workforce and mental health and learning disability risks. Areas of concern, including management and clinical capacity with MH&LD and workforce challenges, were highlighted by the Chair.
- An updating report on Psychological Therapies waiting times performance was presented to the Committee, detailing the improvements following the service entering into Enhanced Support in August 2024. Members noted the improvement in performance against national waiting times standards from March 2024 to December 2025, with this being achieved through targeted recruitment, digital supports and group therapies. The trajectory currently indicates the targeted standard will be met by November 2027.
- The Committee was pleased to receive the Annual Care Inspectorate Gradings report, indicating continued improvements across the Care Home and Care at Home sector in Dundee. Members noted scores of 5 (very good) for Council-run Care Homes and were particularly pleased to note scores of 6 (excellent) for some providers. The report also highlighted feedback themes and areas of continuous improvement.
- The Annual Review of 2025/26 PAC activity was presented for noting, with acknowledgement that this to be submitted to full IJB for assurance purposes at August 2026 meeting.
- The 2025/26 Quarter 4 Feedback report noted Complaints and Care Opinion feedback activity and performance. It was acknowledged that some complaints have not been responded to within targeted timescales, however it was recognised that this usually reflects the complexity of the complaints and required investigation to ensure these are robustly responded to. Care Opinion continues to provide constructive and positive feedback for service areas.
- The new format of Strategi Risk Register was presented to Members, following the approval of the revised Strategic Risk Management Framework at IJB meeting in February 2026. Members welcomed the updated content and presentation of information, noting it was useful to compare this to agreed Risk Appetite. Concerns were raised regarding red risks and those outwith appetite.
- The annual report highlighting IJB Directions that have been issued, along with updated progress, was presented to Committee for noting.

- Progress to deliver the actions contained within the Governance Action Plan was noted. The ongoing risk relating to savings and transformation was acknowledged, with service redesign being key to address this.
- Internal Audit presented the Internal Audit Plan Progress Report, highlighting progress against the IJB's own plan as well as recent reports completed by Dundee City Council and NHS Tayside (Internal Control Evaluation, Risk Management – CIA validation of self-assessment 2025/26, Multi Agency Screening Hub (MASH) Intake Process and Mosaic Payments). The Committee noted that 2 reports recently completed by NHS Tayside offered reasonable assurance while the Council reports noted substantial and limited assurance.

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

Bob Benson
Chair

28 May 2026



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 JUNE 2026

REPORT ON: UNAUDITED ANNUAL ACCOUNTS 2025-26

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB28-2026

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to present the Integration Joint Board's Unaudited Annual Statement of Accounts 2025-26.

2.0 RECOMMENDATIONS

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

- 2.1 Considers and agrees the content of the Unaudited Final Accounts Funding Variations as outlined in Appendix 1
- 2.2 Approves the Draft Dundee Integration Joint Board Annual Corporate Governance Statement as outlined in Appendix 2
- 2.3 Note additional Operational Improvement Plan funding received from NHS Tayside (from Scottish Government allocation) and approves earmarking this within IJB Reserves to support whole-system and financial pressures in 2026/27, as detailed in 3.5.
- 2.4 Notes the Integration Joint Board's Unaudited Annual Statement of Accounts 2025/26 as outlined in Appendix 3
- 2.5 Instructs the Chief Finance Officer to submit the Unaudited Accounts to the IJB's external auditors (Audit Scotland) by the 30 June 2026 to enable the audit process to commence.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The Unaudited Annual Accounts Statement of Accounts for the year end 31 March 2026 highlights that the IJB made an overall deficit of £5,854k in 2025/26. This consists of an unplanned overspend of £4,735k after planned draw-down of earmarked reserves balances of £5,888k to support sustainability pressures and net drawdown of £822k to cover relevant in-year expenditure from other specific ring-fenced allocations.
- 3.2 The resulting year end financial deficit has required additional funding from Dundee City Council and NHS Tayside totalling £4,090k under the agreed Risk Share arrangement.
- 3.3 The IJB's final 2025/26 budget for delegated services was approved at the meeting of the IJB held on the 26 March 2025 (Article IV of the minute of the meeting of 26 March 2025 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 2025/26 financial year.
- 3.4 A further report was approved at the meeting of the IJB held on 18 June 2025 (Article IX of the minute of Dundee Integration Joint Board held on 18 June 2025 refers). This updated the 2025/26 plan following confirmation of the 2024/25 financial year-end and reserves position, and details of additional funding received via NHS Tayside at the end of financial year 2024/25.

- 3.5 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 recommended this be placed in an earmarked reserve in the 2025/26 Annual Accounts to be carried forward and utilised as required during 2026/27.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The IJB is required to prepare financial statements for the financial year ending 31 March 2026 following the Code of Practice on Local Authority Accounting in the United Kingdom ("the Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.
- 4.1.2 The IJB is required to follow Local Authority Accounts (Scotland) Regulations 2014. This requires the inclusion of a management commentary and remuneration report and recommends submission of the unaudited accounts by 30 June 2026 to the IJB's external auditors (Audit Scotland).
- 4.1.3 The 2025/26 Annual Accounts comprise: -
- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee Integration Joint Board made an overall deficit of £5,854k in 2025/26 (deficit of £6,078k in 2024/25) on the total income of £376,444k (£357,361k in 2024/25).
 - b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £5,880k (£11,734k in 2024/25). The level of reserves falls out with the Dundee City Integration Joint Board's reserves policy of 2% of budgeted resources. Reserves were applied during the year to cover outstanding liabilities to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board.
 - c) Balance Sheet – In terms of routine business Dundee Integration Joint Board does not hold non-current assets.
 - d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.
- 4.1.4 It should be noted that due to a range of technical accounting and other budgetary changes, there is some variation between the original agreed levels of funding from Dundee City Council and NHS Tayside to Dundee IJB as part of the delegated budget. The details of these are set out within the Draft Final Accounts Funding Variations summary as Appendix 1 to this report and it is proposed that the IJB accepts these changes.
- 4.1.5 The annual accounts document contains a Governance and Assurance Statement which is based on a self-assessment process. The IJB governance arrangements require to be independently assessed by Internal Audit and the Chief Internal Auditor's Annual Internal Audit Report is set out as a separate item on this IJB meeting agenda.
- 4.1.6 Once submitted, Audit Scotland will assess these accounts in line with their Annual Audit Plan for Dundee IJB as approved at the meeting of the Integration Joint Board held on the 15 April 2026 (Article VII of the minute of the meeting of 15 April 2026 refers) and produce an independent auditors' report setting out their opinion on the annual statement at the earliest date possible as noted in section 4.1.2 above. The outcome of this will be incorporated into the annual accounts and will subsequently be presented to the IJB for final approval. The unaudited accounts are shown in Appendix 3.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk	1 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

Risk	There is a risk that through the audit process, Audit Scotland identify areas of concern or material misstatement leading to a qualified audit opinion
Risk Level	8
Risk Appetite	Within
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 accounts have been prepared in accordance with good practice principles and statutory requirements by suitably qualified officers
	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: 10 June 2026

Appendix 1

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

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

Background

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

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

Section 1 – Variations to Delegated Budget

Local Authority Variations – The agreed delegated budget 2025/26 provided for a budgeted payment of £114,308k from Dundee City Council to the Dundee City Integration Joint Board to fund the commissioning of services. It is recognised that a number of technical year-end adjustments will result in variations in costs out with the control of the IJB (e.g. adjustments to pension costs).

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

The Dundee City Council adjusted funding is outlined below: -

DCC Delegated Funding to Dundee Integration Joint Board (DIJB)	£000
Initial DCC contribution to DIJB	114,308
Additional Pay award	534
Social Work & Social Care Funding	2,157
Total Funds provided by Dundee City Council	116,999

NHS Tayside Variations – The agreed delegated budget 2025/26 provided for a budgeted payment of £146,491k from NHS Tayside to the Dundee City Integration Joint Board to fund the commissioning of services.

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

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

NHS Delegated Funding to Dundee Integration Joint Board (DIJB)	£000
Initial NHS Contribution to DIJB	146,491
Additional Pay Award	7,281
Hospital & Community Health Services	11,203
FHS Drugs Prescribing	453
General Medical Services	35,469
FHS - Cash Limited & Non-Cash Limited	25,967
Net Effect of Hosted Services	9,431
Large Hospital Set Aside	23,201
NHS contribution to DIJB	245,083

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

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

To support this position the following text is included on the face of the 2025/26 Annual Accounts

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

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

Introduction

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

Scope of Responsibility

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

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

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



The Governance Framework and Internal Control System

Dundee City IJB comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. All formal IJB governance committees continued to be held online, with later meetings transitioning to hybrid with option to attend in-person throughout the 2025/26 financial year.

Ongoing support, induction and development sessions from Officers to all members continues to be offered where required.

The main features of the governance framework in existence during 2025/26 were:

- The Integration Scheme as the overarching agreement between the Integration Joint Board, NHS Tayside and Dundee City Council as to how the planning for, and delivery of, delegated health and social care services is to be achieved reflecting a range of governance systems required to support this arrangement. The current version was reviewed by the statutory partners during 2021/22 and early 2022/23 with a revised scheme submitted to Scottish Ministers for approval at the end of June 2022 and final approval received in November 2022. The agreement is next due to be reviewed in 2027.

- The senior leadership structure of the Health and Social Care Partnership consists of the Chief Officer, Head of Finance and Strategic Services (Chief Finance Officer), two Heads of Service of Health and Community Care Services and professional leads for Nursing, AHP's, Primary Care and Social Work. Lead support from other professional groups can also be accessed when required. The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.
- Through 2025/26, continuing interim and contingency arrangements to support and supplement the senior leadership team were in place. Acting Chief Officer, Acting Chief Finance Officer and Acting Head of Service, Strategic Services posts commenced on 17th January 2024. The Acting Chief Officer was permanently appointed to the post of Chief from 30th May 2025, while other arrangements continued through 2025/26.
- In addition, an interim replacement Head of Service for Health and Community Care Services commenced in May 2024 and continued throughout the year.
- Formal regular meetings of the senior leadership team including professional leads, as well as regular meetings of extended leadership team.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2025/26.
- The Integration Joint Board met remotely on seven occasions throughout the year to consider its business, with latter meetings being held in a hybrid format giving members the opportunity to attend in-person. Six development sessions were also held in a hybrid format as part of the 2025/26 budget development process. A further seven development sessions were held covering a range of governance, risk and strategy topics.
- The Integration Joint Board's Performance and Audit Committee met remotely on four occasions throughout the year to scrutinise the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector.
- The Integration Joint Board reviewed and approved the updated Terms of Reference for Performance and Audit Committee on 22 October 2025.
- Internal Audit arrangements for 2025/26 were approved at the Performance and Audit Committee meeting held on 24 September 2025, including the continuation of the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2025/26 was approved drawing on resources from both organisations.

- Assurances are provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report from the Clinical, Care and Professional Governance Group to each meeting of the Committee.
- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.
- Compliance with CIPFA's Financial Management Code
- New Global Internal Audit Standards (GIAS) in the UK Public Sector became applicable from 1st April 2025. The updated Standards are split into 5 Domains and underpinned by 15 Principles, with the aim of adding value and improving an organisation's operations through independent, objective assurance and advisory service. The changes were presented to IJB members during a 2025/26 development session.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2025/26 this included the following:

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.
- The provision of regular strategic risk register updates to the Performance and Audit Committee with an annual risk register report presented to the IJB.
- A revised Strategic Risk Management Framework was approved by IJB at its meeting on 18 February 2026. The refreshed framework, including reporting format, risk categories and risk appetite, was developed with IJB membership and officers during 2025/26 developments sessions and is being implemented from March 2026.
- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate. Update reports on progress of the Internal Audit Plan were provided at each Performance and Audit Committee.
- The presentation of the IJB's Annual Performance Report.

- The approval of annual Best Value Arrangements and Assessment report providing assurance that governance arrangements and activities were in place to demonstrate best practice.
- Continued development of performance management arrangements with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern, some of which were requested by the committee such as emergency readmission to hospital rates and discharge management on complex and standard delays.
- A process of formal, regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2025/26.
- The provision of regular budget development reports for 2026/27 to the Integration Joint Board.
- The IJB and Performance and Audit Committee minutes continue to reflect the nature of discussion and further agreed actions in addition to the availability of online access to, and recordings of meetings.
- The continued development of an Action Tracker with updates to each IJB and Performance and Audit Committee meeting to monitor progress of previously agreed actions and to provide assurance that actions were implemented as required.
- The establishment of a IJB and PAC report tracker to ensure that relevant assurances are provided on core governance and strategic issues.
- The provision of an assurance report from the Chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- Reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the CCPGG Chair's Assurance Report to each meeting of the Performance and Audit Committee with no major issues reported.
- A Directions Policy setting out the process for formulating, approving, issuing and reviewing directions to Dundee City Council and NHS Tayside. An annual review report detailing Directions issued during the previous year was presented to PAC in May 2025.
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and supporting subsequent action plans.

- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee. Mapping work to develop revised reporting of outstanding Governance Actions has been completed and the next stage to refine and enhance the recording of these actions to show a clear link between source of required action, progress made and actions being taken continues to be developed.
- Assurance provided around the quality of Social Work Services through the annual Chief Social Work Officer's Annual Report.
- Assurances provided regarding arrangements to support the IJB to discharge its duties as a Category 1 Responder through provision of an annual report to the IJB.
- Assurances provided regarding arrangements to support the IJB to discharge its duties under the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 through provision of an annual report to the IJB and subsequent joint publication of a Children's Rights Report with NHS Tayside.
- Assurances provided regarding arrangements to support the IJB to discharge its duties under the Health and Care (Staffing) (Scotland) Act 2019 through provision of an annual report to the IJB and subsequent joint publication with Dundee City Council.
- Reporting of Complaints and Feedback in relation to delegated Health and Social Care services, and continued roll-out of Care Opinion service to enhance capturing of feedback from patients, carers and service users.
- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council as advised through the partner bodies Annual Governance Statements and Annual Internal Audit Reports and relevant internal and external audit reporting.
- The provision of an annual report from the Performance and Audit Committee to the Integration Joint Board meeting on 20 August 2025 in relation to the PAC's activities during the year 2024/25.

Review of Adequacy and Effectiveness

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

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

The review of Dundee City Integration Joint Board's governance framework is supported by a process of self-assessment and assurance certification by the Chief Officer. The Chief Officer completes a "Self-assessment Checklist" as evidence of review of key areas of the Integration

Joint Board's internal control framework. The Senior Management Team has input to this process through the Chief Finance Officer. There were no significant internal control issues identified by the self-assessment review.

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

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

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

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

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

The Scottish Government Directorate for Mental Health advised NHS Tayside on the 22nd August 2024 that they proposed to provide enhanced support for Psychological Therapies which is hosted by Dundee Health and Social Care Partnership in Tayside as lead partner. This was due to an increase in waiting lists and a decrease in performance against the waiting times standard which had decreased from 93.6% in December 2021 to 70.9% in March 2024. The aim of the enhanced support was to achieve a decrease in the number of those waiting over 18 weeks, and improvement in performance against the standard and improvement in the integration of psychological therapies with wider mental health services. The reduction in performance was largely driven by available workforce and pressures on financial resources. In response, a local delivery plan has been developed and submitted to the Scottish Government which includes ongoing targeted recruitment activity to increase the workforce. There has been a gradual improvement in performance to 82.6% for the waiting times standard as at December 2025.

The IJB moved into Financial Recovery in August 2025 following financial monitoring reporting that the projected overspend for 2025/26 would exceed the Financial Plan for the year, and (without action) would have also fully utilised the IJB's General Reserves as well as requiring additional funding from the Partner bodies to cover the gap. The move into Financial Recovery is laid out in the IJB's Scheme of Integration. The plan implemented measures and actions needed to deliver in-year financial recovery and ongoing financial sustainability. The Year End financial position showed signs of improved financial performance during the remainder of the year as a result of implemented controls, however this was partially off-set by additional unanticipated and one-off expenditure in-year.

A national report from the Accounts Commission titled "Integration Joint Boards' Finance Bulletin 2024/25" was published in February 2026 highlighting the continued precarious

financial conditions faced by IJB's across the country as a result of increasing demand, complexity of care and workforce difficulties and characterised by overspending, depletion of reserves and reliance on one-off savings. The report emphasised the urgent need for whole-system reform through work with partners in NHS and councils.

Previously proposed legislation to introduce a National Care Service (Scotland) was amended with revised proposals published in January 2025, with the renamed Care Reform (Scotland) Act being passed in June 2025. While many of the formal legislative changes are no longer being progressed, there remains a national desire to pursue social care reform through advisory frameworks, co-design initiatives and national service improvement bodies.

National strategic documentation was published during 2025/26 for health and care services – NHS Scotland Operational Improvement Plan, Health and Social Care Service Renewal Framework 2025-2035 and Scotland's Population Health Framework 2025-2035.

The Performance and Audit Committee was presented with Internal Audit report D04-25 Annual Report combining this with Internal Control Evaluation D03-25 in June 2025 as part of Internal Audit Plan 2024/25. Fieldwork is complete for Lead Partner Services report (D05-25) with the report anticipated soon.

As part of the 2025/26 Internal Audit Plan, the Internal Control Evaluation (D03-26) and Annual Report (D04-26) are scheduled to be issued in June 2026. Early work has been undertaken for Partner Body Support Services report (D05-26).

The IJB continued to enhance its work around risk management through continuous reviews of the IJB's Strategic Risk Register at meetings of the Performance and Audit Committee. This led to identification of new risks, review of emerging and escalating risks from wider political, financial and strategic implications through horizon scanning and the removal of other risks no longer considered relevant or subsumed within other risks. Development sessions continued during 2025/26 to develop the IJB's assessment of its risk appetite. An updated Strategic Risk Management Framework was approved in February 2026, with strategic risks now being categorised and reported under 1 of 5 headings – Compliance / Legislative / Regulatory; Reputational; Performance / Quality; Financial; or Workforce. The IJB's High risk areas are Financial Sustainability, Property Infrastructure, Public Sector Reform, Increased Service Demand and Digital Infrastructure. The first review of the new reporting format was presented to PAC on 20 May 2026.

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

Following on from the agreement of the revised Integration Scheme in December 2022, the IJB has developed and adopted a Directions Policy which will enhance the governance, transparency and accountability between the IJB, Dundee City Council and NHS Tayside by clarifying responsibilities and relationships and support the IJB in exercising its legal powers to ensure the IJB's Strategic Commissioning Plan is delivered. This was approved by the IJB in April 2023. An Annual Review of 2025/26 Directions issued by the IJB to provide assurance that these have been issued and implemented appropriately was undertaken by PAC on 20 May 2026.

An updated Dundee Health and Social Care Partnership Workforce Plan 2025-2028 was presented and approved by the IJB at its June 2025 meeting. This incorporated feedback and findings from an Internal Audit report as well as published national guidance. At the same meeting, the IJB also reviewed and approved the first statutory annual report in relation to Health and Care (Staffing)(Scotland) Act 2019 (where the content related to delegated functions) covering all aspects of social care and social work services. The content also

covered non-delegated functions and therefore required joint review and approval from both Dundee IJB and Dundee City Council prior to publication.

Dundee ADP oversees the ongoing local implementation of national Medication Assisted Treatment (MAT) Standards. The 4th annual benchmarking report was published in summer 2025, covering progress to April 2025. Dundee continues to make good progress each year, with grading of Green for all 9 MAT standard.

Joint reporting arrangements for Tayside Lead Partner services have been enhanced during 2025/26 between Officers of the 3 Health and Social Care Partnerships, with the first annual joint report presented to the IJB in December 2025 (and similarly to Angus IJB and Perth and Kinross IJB).

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

The Chief Internal Auditor has carried out a review of the adequacy and effectiveness of the Integration Joint Board’s framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2025/26 presented to the IJB meeting of the 24 June 2026 which supports the outcome of Dundee City IJB’s self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board’s governance arrangements and systems of control for 2025/26.

Continuous Improvement

The following areas for continuous improvement have been identified through the self-assessment process, the Governance Action Plan and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2026/27.

Area for improvement	Lead Officer	Target Completion Date	RAG Status
Reporting on workforce issues including the Integrated Workforce Plan as well as the partnership forum.	Chief Officer	December 2026	
Further development of improved joint annual reporting of Lead Partner Services arrangements around risk and performance management for lead partner services.	Chief Finance Officer	December 2026	
Ongoing development of performance reporting information into a delivery plan framework to ensure the HSCP fulfils its remit in delivering the direction of travel within the IJB’s Strategic Commissioning Framework.	Chief Finance Officer	October 2026	
Further implementation the recommendations from the Internal Audit Review of Performance Management arrangements	Chief Finance Officer	September 2025 December 2026	

Following agreement to retain and revise the IJB's existing Strategic Plan, review and further develop Performance Measures for implementation	Chief Finance Officer	October 2026	
Review and update IJB's Directions Policy	Chief Officer	October 2026	
Fully implement the recommendations from the Internal Audit Review of Viability of External Providers	Chief Finance Officer	December 2024 December 2026	
Review and streamlining of outstanding items on Governance Action Plan	Chief Finance Officer	October 2026	
Improvements to response timescales for Complaints, while continuing to ensure robust investigations are undertaken	Chief Finance Officer	November 2026	
Improvements to Adverse Events investigation, response and implementation timescales	Chief Finance Officer	November 2026	
Regular assurance reporting to be provided to IJB on Whistleblowing from Dundee City Council and NHS Tayside to reflect any areas of concern to IJB	Chief Finance Officer	September 2026	
Annual report to PAC detailing Directions issued, in line with Directions policy	Chief Officer	May 2026	
Continued enhancement of Financial Monitoring reports to provide details of financial performance against plan, progress towards delivery of savings targets and return to financial sustainability	Chief Finance Officer	October 2026	
Improvements to Transformation Programme Oversight, including wider Whole System Transformation, to be enhanced	Chief Finance Officer	September 2026	
Annual review of Strategic Risk Appetite by IJB Members	Chief Finance Officer	October 2026	

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

Conclusion and Opinion on Assurance

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

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

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

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Dundee City Integration Joint Board

Annual Accounts

**Unaudited
2025-26**

Dundee City Integration Joint Board

Unaudited Annual Accounts 2025-26

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Introduction

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

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

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

This publication contains the financial statements for Dundee City Integration Joint Board for the year ended 31 March 2026. The Management Commentary highlights the key activities carried out to date and looks forward, outlining the anticipated financial outlook for the future and the challenges and risks facing health and social care services over the medium term.

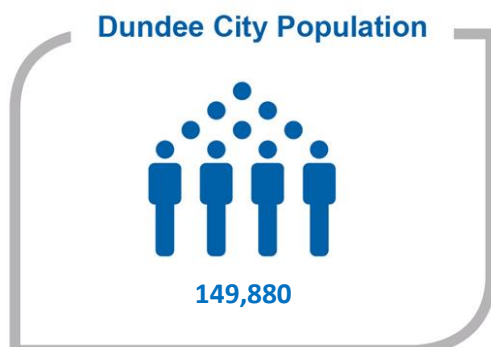
Role and Remit of Dundee City Integration Joint Board

Dundee City Integration Joint Board has responsibility for planning and providing defined health care and social care services for the residents of Dundee encompassing an area of 60 square kilometres and a population of around 150,000. These services are provided in line with the Integration Joint Board's Strategic Commissioning Framework 2023-2033 which can be found here: [Planning for Excellence in Health and Social Care | Dundee Health and Social Care Partnership \(dundeehscp.com\)](#)

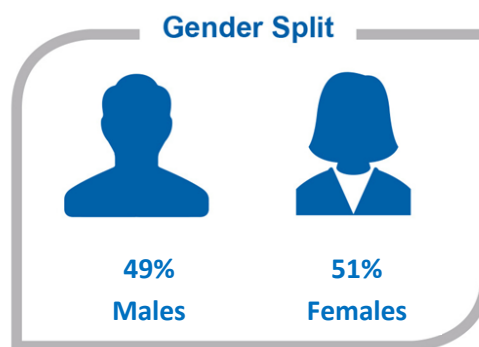
Population, health and deprivation impact directly on demand for health and social care services and can often result in higher support levels being required. Dundee has high levels of inequalities within the city with significant variances across locality areas, driven by high levels of deprivation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

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

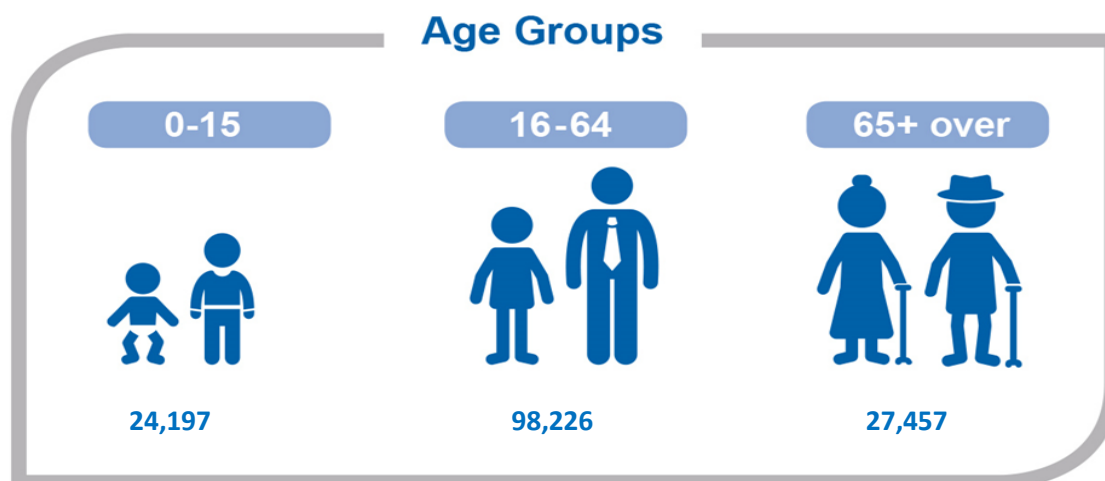
POPULATION PROFILE AND PROJECTIONS



(Source: [National Records of Scotland](#), 2025)



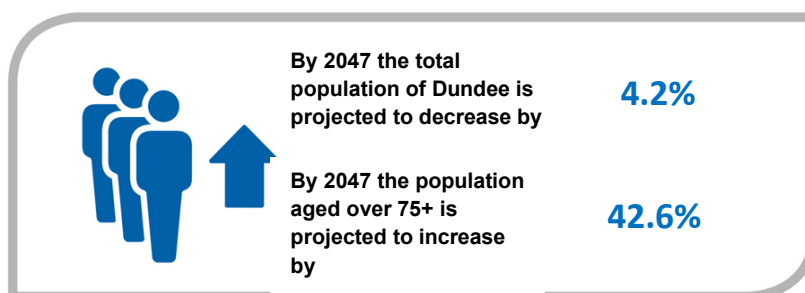
(Source: [National Records of Scotland](#), 2025)



(Source: [National Records of Scotland](#), 2025)

Projected Population

Like other parts of Scotland, Dundee is expected to see a significant rise in the number of older people with an increase of **42.6%** in those over 75 anticipated over the next 21 years.



Life Expectancy

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



Female Life Expectancy at Birth – 79.6 years
(compared to 81.1 for a Scottish female, a difference of 1.5 years)

Male Life Expectancy at Birth – 75.3 years old
(compared to 77.2 years for a Scottish male, a difference of 2 years)

(Source: [NRS Life Expectancy in 2021-23 by Council Area Scotland](#))

Deprivation

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



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

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

Drug Admissions



Dundee has the highest drug related hospital admissions.

Dundee – **346.9** per, 100,000 population (3 year rolling average 22/23 to 24/25)

Scotland - **164.3** per 100,000 population

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

Homelessness



1,377 households assessed as homeless in 2024/25

45% of households have at least one identified support need

(Source: *Homelessness in Scotland 2024 to 2025, Scottish Government*)

Physical Disability



14922 (16+ popn) people in Dundee identified themselves as having a disability or long-term condition that limited their day to day activities a lot

12% of Dundee's population

(Source: *Census 2022, scotlandscensus.gov.uk*)

Membership of Dundee City Integration Joint Board

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

The table below notes the membership of Dundee City Integration Joint Board in 2025/26:

Voting Members:

Role	Member
Nominated by Tayside Health Board (Chair/Vice Chair)	Bob Benson (Vice Chair from 23/10/2024)
Nominated by Tayside Health Board	Colleen Carlton
Nominated by Tayside Health Board	David Cheape
Councillor Nominated by Dundee City Council (Chair)	Councillor Ken Lynn (Chair from 23/10/2024)
Councillor Nominated by Dundee City Council	Councillor Dorothy McHugh Bailie Helen Wright (Proxy member)
Councillor Nominated by Dundee City Council	Councillor Siobhan Tolland Councillor Roisin Smith (Proxy member) Councillor Lynne Short (Proxy member)

Non-voting members:

Role	Member
Chief Social Work Officer	Glyn Lloyd (Dundee City Council)
Chief Officer	Dave Berry (Acting from 17/01/2024; permanent from 30/05/2025)
Proper Officer Appointed under section 95 (Chief Finance Officer)	Christine Jones (Acting from 17/01/2024)
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Dr David Wilson
Registered nurse who is employed by the Health Board	Jayne Smith (from October 2025, vacant prior to this date)
Registered medical practitioner employed by the Health Board and not providing primary medical services	Dr Sanjay Pillai
Staff of the constituent authorities engaged in the provision of services provided under integration functions	Raymond Marshall (NHS Tayside Staff Side Representative) Jim McFarlane (Dundee City Council Trade Union Representative)
Director of Public Health	Vacant
Clinical Director	Dr David Shaw

Third Sector Representative	Christina Cooper
Service user residing in the area of the local authority	Nicola Stevenson (from 18 February 2026, vacant prior to this date)
Persons providing unpaid care in the area of the local authority	Martyn Sloan

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

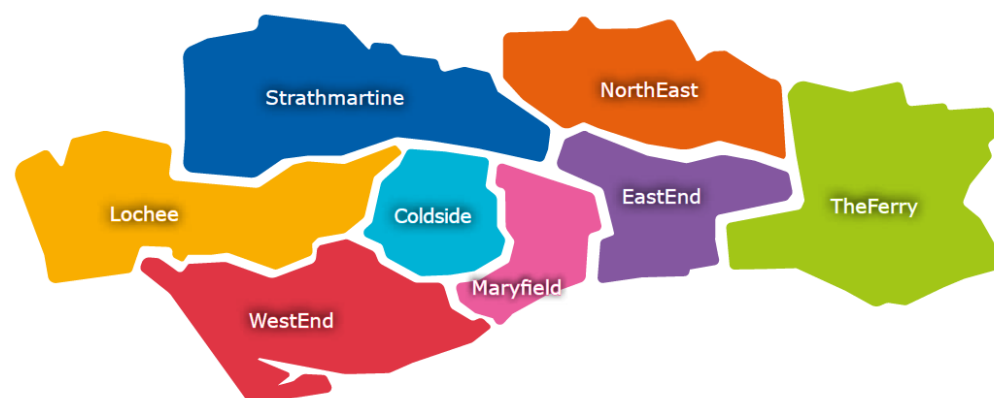
Through 2025/26, continuing interim and contingency arrangements to support and supplement the senior leadership team were in place. Acting Chief Officer, Acting Chief Finance Officer and Acting Head of Service, Strategic Services posts commenced on 17th January 2024. The Acting Chief Officer was permanently appointed to the post of Chief Officer from 30th May 2025, while other Acting arrangements continued through 2025/26.

Operational Delivery Model

During 2025/26, Dundee Health and Social Care Partnership's operational delivery model continued to embed a model of fully integrated health and social care services to support the delivery of the Dundee City Integration Joint Board's strategic priorities. The overall responsibility for the delivery of operational services falls with two Heads of Service with one focusing on older people's pathways and the other adult services, including mental health and drug and alcohol use. Service managers below this level have responsibility for both council and NHS services as part of their integrated portfolios with a specific focus on service user categories (e.g. older people, mental health).

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

Map of Eight Local Community Planning Partnership Areas



Scrutiny and Performance

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

Throughout 2025/26, the Integration Joint Board's Performance and Audit Committee received performance reports which quantified Dundee's health and social care challenges in relation to baseline data. This compared a range of performance indicators, designed to capture the progress made under integration over time. The reports include nationally and locally set indicators, the locality level data helps to assist the Dundee City Integration Joint Board to determine the areas of greatest need and to inform the targeting of resources. Reflected in Table 2 is Dundee's 2025/2 performance measured and compared against a range of national indicators. Further information regarding the performance of Dundee Integration Joint Board can be found within the 2025-26 Annual Performance Report ([DHSCP Annual Performance Report 2024/25](#) – updated link to be inserted once 2025/26 Report available)

The work of the Performance and Audit Committee over the 2025/26 financial year also informs the Annual Governance Statement set out within these annual accounts.

Table 2

National Indicator	Dundee 20/21 (Baseline Year)	Dundee 2023/24	Dundee 2024/25	Dundee 2025*	Scotland 2025*
Emergency admissions rate to hospital per 100,000 people aged 18+	11,645	14,550	15,410	15,715	11,462
Emergency bed days rate per 100,000 people aged 18+	95,419	118,167	109,184	99,393	106,455
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	152	150	143	148	104
Falls rate per 1,000 population aged 65+	31.5	35.5	35.3	35.2	22.9

Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (Delayed Discharge bed days)	327	411	245	250	925

*calendar year data

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

Operations for the Year

During 2025/26, Dundee Health and Social Care Partnership (DHSCP) continued to deliver a wide range of essential services within a challenging operational and financial environment. The Partnership demonstrated ongoing financial management through its continued delivery of the Financial Recovery Plan, incorporating strengthened financial controls, enhanced monitoring and reporting, proactive service-level cost management, and the use of reserves and transformation funding.

Demand across services remained consistently high, alongside increasing complexity of need and sustained workforce pressures. In response, services continued to adapt and evolve, maintaining a clear focus on timely, safe and person-centred care. This included ongoing work to improve outcomes, strengthen service delivery models and maximise the effective use of available resources.

These operational improvements have supported more efficient use of resources, reduced reliance on high-cost care settings and contributed to delivery of the Partnership's financial recovery objectives during the year.

Discharge Without Delay and Care at Home

A delayed discharge is defined as a patient who is clinically ready to leave hospital but continues to occupy a bed. Reducing delayed discharges and improving patient flow remained a key strategic priority during 2025/26. The Integrated Hospital Discharge Team has played a key role in improving discharge processes through coordinated, early planning and a pathway-based approach aligned to community clusters. This has enhanced communication with patients and families and supported safer, more timely transitions home.

Significant progress has been achieved through:

- Strengthened multidisciplinary teams working across health and social care
- Fully embedding Integrated Discharge Teams across hospital and community settings
- Continued implementation of Discharge to Assess approaches
- Increased focus on community capacity to support timely discharge

As a result, over 98% of discharges now occur without delay and the remaining delays are increasingly linked to complex individual circumstances rather than care capacity issues.

The success of the Integrated Hospital Discharge Team has been formally recognised through the NHS Tayside STAR Awards, where the team received a Silver Award in the Support Team category. This accolade highlights the team's commitment to excellence, collaboration, and

their significant contribution to improving patient experience across Dundee. The service continues to attract national interest from other Boards and Health and Social Care Partnerships who are trying to replicate the model within their own areas. This approach has been adopted as a directive within the Scottish Government Operational Improvement Plan.

As part of the wider Discharge Without Delay Programme throughout 2025/26, additional advanced nursing practitioners were recruited to work across the inpatient and community settings to further strengthen the whole system frailty pathway. Frailty at home testing also extended their working hours as part of the Optimising Access workstream and there was continued promotion of the early intervention and prevention approach. Patient numbers continue to rise as a means of preventing hospital admissions for frail older people, contributing to the continuing shifting of the balance of care further into community settings. With a growing proportion of individuals now being discharged earlier to return home safely and maintain independence, the Dundee & Angus Joint Equipment Store has also continued to grow while delivering cost efficiencies through reuse and sustainable service delivery. Throughout 2025/26 demand for equipment increased by 5% and despite the loan duration increasing by 11%, the service continued to have higher reissue and recycling rates than the previous year (70% & 84% respectively).

Alongside this, continued analysis of Resource Matching Unit (RMU) data has strengthened understanding of the relationship between demand, capacity and unmet need. Continued emphasis on partnership working led by RMU ensures capacity across the social care system is utilised as effectively as possible, prioritising those with greatest assessed need.

Physiotherapy and Occupational Therapy Services

During 2025/26, Physiotherapy and Occupational Therapy services progressed a programme of service pathway redesign aimed at improving patient flow, enhancing access, and supporting delivery of care within community settings. The redesign focused on developing a more integrated, multidisciplinary model, enabling closer working across health and social care teams and a more coordinated approach to assessment, intervention and discharge planning.

A central aspect of the redesign has been improving access to therapy at the earliest possible stage. Revised referral and triage processes have supported earlier assessment and prioritisation, ensuring individuals receive the right support at the right time. Alongside this, there has been a continued shift towards community-based delivery, reducing reliance on hospital services and supporting people to remain independent within their own homes.

Rehabilitation pathways have been redesigned across both hospital and community settings, enabling earlier assessment, stronger integration and expansion to seven-day working. These improvements have supported more timely discharge decisions, reduced waiting times and improved patient outcomes, contributing to sustained high levels of same-day and early discharge, and reduced hospital length of stay. Waiting times within the community setting for both Occupational Therapy and Physiotherapy has reduced to approximately two weeks from a much longer wait.

In addition to this, a leadership structure review was carried out, resulting in the integration of community, outpatient, and acute leadership arrangements into a single, cohesive service. This has strengthened governance, improved alignment across pathways, and enhanced system-wide working.

Mental Health and Learning Disabilities

Dundee Health and Social Care Partnership continue to demonstrate sustained progress in strengthening a coordinated, partnership-led approach to mental health, learning disabilities and wellbeing. This is underpinned by effective governance, robust strategic planning and strong multi-agency collaboration.

Through the Mental Health Strategic Planning Group (MHSPG), the Partnership is progressing a revised Model of Care in collaboration with NHS Tayside and external expertise. This work is focused on reducing waiting times, improving care pathways and delivering more integrated, person-centred services.

Dundee continues to face significant health inequalities which impact mental health outcomes, including high levels of deprivation, poverty, unemployment and insecure housing. In response, a large stakeholder engagement event was held in April 2025, bringing together a broad range of partners from across the city. Using a structured “you said, we did” approach, participants reviewed progress to date, identified gaps and helped shape future priorities.

A series of themed sessions explored key areas including health inequalities, workforce development, care pathways and service accessibility. The outputs from this engagement have informed and continue to underpin the co-production of the Mental Health strategic plan.

Learning Disability Health Checks

The Dundee HSCP has made continued progress in the roll out of the Learning Disability Annual Health Check programme during 2025/26.

A hybrid delivery model has been successfully introduced, combining nurse-led clinics with a GP-enabled register, providing a flexible and scalable foundation for future delivery. A central register of approximately 1,400 eligible individuals has been established and maintained within GP systems, improving identification and targeting of the population.

During the year, 197 annual health checks were offered, with 144 completed, representing an uptake of 73% and demonstrating meaningful progress in embedding the programme operationally. This activity has supported improved access to healthcare, with 61 (42%) onward referrals made across a wide range of services.

Work has also focused on improving engagement with national screening programmes. Through collaboration with Public Health, data sharing on attendance and non-attendance has enabled greater understanding of barriers to access and informed service improvements.

Mental Health - Joint Inspection of Adult Services

Throughout 2025/26, the Care Inspectorate and Healthcare Improvement Scotland undertook a joint inspection focussing on adults living with mental illness and their unpaid carers to assess how integration supports people's experiences and outcomes. Dundee Health and Social Care Partnership was the seventh HSCP inspected and the fourth where the focus was on people living with mental illness.

The inspection gathered feedback from 60 individuals living with mental illness and 16 carers, alongside staff engagement through face-to-face discussions and surveys, supported by wider service user feedback.

Overall, the inspection confirmed strong performance, with seven of nine indicators above the Scottish average. Most individuals reported positive experiences of high-quality care, contributing to improved quality of life.

A key strength identified was the Partnership's focus on early intervention and prevention, underpinned by a broad range of accessible, community-based and direct access services operating through a "no wrong door" approach. Services are designed to be responsive across the whole system, including provision for individuals with mental health needs and learning disabilities.

Innovative developments such as Hope Point, a 24/7 mental health and wellbeing service, provide immediate, compassionate, peer-led support through strong multi-agency pathways. The service has received national recognition, including inclusion in the Scottish Government's *Safe Spaces* report and receipt of the *Policing Partner of the Year Award 2025*, reflecting its impact on crisis response and partnership working.

Co-production and lived experience are embedded across services, particularly within learning disability provision, where the expansion of peer support networks has strengthened engagement, recovery outcomes and contributed to service design and pathways into employment.

Strong partnership working across NHS, local authority and third sector providers continue to support a holistic, person-centred approach, reinforced by robust commissioning arrangements, which were evaluated as 'Very Good'.

Progress has also been made in strategic alignment, with the Dundee Mental Health and Wellbeing Strategic Plan nearing completion and aligned with wider Tayside priorities, alongside ongoing delivery of the Learning Disabilities Transition Programme. Work to address inequalities has further strengthened using impact assessments, improved outcome measures and ongoing community research.

Financial and service sustainability has been supported through the development of a Mental Health Financial Framework, aligned to both the Learning Disabilities Transition Programme and the Adult Mental Health Model of Care. This model promotes an integrated, person-centred approach focused on prevention, early intervention and community-based support.

The inspection highlighted positive outcomes, with individuals reporting they were well supported to manage their mental health. The range of services available was recognised as valuable in supporting wellbeing and independence.

Overall, Dundee HSCP has demonstrated a robust and evolving system for mental health and learning disability services, with strong foundations in prevention, partnership working and person-centred care, and progress continues towards sustainable, community-focused service delivery.

Suicide Prevention

Dundee HSCP continues to progress a coordinated, multi-agency approach to suicide prevention through delivery of the Creating Hope Together in Dundee 2024–2026 Suicide Prevention Plan. This sets out a shared vision to ensure that individuals experiencing suicidal thoughts, and those affected by suicide, can access timely, compassionate and appropriate support, underpinned by strong partnership working and lived experience engagement.

Suicide prevention activity is embedded across the wider mental health system and reflects a whole-system, prevention-focused approach. This includes strengthening community awareness and reducing stigma, improving early identification of risk, and ensuring access to responsive support pathways.

Innovative services such as Hope Point contribute to this approach by providing 24/7, peer-led support for individuals in distress, including those experiencing suicidal thoughts, helping to reduce crisis escalation and connect people to wider services.

A key achievement at Hope Point this year was the launch of the Suicide Bereavement Peer Practitioner Support service. This is a specialised support service delivered by Peer Mental Health & Wellbeing Practitioners with lived experience of bereavement by suicide. The support is free of charge to people living in Dundee, aged 16+, who have recently experienced a bereavement by suicide. This support can also be offered to families whose bereavement occurred in Dundee.

In addition to this, in 2025 a 'Dundee Suicide Prevention Week' was held whereby the following activities were carried out:

- A series of campaign films were launched featuring some of the people involved in the suicide prevention activities in Dundee.
- Public information stalls were held to help raise awareness of supports and reduce stigma.
- Workshops were delivered to support others to identify when someone may be at risk of suicide and provide a compassionate response.
- On street campaign posters across the city were displayed to raise awareness
- Supported the launch of 'Enabling Conversations', a new resource for young people to help them talk to others about suicide.
- A flash mob in the city centre to encourage more people to have conversations about suicide.

In February 2026, a new one-year men's mental health project was launched to gain insight into what it is like to be a man living in Dundee in relation to mental health and wellbeing. The first phase was a public survey which closed towards the end of March 2026. The In Yir Heid men's mental health and wellbeing survey received a total of 338 responses, 225 were from men living in Dundee. Responses are now being analysed ahead of the next phase which is to engage with groups of men across the city to build further insight.

Distress Brief Intervention Service (DBI)

The Tayside Distress Brief Intervention Service (DBI) was initially launched in April 2022 and transitioned to local teams from April 2025. The Dundee DBI service has a team of Mental Health & Wellbeing Peer Practitioners who deliver local, timely and collaborate. During 2025/26, 926 referrals were received, an increase of 8% on the previous year. Referrals continue to increase due to the referral pathways being opened for additional GP surgeries, more Police officers being trained and the service being more embedded for Level 1 colleagues. The service successfully managed to contact 58% of people referred within 24 hours, with Practitioners attempting to contact 100% of the referrals within 24 hours. The engagement with the DBI has remained at a high level with 79% who did engage, 78% ended their service with a planned discharge. The service has 8% of people still in active support and only 13% of referrals did not respond to contact attempts.

Drug and Alcohol Services

Dundee Alcohol and Drug Partnership (ADP), working within the Dundee Health and Social Care Partnership, has demonstrated significant progress in strengthening a coordinated, partnership-led approach to substance use services. This is reflected in the continued green scoring for all Medication Assisted Treatment (MAT) standards in Dundee.

Dundee continues to show strong delivery of harm reduction interventions, including widespread provision of naloxone, overdose prevention advice, and partnership working with community pharmacies. These approaches enable more targeted responses to emerging risks such as near-fatal overdoses (NFODs) and continued implementation of Medication Assisted Treatment standards, reflecting strong alignment with national priorities and a commitment to improving outcomes for individuals. Training has been delivered to staff members and the option to carry Naloxone for those who have received the training has been rolled out.

A key achievement is the shift towards community-based and outreach delivery models, with services increasingly operating across multiple locations rather than from single sites. This has improved accessibility and engagement, supported by co-location arrangements, outreach activity, and strengthened links with mainstream services, enabling individuals to access support in settings that meet their needs.

Partnership working is a significant strength across Dundee, with strong collaboration between statutory and third sector partners. This is particularly evident within the rehabilitation and recovery pathway, where organisations are working together effectively to support individuals through residential rehabilitation and ongoing community recovery, including peer support networks and self-management and recovery training (SMART). SMART Recovery is a structured, group-based programme that supports individuals to develop self-management skills, build resilience and sustain recovery, through evidence-based techniques and peer-supported learning.

The system also demonstrates increasing use of lived and living experience to inform service design and improvement, with examples of co-production and peer-led recovery activity contributing to new initiatives such as dedicated support hubs.

DDARS (Drug and Alcohol Recovery Services) maintained strong performance as one of the top performing HSCPs throughout the year, with 90.9% of individuals commencing treatment within three weeks of referral, meeting the national standard of 90%.

Ongoing service developments have included a strategic shift from Drug Testing and Treatment Orders (DTTOs) towards Community Payback Orders (CPOs). DTTOs are court-mandated orders focused primarily on structured drug treatment and regular testing for individuals with more complex dependency needs, whereas CPOs provide a broader, more flexible community justice approach that combines supervision, rehabilitative support and unpaid work requirements.

This shift reflects a greater emphasis on recovery-focused practice and person-centred rehabilitation, enabling more tailored support and improved engagement. Long-acting treatments such as Buvidal remain the preferred first-line option, reflecting their effectiveness in improving clinical outcomes and enhancing quality of life through a reduced treatment burden.

Collectively, these changes have contributed to stronger service user engagement, improved outcomes and more efficient and sustainable service delivery.

Transformation of Services

Transformation activity in 2025/26 across NHS Tayside and the Dundee Integration Joint Board focused on delivering system-wide change to improve sustainability, service quality and outcomes.

Key priorities included shifting the balance of care from hospital to community settings, improving patient flow through initiatives such as Discharge Without Delay and Hospital at

Home, and progressing whole-system redesign programmes, including Mental Health and Learning Disabilities services.

Transformation activity was supported by ongoing workforce redesign, service rationalisation and increased use of digital solutions, with a continued emphasis on prevention, integration and long-term financial sustainability.

Good progress was made in developing and implementing efficiency measures, strengthening financial controls, and advancing service redesign proposals. However, this progress was delivered within a challenging context of sustained service demand, workforce pressures and system-wide dependencies. Continued high demand within care at home and mental health and learning disability services impacted the pace at which transformational change could be realised.

As a result, while transformation has delivered important system improvements and laid strong foundations for future change, further work is required to fully achieve sustainable service models and financial balance in the medium to long term.

Learning Disabilities Transition Programme

As part of the Tayside Learning Disabilities Inpatient Transition Programme, the new Learning Disability Assessment Unit at Murray Royal Hospital opened during the year, marking completion of the first phase of the programme. Staff and patients were successfully transferred from the former unit at Carseview Centre to the newly refurbished Rannoch Ward in March. The move was carefully managed with support from Dundee HSCP staff and services to ensure continuity of care and a safe transition for patients.

The new facility provides a significantly enhanced therapeutic environment, including access to sensory spaces, gym equipment, outdoor areas and improved accommodation. In addition, the co-location with psychology, occupational therapy and wider multidisciplinary teams supports a more integrated approach to assessment, treatment and ongoing care, improving the overall patient experience and clinical outcomes.

Palliative Care Strategy

Progress towards delivering the Tayside “Palliative Care Matters for All (2025–2030)” has been positive during 2025/26, with significant developments in strategic planning, governance, and partnership working across Tayside. A draft local strategy was developed and key programme infrastructure established. Implementation remains at an early stage, with further work required to finalise delivery plans, strengthen data and performance frameworks, and realise the full benefits of service transformation.

The draft strategy went from concept of service redesign into formal system-wide planning in September 2025 when the plan was circulated for consultation. 2025/26 represents the initial mobilisation phase of the strategy. The establishment of a Tayside Together Palliative Care Steering Group, Public Partner Engagement Group as well as the appointment of a Managed Care Network Manager materialised throughout the year.

NHS Scotland National Frameworks

During 2025/26, NHS Tayside and the Integration Joint Board (IJB) progressed delivery of the NHS Scotland Operational Improvement Plan, Population Health Framework and Health and Social Care Service Renewal Framework through a continued focus on improving access, shifting the balance of care and strengthening prevention.

Waiting times improved across services through increased activity and better patient flow, while expanded primary care and community services—including Pharmacy First, Hospital at Home, improved frailty pathways and Discharge Without Delay—supported more care closer to home.

Digital transformation was advanced through the Athena Command Centre and wider service modernisation, including increased use of Near Me consultations to improve access and operational decision-making.

Prevention and early intervention were further embedded through integration into planning and targeted public health actions, contributing to improved outcomes, reduced delayed discharges and lower pressure on hospital services. Progress was also supported by expansion of multidisciplinary teams, improved care coordination, strengthened intermediate care, modernised pathways and enhanced unscheduled care resilience, underpinned by workforce development, digital innovation and strong partnership working to deliver a more integrated, community-based and sustainable system.

Analysis of Financial Statements 2025/26

The Annual Accounts report the financial performance of Dundee City Integration Joint Board. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the Dundee City Integration Joint Board for the delivery of its vision and its core objectives. The requirements governing the format and content of local authorities' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom. The 2025/26 Accounts have been prepared in accordance with this Code.

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

The 2025/26 Annual Accounts comprise: -

- a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall deficit of £5,854k in 2025/26 (deficit of £6,078k in 2024/25) on the total income of £376,444k (£357,361k in 2024/25).
- b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £5,880k (£11,735k in 2024/25). The level of reserves falls out with the Dundee City Integration Joint Board's reserves policy of 2% of budgeted resources. Reserves were applied during the year to cover outstanding liabilities to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board.
- c) Balance Sheet – In terms of routine business Dundee City Integration Joint Board does not hold non-current assets.
- d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

The Annual Accounts for 2025/26 do not include a Cash Flow Statement as Dundee City Integration Joint Board does not hold any cash or cash equivalents.

Financial Position at the End of March 2026

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

	NHS Tayside Funding £000	Dundee City Council Funding £000
Initial Agreed Funding	146,491	114,308
Additional Pay award	7,231	534
Hospital & Community Health Services	11,203	
Family Health Services Drugs Prescribing	453	
General Medical Services	35,469	
Family Health Services – Cash and Non-Cash Limited	25,967	
Net Effect of Hosted Services	9,431	
Large Hospital Set Aside	23,201	
Social Work & Social Care Funding		2,157
Revised Partners Funding Contribution	245,083	116,999

The IJB reported a year end underlying operational overspend of £5,659k for 2025/26. The unplanned additional overspend of £6,235k has been funded by use of the remaining general reserve (£644k), decommitment of previously earmarked reserves under financial recovery arrangements (£925k) and implementation of the financial risk sharing arrangement set out within the [Dundee Health and Social Care Integration Scheme](#).

In the event of any overspend within the delegated budget, after the application of a financial recovery plan and use of IJB reserves, NHS Tayside and Dundee City Council become liable to split the deficit based on each party's proportionate contribution to the IJB's budget for that financial year. Under this arrangement, NHS Tayside became liable to make a further contribution of £2,227k and Dundee City Council liable to make a further contribution of £1,864k.

Within Dundee City Council delegated services, the teams continue to see a high level of vacancies because of recruitment and retention challenges due to a continuous underlying level of staff turnover, which has resulted in use of agency, overtime and sessional staff where necessary with a total of £3,070k spent over 2025/26. Due to the ageing population as well as national priority to reduce delayed discharge levels, increased demand for community services continues to be seen, which creates additional pressure to support people in a community setting within budget. Care at Home continues to be a high-pressure area and efforts to drive efficiencies in externally commissioned care at home service has improved the financial position as the year has progressed but not as much as planned with the overspend for the service totalling £3,815k for the year. However, it should be recognised that the increased Care at Home activity is a strategic priority of the IJB through shifting the balance of care and has had a beneficial impact for both patient care and whole-system services in Tayside through significant and sustained reductions in delayed discharge, as well as reducing unmet

need for service users in the community awaiting packages of care and minimising unnecessary hospital admission. Additional pressures also continue to be recognised in other adult services, predominantly to support adults with increasingly complex health and care needs where packages of care and supported accommodation can incur significant costs.

Similarly, the underspend within the NHS delegated service also relates to recruitment and retention issues, with ongoing reliance on supplementary staffing with spend totalling £3,323k on bank, over-time and agency during 2025/26. The underspend within the health element of the budget continues to reflect overall efforts to shift the balance of care from in-patient settings to community and homely settings.

The in-year utilisation of Reserves balances within the impact of the overall financial position for integrated services in Dundee for 2025/26 has resulted in the level of reserves held by Dundee City Integration Joint Board decreasing to £5,880k at the year ended 31 March 2026 (£11,735k at the year ended 31 March 2025). This is reflected in the Movement in Reserves Statement.

	Opening Committed Reserves@ 01/04/25	In-Year Reserves Movement	Closing Committed Reserves @ 31/03/26
	£000	£000	£000
Primary Care	1,933	(106)	1,827
Mental Health	240	(240)	0
Drug & Alcohol	926	(541)	385
Service Specific	450	(292)	158
Strategic Developments	1,998	1,139	3,137
Revenue Budget Support	2,429	(2,429)	0
NHST-System Pressure Funding	2,959	(2,586)	373
Other Staffing	155	(155)	0
Total Committed Reserves	11,091	(5,210)	5,880
Plus Uncommitted Reserves	644	(644)	0
Total Reserves	11,735	(6,078)	5,880

The reserve balance of £5,880k at the year ended 31 March 2026 is lower than the planned level of reserve of 2% of the Dundee City Integration Joint Board's net expenditure as set out within its reserves policy. It is important to acknowledge that all of the remaining reserves are committed for specific initiatives linked to the funding streams detailed in the above table and are not available for more flexible use.

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

Key Risks and Uncertainties

Unable to maintain IJB Spend

This year the IJB continued to implement a Financial Recovery plan with the aim of bringing the delegated budget into financial balance by the 2025/26 year-end. The initial budget for the year set out the cost pressures and funding available with a corresponding resultant gap of £17,548k which represents the biggest annual financial savings requirement the IJB has had to make since it was formed in 2016. The scale of the financial gap, coupled with increasing complexity of need, demand and inflationary cost pressures as well as the need to maintain safe and effective care across all delegated functions places a significant challenge on the IJB, Officers and across delegated services. A savings plan was agreed in addition to agreement to utilise reserves to ensure the IJB had a balanced budget position going into the 2025/26 financial year, however, there remained a high risk that the proposed savings and efficiencies will not be deliverable in line with expectations.

The outturn from the first quarter showed the IJB were already not on track to meet the savings requirement. A projected operational overspend of £4,946k was reported after the utilisation of £2,429k from IJB Reserves as agreed at the budget setting meeting in March 2025. The unplanned overspend was reflective of the ongoing challenge to fully deliver the significant level of savings and efficiencies during 2025/26 while also managing demand and performance expectations. A Financial Recovery Plan was approved with enhanced controls and scrutiny measures with Officers and Senior Management continuing to monitor, lead and support service areas to manage and mitigate these pressures and return to overall financial balance.

Under the IJB's Integration Scheme, any overspend that cannot be resolved through financial recovery and use of reserves invokes the risk share agreement with the IJB's Partner Bodies (NHS Tayside and Dundee City Council) to proportionately fund the remaining overspend. With an uncommitted reserve balance of only £644k this provided the IJB with limited flexibility to respond to unexpected financial challenges and resulted in the agreement being implemented in 2025/26.

The IJB has further challenges ahead given the increased cost and demand pressures expected for 2026/27 with no flexibility within the remaining reserves to support the 2026/27 budget position. It is vital that work continues as effectively and efficiently as possible. A detailed overview of efficiencies and initiatives that will be progressed is set out in the 2026/27 Budget paper that was approved by the IJB on 31 March 2026 (Proposed Budget 2026/27 DIJB10-2026)

Recruitment Challenges and Workforce Capacity

Recruitment challenges continued to exist throughout 2025/26 in a range of roles including nursing, medical staff, allied health professionals, social work and social care staff. This can often be exacerbated by corporate processes in partner bodies leading to delays in recruitment. In some instances, the delays or inability to recruit also led to added pressure on the existing workforce and use of bank or agency staff in order to meet demand and/or safe staffing levels. This in turn creates higher absence levels, low morale and poor health and wellbeing within the workforce.

The financial sustainability challenges forcing close scrutiny in workforce numbers and the restricted capacity within the senior leadership structure to effectively support workforce planning has exacerbated these issues and resulted in limited progress in delivering some savings and transformation activity required to implement strategic priorities and shifts. This

lack of progress risks creating poorer outcomes for people with health and social care needs both in the long term and short term.

Restrictions on Public Sector Funding

Continuing restrictions on public sector funding impact on both Local Authority and NHS budget settlement therefore impacting on the ability to provide sufficient delegated funding required to support services by the IJB.

Care Reform (Scotland) Bill - National Care Service proposals

The National Care Service (Scotland) Bill proposed the establishment of the National Care Service with legislation progressing through Scottish Parliament in recent years. The general principles passed in Stage 1 will ensure greater transparency in the delivery of health and social care, improve standards, strengthen the role of the workforce and provide better support for unpaid carers. Like other bodies, significant concerns had been raised around the content of the bill in terms of scope and financial implications of the legislation. The Scottish Government's decision in January 2025 to revise the Bill removed several key elements from the legislation, including the proposal to reform IJBs. The renamed Care Reform (Scotland) Act was passed in June 2025 and still contains several enhancements to social care provision. While many of the original changes are no longer being progressed through legislation, there remains a national desire to pursue social care reform through advisory frameworks, co-design initiatives and national service improvement bodies.

The Cost-of-Living Crisis

The higher levels of inflation, fluctuating energy prices and changes to benefits continue to fuel the cost-of-living crisis into 2025/26, the effects of which were felt by both service users and staff. The crisis has invariably resulted in increased poverty within the city and increased health inequalities that already existed within the population. This has been heightened by the war in Iran which has caused the largest jump in petrol and diesel prices in over 3 years. As a result, the UK inflation rate once again rose towards the end of the 2025/26 leaving more people feeling worse off financially and is expected to rise further throughout 2026/27. The deteriorating health of the population due to personal financial struggles along with the reduced availability of financial resources within the Health and Social Care Partnership poses a huge risk to Dundee Integration Joint Board's strategic delivery aims, particularly in relation to tackling health inequalities, and continues to be a high priority heading into 2026/27.

Lack of Capital Investment in Community Facilities

Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community-based health and social care services is a significant risk to the IJB. There is a risk of the configuration, condition and effective use of property being inadequate to support the delivery of integrated health and social care priorities. This has not only resulted in the underutilisation of some property with potential to support service integration and delivery, but also a poor quality of service delivery and office environment for health and social care services/workforce, impacting on the service user and workforce experience.

Ageing Population

The changing sociodemographic of Dundee's population has increased the demand for health and social care services to a point where this may become unsustainable. We now have an ageing population whereby people are living longer whether this be in to old age or into adulthood with complex needs. Despite this being a positive outcome it comes with its own

challenges, particularly around identifying and accessing relevant health and social care supports, lack of capacity, intelligence and analytical tools to undertake required needs.

The financial challenges throughout 2025/26 meant there was no financial provision to meet additional costs associated with rising demand due to sociodemographic factors resulting in services having to absorb this pressure within their already tight budgets. This results in a compromised ability to deliver strategic priorities and shifts at scale and pace set out within IJB's Strategic Commissioning Framework, poorer outcomes for people with health and social care needs, both in the short and long-term and widening health and wellbeing inequalities within Dundee's population.

Viability of External Providers

There remains a risk that the sector-wide financial challenges could impact on longer-term viability of key providers. The increase in cost-of-service provision, including staffing cost and inflationary increases to goods is already impacting this sector with concerns that a number will not be able to sustain their activities. Additionally, recruitment and retention issues associated with terms and conditions, plus changes to the national immigration legislation and policies all impact workforce supply. Many levers to mitigate the risks around external providers sustainability are out with the IJB's direct control but there is continuous monitoring into maintaining quality and supporting viability of the contracted services provided to ensure short/medium term service provision.

Escalation of Property Safety Issues

The IJB faces a significant strategic risk due to the due to the ability of the partner bodies to effectively repair and maintain critical health and social care infrastructure, crucial for the safe delivery of care and other essential support services. Current areas of concern include Kingsway Care Centre and Royal Victoria Hospital where many key services are provided and there has been an escalation of these issues by the Chief Officer.

Data Quality

Data Quality of information within our record systems continues to be a risk that can lead to difficulties in providing statutory government returns and accurate billing for billable services delivered. The reduction in overall workforce capacity, particularly admin and clerical capacity along with management capacity to provide effective oversight has resulted, at times, in a reduced focus on accurate maintenance of information systems. Additionally, some overly complex processes and recording systems do not enable the accurate recording of information can result in limited and / or unreliable data being available to inform the service for any strategic planning, performance and quality queries. Added challenges remain across the multiple organisational systems, particularly when these cannot be automatically linked, resulting in staff requiring to enter data multiple times. The Quality, Data and Intelligence team are working with operational staff to improve data quality as well working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems

Information Governance

Capacity and ability to comply with increasing number of Subject Access Requests in Dundee City Council leading to potential action from Information Commissioner. A year-on-year increase in Subject Access Requests has meant that this is causing a significant time-consuming impact on staff who undertake this task. In addition, changes to IT mean that manual redaction is no longer secure and must be undertaken by a specific software that only certain staff have access to. The Strategic Risk being that we will not comply with Data Protection rules and face action from Information Commissioner.

Reserve Policy

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.

Conclusion

We are pleased to present the annual accounts for the year ended 31 March 2026 for Dundee City Integration Joint Board. The accounts show that Dundee City Integration Joint Board has faced considerable demand and financial challenges during 2025/26, which has resulted in an operational overspend. Efforts continue to ensure the pressures and priorities are managed in a strategic manner to achieve best value through efficient and effective use of the limited resources.

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



Dave Berry CPFA
Chief Officer
Dundee City
Integration Joint Board

Date:



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

Date:



Ken Lynn
Chair
Dundee City
Integration Joint Board

Date:

Responsibilities of the Dundee City Integration Joint Board

The Dundee City Integration Joint Board is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of the Integration Joint Board on 24 June 2026.

Signed on behalf of the Dundee City Integration Joint Board

Ken Lynn

Chair

Dundee City Integration Joint Board

Date:

Responsibilities of the Chief Finance Officer

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

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

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

The Chief Finance Officer has also:

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

I certify that the financial statements give a true and fair view of the financial position of the Dundee City Integration Joint Board as at 31 March 2026 and the transactions for the year then ended.

Christine Jones FCCA

Acting Chief Finance Officer

Dundee City Integration Joint Board

Date:

Introduction

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

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

Remuneration: Integration Joint Board Chair and Vice Chair

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

Name	Post(s) held	Nominated by
K Lynn	Chair	Dundee City Council
B Benson	Vice-Chair	NHS Tayside

Dundee City Integration Joint Board does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the Integration Joint Board. The Chair and Vice Chair are remunerated by their relevant Integration Joint Board partner organisation. Dundee City Integration Joint Board does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. No taxable expenses were paid to the Chair or Vice Chair of the Integration Joint Board in 2025/26.

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

Remuneration: Officers of Dundee City Integration Joint Board

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

Senior Employees

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

Total Salary, Fees & Allowances 2024/25 £	Post	Senior Employees	Total Salary, Fees & Allowances 2025/26 £
75,767	Chief Officer to 16 October 24	Vicky Irons ¹	0
	Chief Officer from June 2025	Dave Berry ²	146,271
135,477	Acting Chief Officer from 17 January 2024	Dave Berry	
83,837	Acting Chief Finance Officer from 17 January 2024	Christine Jones ³	87,259
295,081		Total	233,800

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

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

¹ V Irons, Chief Officer - Retired 16th October 2024. FTE was £140,644 in 2024/25.

² D Berry, Chief Finance Officer became Chief Officer. FTE is £146,271.

³ C Jones, Acting Chief Finance Officer. FTE is £87,526

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/25 £	For Year to 31/03/26 £		Difference from 31/03/25 £000	As at 31/03/26 £000
Vicky Irons Chief Officer	11,890	0	Pension	93	0
			Lump Sum	268	0
Dave Berry Acting Chief Officer/Chief Finance Officer (PY)	21,270	22,965	Pension	11	71
			Lump sum	85	92
Christine Jones Acting Chief Finance Officer	18,863	19,693	Pension	18	20
			Lump Sum	0	0
Total	52,023	42,658	Pension	175	90
			Lump Sum	353	92

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

Exit Packages

There were no exit packages payable during the financial year.

Ken Lynn
Chair
Dundee City Integration Joint Board

Dave Berry
Chief Officer
Dundee City Integration Joint Board

Date:

Date:

Introduction

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

Scope of Responsibility

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

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

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



The Governance Framework and Internal Control System

Dundee City IJB comprises six voting members, three nominated by Dundee City Council and three nominated by Tayside NHS Board, as well as non-voting members including a Chief Officer and Chief Finance Officer appointed by the Integration Joint Board. All formal IJB governance committees continued to be held online, with later meetings transitioning to hybrid with option to attend in-person throughout the 2025/26 financial year.

Ongoing support, induction and development sessions from Officers to all members continues to be offered where required.

The main features of the governance framework in existence during 2025/26 were:

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

submitted to Scottish Ministers for approval at the end of June 2022 and final approval received in November 2022. The agreement is next due to be reviewed in 2027.

- The senior leadership structure of the Health and Social Care Partnership consists of the Chief Officer, Head of Finance and Strategic Services (Chief Finance Officer), two Heads of Service of Health and Community Care Services and professional leads for Nursing, AHP's, Primary Care and Social Work. Lead support from other professional groups can also be accessed when required. The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.
- Through 2025/26, continuing interim and contingency arrangements to support and supplement the senior leadership team were in place. Acting Chief Officer, Acting Chief Finance Officer and Acting Head of Service, Strategic Services posts commenced on 17th January 2024. The Acting Chief Officer was permanently appointed to the post of Chief from 30th May 2025, while other arrangements continued through 2025/26.
- In addition, an interim replacement Head of Service for Health and Community Care Services commenced in May 2024 and continued throughout the year.
- Formal regular meetings of the senior leadership team including professional leads, as well as regular meetings of extended leadership team.
- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2025/26.
- The Integration Joint Board met remotely on seven occasions throughout the year to consider its business, with latter meetings being held in a hybrid format giving members the opportunity to attend in-person. Six development sessions were also held in a hybrid format as part of the 2025/26 budget development process. A further seven development sessions were held covering a range of governance, risk and strategy topics.
- The Integration Joint Board's Performance and Audit Committee met remotely on four occasions throughout the year to scrutinise the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector.
- The Integration Joint Board reviewed and approved the updated Terms of Reference for Performance and Audit Committee on 22 October 2025.
- Internal Audit arrangements for 2025/26 were approved at the Performance and Audit Committee meeting held on 24 September 2025, including the continuation of the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2025/26 was approved drawing on resources from both organisations.
- Assurances are provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.
- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report

from the Clinical, Care and Professional Governance Group to each meeting of the Committee.

- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.
- Compliance with CIPFA's Financial Management Code
- New Global Internal Audit Standards (GIAS) in the UK Public Sector became applicable from 1st April 2025. The updated Standards are split into 5 Domains and underpinned by 15 Principles, with the aim of adding value and improving an organisation's operations through independent, objective assurance and advisory service. The changes were presented to IJB members during a 2025/26 development session.

The governance framework described operates on the foundation of internal controls, including management and financial information, financial regulations, administration, supervision and delegation. During 2025/26 this included the following:

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.
- The provision of regular strategic risk register updates to the Performance and Audit Committee with an annual risk register report presented to the IJB.
- A revised Strategic Risk Management Framework was approved by IJB at its meeting on 18 February 2026. The refreshed framework, including reporting format, risk categories and risk appetite, was developed with IJB membership and officers during 2025/26 developments sessions and is being implemented from March 2026.
- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate. Update reports on progress of the Internal Audit Plan were provided at each Performance and Audit Committee.
- The presentation of the IJB's Annual Performance Report.
- The approval of annual Best Value Arrangements and Assessment report providing assurance that governance arrangements and activities were in place to demonstrate best practice.
- Continued development of performance management arrangements with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern, some of which were requested by the committee such as emergency readmission to hospital rates and discharge management on complex and standard delays.
- A process of formal, regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2025/26.
- The provision of regular budget development reports for 2026/27 to the Integration Joint Board.

- The IJB and Performance and Audit Committee minutes continue to reflect the nature of discussion and further agreed actions in addition to the availability of online access to, and recordings of meetings.
- The continued development of an Action Tracker with updates to each IJB and Performance and Audit Committee meeting to monitor progress of previously agreed actions and to provide assurance that actions were implemented as required.
- The establishment of a IJB and PAC report tracker to ensure that relevant assurances are provided on core governance and strategic issues.
- The provision of an assurance report from the Chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.
- Reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the CCPGG Chair's Assurance Report to each meeting of the Performance and Audit Committee with no major issues reported.
- A Directions Policy setting out the process for formulating, approving, issuing and reviewing directions to Dundee City Council and NHS Tayside. An annual review report detailing Directions issued during the previous year was presented to PAC in May 2025.
- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and supporting subsequent action plans.
- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee. Mapping work to develop revised reporting of outstanding Governance Actions has been completed and the next stage to refine and enhance the recording of these actions to show a clear link between source of required action, progress made and actions being taken continues to be developed.
- Assurance provided around the quality of Social Work Services through the annual Chief Social Work Officer's Annual Report.
- Assurances provided regarding arrangements to support the IJB to discharge its duties as a Category 1 Responder through provision of an annual report to the IJB.
- Assurances provided regarding arrangements to support the IJB to discharge its duties under the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 through provision of an annual report to the IJB and subsequent joint publication of a Children's Rights Report with NHS Tayside.
- Assurances provided regarding arrangements to support the IJB to discharge its duties under the Health and Care (Staffing) (Scotland) Act 2019 through provision of an annual report to the IJB and subsequent joint publication with Dundee City Council.
- Reporting of Complaints and Feedback in relation to delegated Health and Social Care services, and continued roll-out of Care Opinion service to enhance capturing of feedback from patients, carers and service users.

- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council as advised through the partner bodies Annual Governance Statements and Annual Internal Audit Reports and relevant internal and external audit reporting.
- The provision of an annual report from the Performance and Audit Committee to the Integration Joint Board meeting on 20 August 2025 in relation to the PAC's activities during the year 2024/25.

Review of Adequacy and Effectiveness

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

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

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

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

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

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

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

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

The Scottish Government Directorate for Mental Health advised NHS Tayside on the 22nd August 2024 that they proposed to provide enhanced support for Psychological Therapies which is hosted by Dundee Health and Social Care Partnership in Tayside as lead partner.

This was due to an increase in waiting lists and a decrease in performance against the waiting times standard which had decreased from 93.6% in December 2021 to 70.9% in March 2024. The aim of the enhanced support was to achieve a decrease in the number of those waiting over 18 weeks, and improvement in performance against the standard and improvement in the integration of psychological therapies with wider mental health services. The reduction in performance was largely driven by available workforce and pressures on financial resources. In response, a local delivery plan has been developed and submitted to the Scottish Government which includes ongoing targeted recruitment activity to increase the workforce. There has been a gradual improvement in performance to 82.6% for the waiting times standard as at December 2025.

The IJB moved into Financial Recovery in August 2025 following financial monitoring reporting that the projected overspend for 2025/26 would exceed the Financial Plan for the year, and (without action) would have also fully utilised the IJB's General Reserves as well as requiring additional funding from the Partner bodies to cover the gap. The move into Financial Recovery is laid out in the IJB's Scheme of Integration. The plan implemented measures and actions needed to deliver in-year financial recovery and ongoing financial sustainability. The Year End financial position showed signs of improved financial performance during the remainder of the year as a result of implemented controls, however this was partially off-set by additional unanticipated and one-off expenditure in-year.

A national report from the Accounts Commission titled "Integration Joint Boards' Finance Bulletin 2024/25" was published in February 2026 highlighting the continued precarious financial conditions faced by IJB's across the country as a result of increasing demand, complexity of care and workforce difficulties and characterised by overspending, depletion of reserves and reliance on one-off savings. The report emphasised the urgent need for whole-system reform through work with partners in NHS and councils.

Previously proposed legislation to introduce a National Care Service (Scotland) was amended with revised proposals published in January 2025, with the renamed Care Reform (Scotland) Act being passed in June 2025. While many of the formal legislative changes are no longer being progressed, there remains a national desire to pursue social care reform through advisory frameworks, co-design initiatives and national service improvement bodies.

National strategic documentation was published during 2025/26 for health and care services – NHS Scotland Operational Improvement Plan, Health and Social Care Service Renewal Framework 2025-2035 and Scotland's Population Health Framework 2025-2035.

The Performance and Audit Committee was presented with Internal Audit report D04-25 Annual Report combining this with Internal Control Evaluation D03-25 in June 2025 as part of Internal Audit Plan 2024/25. Fieldwork is complete for Lead Partner Services report (D05-25) with the report anticipated soon.

As part of the 2025/26 Internal Audit Plan, the Internal Control Evaluation (D03-26) and Annual Report (D04-26) are scheduled to be issued in June 2026. Early work has been undertaken for Partner Body Support Services report (D05-26).

The IJB continued to enhance its work around risk management through continuous reviews of the IJB's Strategic Risk Register at meetings of the Performance and Audit Committee. This led to identification of new risks, review of emerging and escalating risks from wider political, financial and strategic implications through horizon scanning and the removal of other risks no longer considered relevant or subsumed within other risks. Development sessions continued during 2025/26 to develop the IJB's assessment of its risk appetite. An updated Strategic Risk Management Framework was approved in February 2026, with strategic risks now being categorised and reported under 1 of 5 headings – Compliance / Legislative /

Regulatory; Reputational; Performance / Quality; Financial; or Workforce. The IJB's High risk areas are Financial Sustainability, Property Infrastructure, Public Sector Reform, Increased Service Demand and Digital Infrastructure. The first review of the new reporting format was presented to PAC on 20 May 2026.

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

Following on from the agreement of the revised Integration Scheme in December 2022, the IJB has developed and adopted a Directions Policy which will enhance the governance, transparency and accountability between the IJB, Dundee City Council and NHS Tayside by clarifying responsibilities and relationships and support the IJB in exercising its legal powers to ensure the IJB's Strategic Commissioning Plan is delivered. This was approved by the IJB in April 2023. An Annual Review of 2025/26 Directions issued by the IJB to provide assurance that these have been issued and implemented appropriately was undertaken by PAC on 20 May 2026.

An updated Dundee Health and Social Care Partnership Workforce Plan 2025-2028 was presented and approved by the IJB at its June 2025 meeting. This incorporated feedback and findings from an Internal Audit report as well as published national guidance. At the same meeting, the IJB also reviewed and approved the first statutory annual report in relation to Health and Care (Staffing)(Scotland) Act 2019 (where the content related to delegated functions) covering all aspects of social care and social work services. The content also covered non-delegated functions and therefore required joint review and approval from both Dundee IJB and Dundee City Council prior to publication.

Dundee ADP oversees the ongoing local implementation of national Medication Assisted Treatment (MAT) Standards. The 4th annual benchmarking report was published in summer 2025, covering progress to April 2025. Dundee continues to make good progress each year, with grading of Green for all 9 MAT standard.

Joint reporting arrangements for Tayside Lead Partner services have been enhanced during 2025/26 between Officers of the 3 Health and Social Care Partnerships, with the first annual joint report presented to the IJB in December 2025 (and similarly to Angus IJB and Perth and Kinross IJB).

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

The Chief Internal Auditor has carried out a review of the adequacy and effectiveness of the Integration Joint Board's framework of governance, risk management and control. The findings of this review are reflected in the Annual Internal Audit Report 2025/26 presented to the IJB meeting of the 24 June 2026 which supports the outcome of Dundee City IJB's self-assessment process noted above and concludes that although some areas for improvement have been identified these do not impact on the level of assurance provided and reliance can be placed on the Integration Joint Board's governance arrangements and systems of control for 2025/26.

Continuous Improvement

The following areas for continuous improvement have been identified through the self-assessment process, the Governance Action Plan and Annual Internal Audit Report. Progress against these will be monitored by the Performance and Audit Committee during 2026/27.

Area for improvement	Lead Officer	Target Completion Date	RAG Status
Reporting on workforce issues including the Integrated Workforce Plan as well as the partnership forum.	Chief Officer	December 2026	
Further development of improved joint annual reporting of Lead Partner Services arrangements around risk and performance management for lead partner services.	Chief Finance Officer	December 2026	
Ongoing development of performance reporting information into a delivery plan framework to ensure the HSCP fulfils its remit in delivering the direction of travel within the IJB's Strategic Commissioning Framework.	Chief Finance Officer	October 2026	
Further implementation the recommendations from the Internal Audit Review of Performance Management arrangements	Chief Finance Officer	September 2025 December 2026	
Following agreement to retain and revise the IJB's existing Strategic Plan, review and further develop Performance Measures for implementation	Chief Finance Officer	October 2026	
Review and update IJB's Directions Policy	Chief Officer	October 2026	
Fully implement the recommendations from the Internal Audit Review of Viability of External Providers	Chief Finance Officer	December 2024 December 2026	
Review and streamlining of outstanding items on Governance Action Plan	Chief Finance Officer	October 2026	
Improvements to response timescales for Complaints, while continuing to ensure robust investigations are undertaken	Chief Finance Officer	November 2026	
Improvements to Adverse Events investigation, response and implementation timescales	Chief Finance Officer	November 2026	
Regular assurance reporting to be provided to IJB on Whistleblowing from Dundee City Council and NHS Tayside to reflect any areas of concern to IJB	Chief Finance Officer	September 2026	
Annual report to PAC detailing Directions issued, in line with Directions policy	Chief Officer	May 2026	
Continued enhancement of Financial Monitoring reports to provide details of financial performance against plan, progress towards delivery of savings targets and return to financial sustainability	Chief Finance Officer	October 2026	
Improvements to Transformation Programme Oversight, including wider Whole System Transformation, to be enhanced	Chief Finance Officer	September 2026	

Annual review of Strategic Risk Appetite by IJB Members	Chief Finance Officer	October 2026	

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

Conclusion and Opinion on Assurance

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

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

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

Ken Lynn
Chair
Dundee City Integration Joint Board

Dave Berry
Chief Officer
Dundee City Integration Joint Board

Date:

Date

The Financial Statements: Comprehensive Income & Expenditure Statement

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

2024/25	2024/25	2024/25		2025/26	2025/26	2025/26
Gross Expenditure Restated £000	Gross Income Restated £000	Net Expenditure (Income) Restated £000		Gross Expenditure £000	Gross Income £000	Net Expenditure (Income) £000
103,262	0	103,262	Older People Services	108,436	0	108,436
32,649	0	32,649	Mental Health	35,636	0	35,636
46,968	0	46,968	Learning Disability	50,463	0	50,463
10,796	0	10,796	Physical Disability	10,317	0	10,317
10,455	0	10,455	Substance Misuse	12,236	0	12,236
20,697	0	20,697	Community Nurse Services / AHP* / Other Adult Services	22,067	0	22,067
15,496	0	15,496	Community Services (Lead Partner)***	16,690	0	16,690
7,206	0	7,206	Other Services / Support / Management	4,452	0	4,452
34,986	0	34,986	Prescribing	35,458	0	35,458
33,362	0	33,362	General Medical Services (FHS**)	35,961	0	35,961
25,291	0	25,291	FHS – Cash limited & Non-Cash Limited	27,010	0	27,010
341,169	0	341,169	Net Cost of Operational Services during the Year	358,727	0	358,727
420	0	420	IJB Operational Costs	372	0	372
0	0	0	Central Support	0	0	0
21,850	0	21,850	Large Hospital Set Aside	23,198	0	23,198
363,439	0	363,439	Total Cost of Services	382,297	0	382,297
0	-245,083	-245,083	Income NHST (Note 5)	0	-259,445	-259,445
0	-112,278	-112,278	Income DCC (Note 5)	0	-116,999	-116,999
363,439	-357,361	6,078	(Surplus) or Deficit on Provision of Services	382,297	-376,444	5,854
		6,078	Total Comprehensive Income & Expenditure			5,854

Notes

* AHP – Allied Health Professionals

** FHS – Family Health Services

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

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

Movement in Reserves Statement

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

Total Reserves 2024/25 £000	Movements in Reserves	Total Reserves 2025/26 £000
17,813	Opening Balance at 31 March 2025	11,734
(6,078)	Total Comprehensive Income and Expenditure	(5,854)
(6,078)	Increase/(Decrease)	(5,854)
11,734	Closing Balance at 31 March 2026	5,880

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

31 March 2025 £000		Notes	31 March 2026 £000
11,891	Short Term Debtors	Note 6	15,019
11,891	Current Assets		15,019
(156)	Short Term Creditors	Note 7	(9,139)
(156)	Current Liabilities		(9,139)
11,735	Net Assets		5,880
11,735	Usable Reserve: General Fund	Note 8	5,880
11,735	Total Reserves		5,880

The unaudited accounts were issued on 24 June 2026.

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

Date:

1. Significant Accounting Policies

General Principles

The Financial Statements summarise Dundee City Integration Joint Board's transactions for the 2025/26 financial year and its position at the year-end of 31 March 2026. The Dundee City Integration Joint Board was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

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

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

Employee Benefits

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

Reserves

The Dundee City Integration Joint Board's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March 2026 shows the extent of resources which the Dundee City IJB can use in later years to support service provision.

Indemnity Insurance

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

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

2. Critical Judgements and Estimation Uncertainty

Critical Judgements in Applying Accounting Policies

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

The value of the Large Hospital "set aside" expenditure reported within the total Integration Joint Board expenditure is £23.198m. This figure for 2025/26 has been agreed with NHS Tayside and will be included in both the NHS Tayside and Dundee City IJB annual accounts. The figure is calculated on the basis of activity and costs extracted from local datasets. In line with national guidance issued, bed day rates were adjusted to reflect a direct cost per occupied bed day, uplifted for inflation. As such, the sum set aside included in the accounts will not reflect actual hospital cost in 2025/26. This is a transitional arrangement for 2025/26 agreed locally between NHS Tayside and the three Tayside Integration Joint Boards and with the Scottish Government. Work continues at a national and local level to refine the methodology for calculating and planning the value of this in the future.

On behalf of all IJBs within the NHS Tayside area, Dundee City IJB acts as the lead partner under hosting arrangements for a range of Tayside-wide services including Specialist Palliative Care, Stroke / Neurological Rehabilitation, Nutrition and Dietetics, Sexual and Reproductive Health and Psychological Therapies. It commissions services on behalf of the three Tayside IJB's and is responsible for the strategic planning and operational budget of those lead partner services. The Dundee City IJB reclaims a portion of the cost of these services using an agreed methodology based around population shares from the other IJB's.

Dundee City IJB is not responsible for covering the full cost of any overspends in these areas, nor do they retain the full benefits of any underspends. The Dundee City IJB will also receive a corresponding charge from the other Tayside IJB's for the services they lead on Dundee's behalf. This arrangement is treated as an agency arrangement.

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

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

3. Events after the Reporting Period

It is considered that there have been no events occurring between 1 April 2026 and the date the accounts were authorised for issue that would have an impact on the 2025/26 financial statements.

4. Expenditure and Income Analysis by Nature

2024/25 Gross Expenditure £000	2024/25 Gross Income £000	2024/25 Net Expenditure (Income) £000	Description	2025/26 Gross Expenditure £000	2025/26 Gross Income £000	2025/26 Net Expenditure (Income) £000
214,588		214,588	Services commissioned from NHS Tayside	225,903		225,903
148,431		148,431	Services commissioned from Dundee City Council	156,022		156,022
386		386	Other IJB Operating Expenditure	337		337
34		34	Auditor Fee: External Audit Work	35		35
	(245,083)	(245,083)	Partners Funding Contributions – NHS Tayside		(259,445)	(245,083)
	(112,278)	(112,278)	Partners Funding Contributions – Dundee City Council		(116,999)	(112,278)
363,439	(357,361)	6,078	(Surplus) or Deficit on the Provision of Services	382,297	(376,444)	5,854

5. Taxation and Non-Specific Grant Income

2024/25 £000	Description	2025/26 £000
(245,083)	Funding Contribution from NHS Tayside	(259,445)
(112,278)	Funding Contribution from Dundee City Council	(116,999)
(357,361)	Taxation and Non-Specific Grant Income	(376,444)

The funding contribution from the NHS Board shown above includes £23.198m in respect of 'set aside' resources relating to acute hospital and other resources (Large Hospital Set Aside). Dundee City Integration Joint Board has responsibility for the strategic planning of the amount set aside based on the local population's consumption of these resources. NHS Tayside has

the responsibility to manage the costs of providing these services. The value of the set aside is calculated on the basis of activity and costs extracted from local datasets. The methodology of calculating future values of the Large Hospital Set Aside is being developed locally and nationally.

6. Debtors

2024/25 £000	Description	2025/26 £000
10,468	NHS Tayside	14,499
1,423	Dundee City Council	520
11,891	Total Debtors	15,019

7. Creditors

2024/25 £000	Description	2025/26 £000
131	NHS Tayside	139
23	Other Bodies	24
3	Other Government Bodies	0
0	Dundee City Council	8,976
156	Total Creditors	9,139

8. Usable Reserve: General Fund

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

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

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

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

The movement reflects the impact of funding for specific initiatives during 2025/26. The committed reserves balance of £5,880k has been committed by the Dundee City Integration Joint Board through the planned reinvestment of Scottish Government ring fenced funding in line with the conditions of this funding for Primary Care Improvement Plan and Alcohol and Drug Partnership. In addition, Dundee City Integration Joint Board has made decisions to commit reserves for specific purposes such as to support strategic developments and revenue budget support during 2026/27. A detailed breakdown of these reserves is noted below:

Committed Reserves	Balance at 31-Mar-25 £000	Financial Plan 2025/26 £000	Movement 2025/26 £000	Balance at 31-Mar-26 £000
Mental Health	240		(240)	0
Primary Care	1,933		(106)	1,827
Service Specific	449		(292)	158
Drug & Alcohol	926		(541)	385
Strategic Developments	3,498	(1,500)	1,139	3,137
Revenue Budget Support	0	2,429	(2,429)	0
NHST – System Pressures	2,959		(2,586)	373
Other Staffing	155		(155)	0
Total Committed Reserves	10,162	929	(5,210)	5,880
Uncommitted Reserves	1,573	(929)	(644)	(0)
Total – General Fund Balances	11,734	0	(5,854)	5,880

9. Related Party Transactions

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

Dundee City Integration Joint Board Members

Board members of Dundee City Integration Joint Board have direct control over the Board's financial and operating policies. The Dundee City Integration Joint Board membership is detailed on page 6 of these statements. Board members have the responsibility to adhere to a Code of Conduct, which requires them to declare an interest in matters that directly or

indirectly may influence, or be thought to influence their judgement or decisions taken during the course of their work. In terms of any relevant parties, board members with declarations of interest did not take part in any discussion or decisions relating to transactions with these parties.

Officers

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

Key Management Personnel

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

Transactions with NHS Tayside

2024/25 £000	Description	2025/26 £000
245,083	Funding Contributions received from the NHS Tayside Board	259,445
(214,588)	Net Expenditure on Services Provided by the NHS Tayside Board	(225,903)
30,495	Net Transactions with NHS Tayside	35,542

NHS Tayside did not charge for any support services provided in the year ended 31 March 2026 (2025: nil)

Balances with NHS Tayside

2024/25 £000	Description	2025/26 £000
10,468	Debtor balances: Amounts due from the NHS Board	14,499
(131)	Creditor balances: Amounts due to the NHS Board	(139)
10,337	Net Balance with the NHS Board	14,360

Transactions with Dundee City Council

2024/25 £000	Description	2025/26 £000
112,278	Funding Contributions received from Dundee City Council	116,999
(148,851)	Net Expenditure on Services Provided by Dundee City Council	(156,394)
(36,573)	Net Transactions with Dundee City Council	(39,395)

Dundee City Council did not charge for any support services provided in the year ended 31 March 2026 (2025: nil).

The Net Expenditure on Services Provided by Dundee City Council figure includes IJB Operating Expenditure of £372k (2025: £420k).

Balances with Dundee City Council

2024/25 £000	Description	2025/26 £000
1,423	Debtor balances: Amounts due from Dundee City Council	520
0	Creditor balances: Amounts due to Dundee City Council	(8,976)
1,423	Net Balance with Dundee City Council	(8,456)

10. Value Added Tax (VAT)

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

11. Agency Income and Expenditure

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

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

2024/25 (£000)	Description	2025/26 (£000)
18,221	Expenditure on Agency Services	18,969
(18,221)	Reimbursement for Agency Services	(18,969)
0	Net Agency Expenditure Excluded from CIES	0

12. Provisions and Contingent Liabilities

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

Contingent Liability

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

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

The review of Band 5 nursing profiles has progressed during the year, with some re-banding exercises now completed and the associated costs reflected within the 2025/26 financial statements. However, it is anticipated that further submission may be made by the associated nurse staffing cohort as there is currently no specified closing date for applications. Where this is the case, a regional, corporate accrual has been made by NHS Tayside. As the potential financial impact cannot yet be quantifiable, it is treated as a contingent liability.

13. Accounting Standards that have been issued but not adopted

There was no material impact on the Integration Joint Board of accounting standards that have been issued but are not yet adopted in the 2025/26 Code of Practice on Local Authority Accounts in the United Kingdom.

Independent Auditor's Report

To be added following completion of Audit



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
24 JUNE 2026

REPORT ON: FINANCIAL MONITORING POSITION AS AT MARCH 2026

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB23-2026

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide the Integration Joint Board with an update of the year-end financial position for delegated health and social care services for 2025/26.

2.0 RECOMMENDATIONS

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

- 2.1 Note the content of this report including the year-end operational financial position for delegated services for the 2025/26 financial year end as at 31st March 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 utilisation of further £500k of previously earmarked Transformation Reserve funding to offset the year end financial deficit (as detailed in section 4.6.4 and 4.7.4).
- 2.4 Remits the Chief Officer to review the Strategic Risk Register with reference to the information contained within section 6 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2026 shows a year-end operational overspend of £5,659k after the inclusion of planned £2,429k from IJB Reserves as agreed at the IJB's budget setting meeting in March 2025. The year-end position represents a deterioration in the position, compared to previous reported projected overspend of £4,961k as at 28th February 2026 (DIJB17-2026 Article VIII of the minute of meeting of 15 April 2026 refers).
- 3.2 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, along with a number of unplanned and unanticipated additional cost pressures that emerged late into the financial year. 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.

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 26 March 2025 (DIJB14-2025 Article IV of the minute of the meeting of 26 March 2025 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 2025/26 financial year.
- 4.1.3 A further report was approved at the meeting of the IJB held on 18 June 2025 (Article IX of the minute of Dundee Integration Joint Board held on 18 June 2025 refers). This updated the 2025/26 plan following confirmation of the 2024/25 financial year-end and reserves position, and details of additional funding received via NHS Tayside at the end of financial year 2024/25.
- 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 £5,440k for the financial year (deterioration from previously reported figures of £4,687k).
- 4.3.2 Older People Services contribute a reasonable portion of this, with a projected overspend of £555k (previous report £1,825k overspend).
- The majority of this is continues to be due to Care at Home demands and costs of care packages. This overspend continues to reflect significant levels of demographic and activity-led demand that has been experienced during the last 2+ financial years. Enhanced pathway models continue to be developed to address the overspend in a controlled and effective way whilst also supporting whole-system performance levels and mitigating the risk of harm to individuals who may be impacted by increased waiting times for packages of care in the community.
 - Spend on externally commissioned Care at Home hours peaked at c.24.5k hours per week in June 2025, at which time enhanced efforts were initiated to consolidate and reduce runs to drive further efficiencies but without reducing current care packages or causing significant impact on whole-system pathways of care. The work through last June to August resulted in a reduction to c.23.5k hours per week (average 100 hours of expenditure per week). It had been hoped to see this trend of continued reduction throughout the remainder of the financial year, however the effects of the reduction over the summer initially showed signs of impacting capacity and flow with a small decline in discharge without delay performance and an increase in unmet need during this period. Following the pause in further spend reductions, the hospital capacity and flow performance stabilised and has shown an improvement in delayed discharge performance again which has been maintained. Expenditure during the winter and early spring period has remained stable at around 23k hours per week, with this level of activity maintaining discharge without delay performance.

- Ongoing actions to explore alternative opportunities to reduce the expenditure and demand continue to be progressed, through reviewing how inter-departmental adaptations budgets can be pooled as per the Scottish Government guidelines to install level access showers in upper floor properties and earlier in the assessment where it is indicated this will be required within a 6-month period to reduce reliance on social care. Using Technology to enhance assessments reducing the risk of overstating packages required and risk of unnecessary admission to care homes and hospital by identifying deterioration earlier. Reviewing the tasks each service carries out to reduce duplication of effort and use more flexible approaches to service delivery such as the new MDT front door model and all social care staff carrying out medication administration to free up Community Nursing resources to support Community Treatment and Care Service long term conditions monitoring.
- Older People Care Home spend incorporates both the 3 Council-run Care Homes and externally commissioned Care Home placements – the projected variance is principally a result of projected levels of supplementary spend during the year and assumptions relating to challenges to delivery £500k of savings through reduced overall placement levels. Continued financial improvements have been demonstrated in these areas with an overall underspend evidenced at year-end.
- Psychiatry of Old Age (In Patient) overspend is mainly related to reduced assumed income levels from neighbouring HSCPs following recent changes to commissioned bed numbers. As part of 2025/26 budget, income was assumed as a result in increased demand for beds during 24/25 but this trend has reversed more recently. Operational leads continue to collaborate with neighbouring HSCPs to assess the local and regional demand for POA beds and ensure resources are managed effectively, with proposals now being considered to close beds that are no longer required by Dundee or Tayside residents.
- Underspends continue to be recognised in Day Services and Respite, reflecting changing demands in these service areas. Operational reviews of these services are being considered, including potentially realigning resources.

4.3.3 Mental Health services contribute an overspend of £1,725k to the position (previous report £1,373k overspend), mainly as a result of demand for Care Home placements and Care at Home packages and resultant spend, with both areas showing a material increase in spend including impact of backdated uplift costs. The movements seen towards the end of the financial year reflect unplanned and unanticipated additional costs, including -

- Costs associated with enhanced care needs for some individuals with particularly complex needs where providers required to implement increased staffing levels to support both the individuals and existing staff caring for the individuals. Some of these enhanced care needs spanned a number of months and resulted in significant additional costs.

4.3.4 Learning Disabilities services contribute a further £2,287k overspend to the position (previous report £1,285k overspend), predominantly linked to Care Home placements and Care at Home packages, including impact of some complex care packages and backdated costs. The movements seen towards the end of the financial year reflect unplanned and unanticipated additional costs, including -

- Backdated uplift costs for some placement arrangement that were higher than had been previously anticipated
- Miscoding of one package between Older People and Learning Disability service (this would have had no overall impact to the IJB's financial position but is included in the improvement in Older People and deterioration in Learning Disability)

- Significantly higher than anticipated costs associated with newer developments that have come online during the last 2 years or so, with service users transitioning into these placements but often needing additional initial supports until the new placements stabilise. While it a reasonable projected cost of £1.7m had been incorporated into the projected position, actual costs for the year are closer to £2.7m resulting in a significant movement. Work is ongoing with Contract Leads to ensure any emerging additional costs are shared with finance staff as early as possible to ensure the implications are captured and reported accordingly.

4.3.5 Spend against Physical Disability budgets is currently projecting an underspend of (£819k) (previous report (£678k) underspend), mainly as a result of lower spend than budgeted for within Care Home placements, although partially offset by overspends on Care at Home and Accommodation with Support packages and one-off development related costs for new properties coming on-stream.

4.3.6 Community Nurse Services / AHP / Other Adult Services and Drug and Alcohol Services groupings are showing a collective projected underspend of (£553k), (previous report (£686k) underspend), however it is noted this includes an overspend of £426k linked to ongoing over-recruitment in Community Nursing Teams to help alleviate demand and staffing pressures, which is also anticipated to reduce ongoing reliance of bank staff to fill gaps. Community Nursing Teams continue to progress operational transformation work to restructure into Locality Teams and further enhance digital technologies to improve their operational efficiencies and address the overspend. A significant underspend is also included in this grouping for Physio & Occupational Therapy of (£935k) mainly due to vacancies earlier in the year.

4.3.7 Lead Partner Services managed by Dundee includes overspends within Specialist Palliative Care Services of £458k and Nutrition and Dietetics of £106k. Psychological Therapies are showing an underspend of (£107k) at year end. Overspends are linked mainly to staffing costs.

- Specialist Palliative Care services continue to progress the operational and strategic review of the Tayside-wide service and shifts towards enhanced community provision, with cost pressures from current reliance on supplementary staffing within the in-patient areas.
- Nutrition & Dietetics service continue to project an overspending position, mainly due to staffing pressures with focus on clinical care of patients and service users requiring nutritional support and demands associated with demand for weight management pathways.
- Tayside Psychological Therapies continues to face waiting time pressures across some specialties and as a result continues to be placed in Enhanced Support by Scottish Government. This is the result of not meeting the 18-week referral to treatment waiting times standard (where 90% of people given first appointments should have waited less than 18 weeks). An Improvement Plan has been documented and shared with Scottish Government colleagues and targeted recruitment is progressing to support this work and an update demonstrating improving performance was presented to PAC in May 2026 (PAC23-2026). No additional resources have been provided as a result of Enhanced Support, with any associated being noted as a cost pressure in the financial position, however due to wider staffing turnover, recruitment prioritisation within targeted areas and some additional non-recurring funding, the projected position has returned an underspend at year-end.

4.3.8 Other Support and Centralised Management budgets is showing an overspend of £2,484k (previous report £1,620k overspend) – this is split between a projected underspend of (£983k) due to vacancies in other support services and the net impact of £3,467k relating to year end budget adjustment balances, unmet savings and anticipated reserves funding currently held in a centralised code pending final clarification about how these savings will be delivered and which specific budget values will be reduced. This also includes an increased bad debt provision relating to historic unpaid debts – work continues with the Council's Debt Recovery team to maximise the recovery of unpaid bills, including consideration of formal legal action where appropriate.

- 4.3.9 Other Contractors includes General Medical Services and Family Health Services and is currently projecting a combined overspend of £746k (previous report £710k). 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 2025/26 indicated a projected cost pressure of £830k as a result of anticipated volume and pricing growth. At this stage of the financial year, projected spend continues to report a considerably better position at (£809k) underspend with 10 months 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. This ongoing recruitment and retention challenge was recognised during the 2025/26 budget setting process with non-recurring slippages / vacancy factor savings targets implemented to reflect the reality of the current position. 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.
- 4.3.13 In addition, potential under recovery of income for chargeable social care services is also creating 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 and initial proposals to improve and streamline the work are 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 full 12 months of 2025/26 totals £6,954k. This includes £1083k on additional part-time hours and overtime, £2,336k on agency, and £3,535k on bank nursing / sessional staffing. There continues to be an improvement in spend compared to the comparable period in 2024/25 where the spend was £7,189k for the full year (c.97% of previous year before adjusting for inflation / pay award increases). Recent significant increases in supplementary staffing within DCC include additional costs relating to a specific complex care scenario that is under constant review with efforts to resolve this being prioritised. 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 7.35% during the full 12 months of 25/26. The cumulative working days lost for DCC employed staff within the HSCP for 12 months to March 2026 was 11.20%. While the overall position had been showing a downward trend in both absence levels and supplementary spend through the early part of 2025/26, the autumn / winter months then reflected a deterioration however it is hoped this was related to winter illness rather than a trend change and the position will continue to be monitored – latest figures for early spring are showing signs of a stable / improving picture again. 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.

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 being an increased cost implication of £598k which mainly relates to a significantly higher spend within GP Out of Hours Service led by Angus IJB. As previously reported, the Out of Hours (OOH) Service continues to experience increased demand, resulting in a projected overspend of £2,718k, resulting in a share of £1,071k for Dundee IJB. This is largely due to workforce challenges, the need to deploy additional staff to meet service demand and higher than anticipated costs during the festive period. The current year projected overspend has been largely offset by local non-recurring funding support held in an earmarked reserve allocated to Dundee IJB by NHS Tayside, intended to address system-wide demand pressures and support sustainability.
- 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 2025/26 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 are taking place to agree financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year.
- 4.4.3 Year End Risk Share arrangements for In-Patient Mental Health Services for 2025/26 are similar to previous years and the finalised financial position is incorporated into the financial monitoring position. The service reported a year end overspend of £4.7m for 2025/26 (compared to £5.3m for 2024/24), and the additional cost pressure implication for Dundee IJB is showing as £588k.
- 4.4.4 Key drivers of the overspend in In-Patient Mental Health services continues to be the premium cost of medical locum staff (partially mitigated through a shift to Direct Engagement rather than via an external agency) and high nursing costs, including reliance on supplementary spend, due to high acuity, surge beds, delayed discharges, enhanced care areas and absence / vacancy levels. Whole system Model of Care work continues to be progressed with the anticipation that these Tayside-wide transformational actions will help address the system cost pressures through shifting resources to support people right place and right time.

4.5 Progress to deliver 2025/26 Budget and Planned Savings

- 4.5.1 Following the IJB's 2025/26 budget being set (as detailed in section 4.1), an updating report on progress was presented to August 2025 meeting (report DIJB46-2025, Article V on the meeting of 20 August 2025 refers), with progress updates to be provided at subsequent meetings.
- 4.5.2 Delivery of 2025/26 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 Actions to resolve Financial Gap

- 4.6.1 The 2025/26 Financial Plans and Budget setting report reflected a significant financial challenge with a funding shortfall of £17.5m. While significant progress has been 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), a number of unplanned and unpredicted areas of expenditure have also arisen in-year that has off-set some of the good progress, with some of the notable movements that emerged near the end of the financial year highlighted earlier in this report – this includes some expenditure that is outwith the direct control of Dundee HSCP officers and management.
- 4.6.2 The current financial position continues to be closely monitored at Senior and Extended Management Meetings, with 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 Financial Recovery Plan 2025/26 was approved IJB on 22 October 2025 (DIJB73-2025, Article XIV on the minute of meeting refers). The 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 Further to the approved Financial Recovery Plan report, it was agreed to utilise uncommitted funding from earmarked Reserves to partially offset the projected deficit. Officers continue to review all Earmarked and Ring-fenced reserves to consider if further opportunities to utilise the balances can be recommended to IJB. All expenditure relating to Allocation Funding (both current year and any carry forward of previous year allocations) also continues to be reviewed to ensure maximum benefit to the IJB's financial position from this additional funding, however following the recognition of late movements and deteriorating financial position, a further uncommitted £500k has been realigned from Transformation Funding to reduce the year end deficit.
- 4.6.5 The resulting financial deficit has required additional funding from Dundee City Council and NHS Tayside totalling £4,090k under the agreed Risk Share arrangement.

4.7 Reserves Position

- 4.7.1 The IJB's reserves position was reduced at the year ended 31st March 2025 as a result of the unplanned operational overspend of £3,216k during 2024/25. This resulted in the IJB having total committed reserves of £11,091k and uncommitted reserves of £644k at the start of 2025/26 financial year. This provided the IJB with limited flexibility to respond to unexpected financial challenges and provides the opportunity for transition funding for transformation of services. The reserves position is noted in Table 1 below:

Table 1

Reserve Purpose	Closing Reserves @ 31/3/25	Closing Reserves @ 31/3/26
	£k	£k
Mental Health	240	0

Primary Care	1,933	1,827
Drug & Alcohol	926	385
Strategic Developments	1,998	1,407
Revenue Budget Support	2,429	0
Service Specific	449	158
Systems Pressures funding	2,959	2,103
Other Staffing	155	0
Total committed	11,091	5,880
General	644	0
TOTAL RESERVES	11,734	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 As part of the Financial Recovery Plan, a review of earmarked and committed reserves balances has been undertaken and the approved Plan includes some balances being decommitted and made available to support the current year overspend position. As noted in 4.6.4, the deteriorating financial position has resulted in a further £500k being decommitted from Transformation Reserve.
- 4.7.6 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.

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: 27 May 2026

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DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2025/26		Appendix 1
		Mar-26
	Partnership Total	
	Net Budget £,000	Year End Overspend / (Underspend) £,000
Older Peoples Services	86,746	555
Mental Health	14,538	1,725
Learning Disability	38,455	2,287
Physical Disabilities	9,194	(819)
Drug and Alcohol Recovery Service	7,029	(89)
Community Nurse Services/AHP/Other Adult	21,458	(464)
Lead Partner Services	31,540	(238)
Other Dundee Services / Support / Mgmt	30,039	(983)
Centrally Managed Budgets	3,522	3,467
Total Health and Community Care Services	242,522	5,440
Prescribing & Other FHS Prescribing	36,235	(777)
General Medical Services	35,840	860
FHS - Cash Limited & Non Cash Limited	27,125	(114)
Large Hospital Set Aside	23,198	0
In-Patient Mental Health	14,842	396
Total	379,762	5,805
Net Effect of Lead Partner Services*	(5,412)	(146)
Grand Total	374,351	5,659
Financial Recovery - Use of Reserves		
Balance of General Reserve		(644)
Use of previously Earmarked Reserves		(925)
Year-End Overspend		4,090
*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment		

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DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2025/26		Appendix 2
		Mar-26
		Partnership Total
		Annual Budget £,000
		Actual Year End Overspend / (Underspend) £,000
1		
	Psych Of Old Age (In Pat)	5,225
	Older People Serv. - Ecs	312
	Integrated Discharge Team	1,231
	Ijb Medicine for Elderly	5,933
	Stoke Neuro Rehab Unit (ward 4)	1,459
	Medical (P.O.A)	973
	Psy Of Old Age - Community	3,207
	Medical (MFE)	2,856
	Care at Home	35,209
	Care Homes	31,611
	Day Services	1,336
	Respite	596
	Accommodation with Support	199
	Other	-3,401
	Older Peoples Services	86,746
2		
	Community Mental Health Team	5,108
	Tayside Adult Autism Consultancy Team	407
	Care at Home	1,229
	Care Homes	691
	Day Services	65
	Respite	-3
	Accommodation with Support	6,048
	Other	994
	Mental Health	14,538
3		
	Learning Disability (Dundee)	1,852
	Care at Home	-543
	Care Homes	3,540
	Day Services	10,323
	Respite	549
	Accommodation with Support	24,723
	Other	-1,989
	Learning Disability	38,455
4		
	Care at Home	1,098
	Care Homes	2,390
	Day Services	45
	Respite	-10
	Accommodation with Support	816
	Other	4,855
	Physical Disabilities	9,194
5		
	Dundee Drug Alcohol Recovery	5,415
	Care at Home	0
	Care Homes	401
	Day Services	70
	Respite	0
	Accommodation with Support	364
	Other	779
	Drug and Alcohol Recovery Service	7,029

		Partnership Total	
		Annual Budget	Actual Year End
		£,000	Overspend / (Underspend) £,000
6			
	A.H.P.S Admin	435	-39
	Physio + Occupational Therapy	8,942	-935
	Nursing Services (Adult)	11,290	426
	Community Supplies - Adult	343	50
	Anticoagulation	531	-119
	Other Adult Services	-83	153
	Community Nurse Services / AHP / Other Adult Services	21,458	-464
7			
	Palliative Care - Dundee	3,926	353
	Palliative Care - Medical	1,972	117
	Palliative Care - Angus	494	-28
	Palliative Care - Perth	2,339	15
	Stroke Neuro Rehab Unit (ward 5)	2,248	-77
	Dietetics (Tayside)	5,015	106
	Sexual & Reproductive Health	2,911	59
	Medical Advisory Service	88	-9
	Homeopathy	45	-14
	Tayside Health Arts Trust	88	0
	Psychological Therapies	8,558	-107
	Psychotherapy (Tayside)	1,467	-106
	Perinatal Infant Mental Health	904	-26
	Learning Disability (Tay Ahp)	989	-145
	Lead Partner Centrally Managed	497	-376
	Lead Partner Services	31,540	-238
8			
	Working Health Services	0	31
	The Corner	756	-2
	Ijb Management	1,042	-64
	Partnership Funding	29,326	0
	Urgent Care	2,714	-148
	Community Health Team	24	-23
	Health Inclusion	1,494	-155
	Primary Care	1,321	-90
	Support Services / Management Costs	-6,638	-532
	Other Dundee Services / Support / Mgmt	30,039	-983
	Centrally Managed Budget	3,522	3,467
	Total Health and Community Care Services	242,522	5,440
	Other Contractors		
	FHS Drugs Prescribing	36,193	-809
	Other FHS Prescribing	42	31
	General Medical Services	35,383	578
	Dundee 2c (gms) Services	457	282
	FHS - Cash Limited & Non Cash Limited	27,125	-114
	Large Hospital Set Aside	23,198	0
	In-Patient Mental Health	14,842	396
	Grand H&SCP	379,762	5,805
	Lead Partner Services Recharges Out	-19,113	144
	Lead Partner Services Recharges In	12,814	598
	Hosted Recharge Cost Pressure Investment	888	-888
	Hosted Services - Net Impact of Risk Sharing Adjustment	-5,412	-146
	Grand Total	374,351	5,659

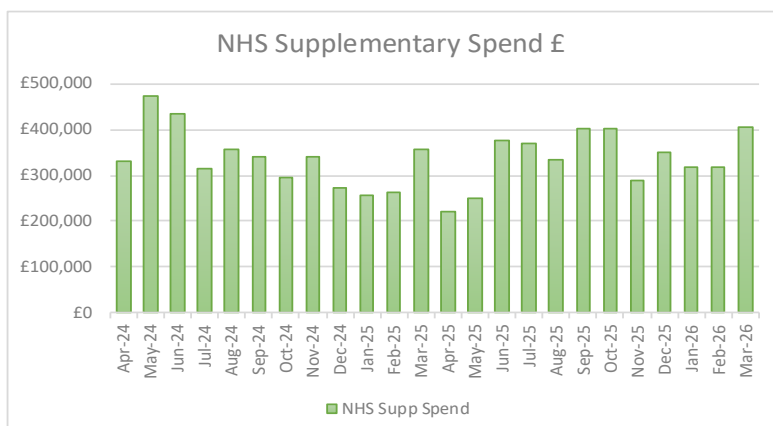
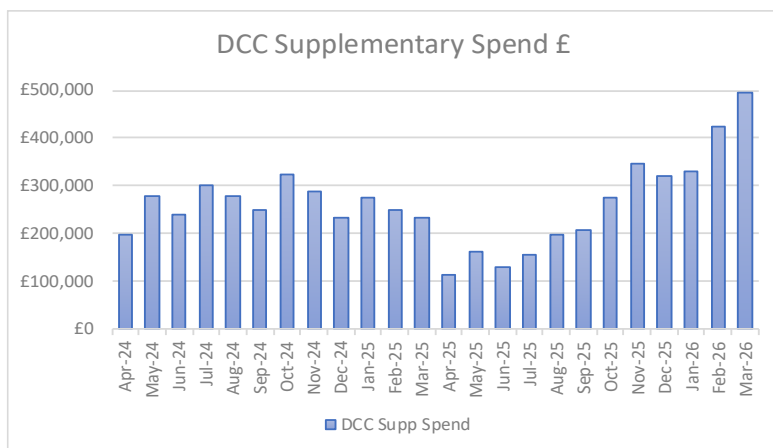
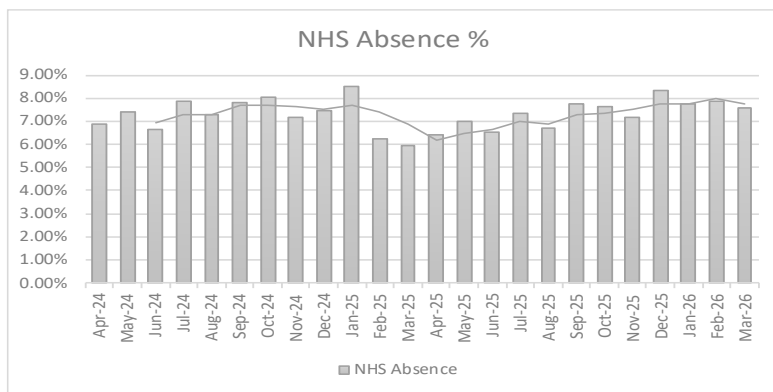
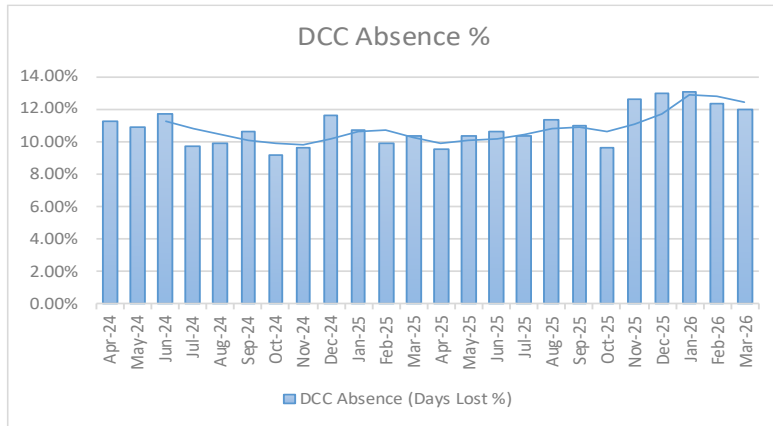
NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards			Appendix 3
Recharge to Dundee IJB			
Risk Sharing Agreement - Mar 26			
	Annual Budget £000s	Projected End Over / (Underspend) £000s	Dundee Share of Variance £000s
Lead Partner Services - Angus			
Forensic Service	1,379	57	22
Out of Hours	10,396	2,718	1,071
Tayside Continence Service	1,628	373	147
Locality Pharmacy	3,762	0	0
Speech Therapy (Tayside)	1,889	(118)	(47)
Sub-total	19,053	3,030	1,194
Apprenticeship Levy & Balance of Savings Target	19	51	20
Total Lead Partner Services - Angus	19,072	3,080	1,214
Lead Partner Services - Perth & Kinross			
Prison Health Services	5,915	(495)	(195)
Public Dental Service	3,330	(619)	(244)
Podiatry (Tayside)	4,126	(421)	(166)
Sub-total	13,371	(1,534)	(604)
Apprenticeship Levy & Balance of Savings Target	79	(29)	(11)
Total Lead Partner Services - Perth&Kinross	13,450	(1,563)	(616)
Total Lead Partner Services from Angus and P&K	12,814		598

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	Dundee IJB - Budget Savings List 2025-26					Appendix 4
Agreed Savings Programme						
	Efficiency / Management Action	2025/26 Value £000	Risk of non-delivery	Anticipated 25/26 Delivery £000	%age	Unfunded cost pressure £000
	Recurring Actions					
1)	Dundee City Council Review of Charges – Additional Income	374	Low	374	100%	
2)	Additional Community Alarm Charge to DCC Housing	34	Low	34	100%	
3)	Removal of long-term vacant posts (staff slippage / vacancy factor)	1,300	Low	1,300	100%	
4)	Joint commissioning of POA beds with neighbouring IJB	971	Medium	486	50%	
5)	Review and reduction of High-Cost care packages and additional 1:1 support spend	200	Medium	100	50%	
6)	Maximising opportunities through alternative funding	200	Low	300	150%	
7)	Reduction in supplementary staffing spend (3% target)	225	Low	200	89%	
8)	Review and reduction of Senior Management Structure	500	Low	400	80%	
9)	Admin efficiency review	100	Medium	50	50%	
10)	Benefits from Pharmacy transformation workstream within NHST	500	Low	500	100%	
11)	Care at Home Efficiencies (to address existing overspend)	0	High			-3,500
	Total Recurring Operational Efficiency Initiatives	4,404				
	Non-Recurring Proposals					
12)	Further 0.25% operational efficiency target	507	Medium	380	75%	
13)	Management of natural staff turnover / vacancy management	200	Low	200	100%	
14)	Restructuring of funding to ADP	500	Low	500	100%	
	Total Non Recurring Initiatives	1,207				
	Total Operational Efficiencies and Non-Recurring Initiatives	5,610		4,824	86%	
	Savings	2025/26 Value £000	Risk of non-delivery	Anticipated 25/26 Delivery £000	%age	Unfunded cost pressure £000
	Recurring Proposals					
1)	Remove Demographic growth investment	2,046	Low	2,046	100%	
2)	Reduction in uplift funding provision to external providers	1,492	Low	1,492	100%	
3)	Reduction of Commissioned Care Home beds	500	Low	500	100%	
4)	Third Party Commissioned Service	1,000	Low	842	84%	
5)	Housing with Care review	300	Low	300	100%	
6)	Community Meals Service review	100	Low	100	100%	
7)	Palliative Care and MfE service review	200	Medium	100	50%	
8)	Digital Transformation and Agile Working opportunities	1,000	High	0	0%	
9)	Charging policy review	200	High	0	0%	
10)	Whole system charging process, eligibility criteria and income maximisation	500	High	0	0%	
	Total Recurring Savings Proposals	7,338				
11)	Utilisation of IJB Reserves	550	Low	550	100%	
12)	Reduction of Transformation Reserve	1,500	Low	1,500	100%	
13)	Further utilisation of IJB Reserves	379	Low	379	100%	
14)	Whole-system cost pressure funding	2,171	Low	2,171	100%	
	Total Non-Recurring Proposals	4,600				
	Total Savings Proposals	11,938		9,980	84%	
	Total	17,548		14,804	84%	

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Supplementary Staffing Spend and Absence Data Monitoring



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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 JUNE 2026

REPORT ON: TAYSIDE TOGETHER PALLIATIVE CARE MATTERS FOR ALL STRATEGY

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB31-2026

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to present and to seek approval for the Tayside Together Palliative Care Matters For All Strategy

2.0 RECOMMENDATIONS

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

- 2.1 Notes and approves the content of the Tayside Together Palliative Care Matters For All Strategy as attached as Appendix 1 to this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 BACKGROUND INFORMATION

- 4.1 The Scottish Government published its National Strategy - Palliative Care Matters for All (2025-2030) in September 2025. The overall aims of the National Strategy are:

Enabling people and communities – Scotland is a place where people of all ages and their communities can help and support each other to live as well as possible with life shortening conditions, dying, death and bereavement

Strengthening Palliative Care – People of all ages with life shortening conditions and their families and carers receive palliative care, care around dying and bereavement support based on what matters to them.

- 4.2 Palliative care is delivered across a whole range of settings including at home, in care homes, in acute hospitals, in non-acute or community hospitals and specialist palliative care units or hospices. Palliative care is provided across all age ranges.
- 4.3 The need for palliative care is growing. People are living longer, often with multiple health conditions, and most will need palliative care at some stage in their lives, whether at diagnosis, during their illness, or when they are dying. Need for palliative care is also increasing among children and young people, and advances in care mean that more children with complex conditions are living into adulthood and requiring ongoing specialist support.
- 4.4 Following on from the National Strategy, NHS Tayside agreed to develop a Tayside Palliative Care Strategy as a key Corporate Objective for 2025/26 to ensure a focus on delivering the aims of the National Strategy at a local level. Given the range of settings and services where palliative care is provided and the community based interactions with those with life shortening conditions, those who are dying and those who are bereaved, a whole system together approach is key to ensure the delivery of the national aims. The three Tayside Integration Joint

Boards are critical in ensuring strategic planning for services with and for communities ensures a strong focus on working together to improve life, health and care for people of all ages living with life shortening conditions, dying or experiencing bereavement in Tayside.

- 4.5 The Tayside Strategy has been developed over the course of 2025/26 following the establishment of a Tayside Together Palliative Care Steering Group which has multi service/multi agency representation including the independent and charity sectors and building on the wide ranging experience, knowledge and insight of the Tayside Palliative Care Managed Care Network. The draft strategy has been shared with and discussed at each of the Integration Joint Boards Strategic Planning Groups with the feedback received helping shape the final strategy attached to this report.
- 4.6 The Tayside Strategy will provide the framework to develop a new target operating model for palliative care across the whole system. Once the Tayside Strategy is published, patients, service users and families and stakeholders will be clear around how they will be supported in Tayside in relation to palliative care, care around dying and bereavement support.
- 4.7 The strategy is being considered for approval by each of the Tayside Integration Joint Boards and NHS Tayside. Following approval, public facing and accessible versions of the strategy will be published.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

- 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 and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Officer

DATE: 03 June 2026

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Tayside Together Palliative Care Matters for All Strategy

“Working together to improve life, health and care for people of all ages living with life shortening conditions, dying or experiencing bereavement in Tayside”

**Right Care, Right Time, Right Place, Right People,
Right Experience, Right Outcome**

Status: Draft for consultation

Author: Tayside Together: Palliative Care Steering Group

Approval: NHS Tayside and Angus Integration Joint Board (IJB), Dundee IJB, Perth and Kinross IJB

Date: June 2026

Version: v.12b

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1. Foreword

Palliative care matters to us all. At some point in our lives, we will either need this support ourselves or for someone we care about. It focuses on what is most important to people, of all ages, living with life shortening conditions, those who are dying, and those who are bereaved.

Good palliative care helps people live as well as possible for as long as possible, supporting comfort and dignity for people and their families and unpaid carers, recognising the distinct role, rights and contributions of unpaid carers throughout life-shortening illnesses. Good care around dying does the same for those who are dying in their last hours, days and weeks of life and in bereavement. We only get one chance to get this right.

The need for palliative care in Tayside is growing. People are living longer, often with multiple health conditions, and most will need palliative care at some stage in their lives, whether at diagnosis, during their illness, or when they are dying. Need for palliative care is also increasing among children and young people, and advances in care mean that more children with complex conditions are living into adulthood and requiring ongoing specialist support.

Meeting this need requires people, families, neighbours, communities and all our services to work together. It also means being more open as a society about death, dying, illness and what matters most.

The Scottish Government's national strategy, "Palliative Care Matters for All" sets out two clear aims: to empower communities to support one another and to strengthen palliative care so people receive support based on what matters to them. Achieving this depends on sustainable, person-centred public services, strong community networks and third sector organisations working side by side.

Across Tayside, there is a strong commitment to fulfil these aims and we have solid foundations to build on. But we know we can and need to do more. Improving palliative care means building on what is good and of most value to people, thinking and working differently when this brings improvement and continually learning and working together into the future.

"Tayside Together: Palliative Care Matters For All" builds on our strengths and on the experiences of people, carers, communities, and professionals. Our goal is to ensure that everyone receives the right care, at the right time, from the right people, in the right place, so that their experience, and the outcome, is the right one. A goal that requires a collective effort.

Together, we will support communities across Tayside to care for one another and ensure that everyone who needs palliative care or care around dying receives it in a way that reflects what matters most to them.

2. Terms Used in National and Tayside Strategies

Term	Definition
Palliative care	Is holistic care of a person of any age living with life shortening conditions and their family, carers and unpaid carers that focuses on what matters to them. It can start from around the time of diagnosis and includes care when someone is dying through to death.
General Palliative Care Service	Palliative care for people of all ages that is provided by many different health and social care staff as part of their usual care of people living with life shortening conditions, wherever they live or have care. General palliative care is sometimes called 'a palliative care approach'.
Specialist Palliative Care Service	Any team or service (NHS or independent hospice service) providing specialist services delivered by a multidisciplinary team of staff who are specialists in palliative care, and sometimes trained volunteers. Specialist palliative care services are for people of all ages wherever they live or have care and is important when the person's care is more complicated and harder to manage. Specialists offer advice and education to staff providing general palliative care.
Care Around Dying	Holistic care of a person of any age who is dying and in the last hours, days or weeks of their life, that focuses on comfort and includes people close to them who are supported into bereavement. Care around dying is a shared social, community and clinical responsibility. We now use the term 'care around dying' instead of 'end of life care' because the older wording causes confusion with palliative care which can be important long before someone is dying.
Compassionate Communities	A broad term that can include a person's own networks of family, friends, neighbours, work colleagues, social or faith/belief groups and others they meet. Some compassionate communities are more organised groups that actively encourage, support and facilitate care for one another, seeing that as everyone's responsibility.
Family, carers and unpaid carers	We mean anyone who is close or important to a person, such as family members, relatives, partners or close friends. We also recognise unpaid carers as individuals (who may or may not be family members) who provide ongoing care and support as part of the person's care team. Unpaid carers are key partners in care and have specific rights under the Carers (Scotland Act 2016) and public services have statutory duties to identify and support them.
Frailty	When a person is living with frailty, their body gradually loses its in-built reserves. This leaves them vulnerable to changes in their health or circumstances and makes it harder to recover from an injury, infection or illness.
Future care planning	Ongoing, shared decision-making that supports people of all ages and their families and carers to manage changes in their life, health and care. Personalised future care plans include what matters to the person and options to guide staff in a health or social care emergency.

Terms Used in National and Tayside Strategies (Cont.)

Term	Definition
Health and Social Care Partnership (HSCP)	HSCPs are partnerships that integrate delegated services provided by Health Boards and Local Authorities/Councils in Scotland. Each partnership is run jointly by the NHS and local authority. HSCPs are directed by their area Integration Joint Boards (see definition below).
Holistic care	Holistic care is person-centred and helps people with managing symptoms, emotional, psychological, social or financial problems, and spiritual wellbeing, regardless of faith or belief.
Integration Joint Board (IJB)	IJBs are a type of Integration Authority and are responsible for planning and commissioning health and social care services for the people living in their areas.
Life-shortening condition	Illnesses or health conditions where health will deteriorate over time and the person will eventually die with these conditions.
Long term conditions	Long term conditions (sometimes referred to as chronic diseases) last a year or longer, may limit what a person can do, and require ongoing medical care. Some long-term conditions become life shortening conditions that cause or contribute to a person's death. These include heart, lung, kidney or liver conditions, neurological conditions, blood vessel (vascular) diseases including stroke, and some types of cancer.
Multidisciplinary team	Groups of health and/or social care staff from different professions or backgrounds who work together to provide care and support for people of all ages, their families and carers.
Realistic Medicine	Realistic Medicine means decisions about a person's care are made jointly between the individual and their care team. It is kind and careful care that delivers better outcomes and experiences for people, supports healthier lives, reduces unnecessary treatments, adverse events and hospitalisations, and uses available resources sustainably.
Specialist Palliative Care Unit	A specialist palliative care unit provides inpatient care from palliative care specialists. This can be in a separate building or be specialist beds within a hospital ward. Sometimes called a 'hospice', it can be run by the NHS or an independent hospice¹ service <i>1. An independent hospice is a registered charity regulated by Healthcare Improvement Scotland that operates through a combination of charitable and NHS funding to provide specialist palliative care services</i>

3. Common misunderstandings about palliative and care around dying: what they really mean today

“Palliative care is only for when you are dying.”

Palliative care is about living well, not just about dying. It can support people for months or even years, alongside treatment for their illness, helping them manage symptoms, maintain independence, and focus on what matters most to them.

“Palliative care means giving up.”

Palliative care is about living with quality, purpose and control. It helps people make informed choices, maintain dignity and stay connected to the people and activities that matter to them. It complements other treatments, not replaces them.

“Palliative care only happens in hospices.”

Most palliative care happens in homes, communities, care homes, hospitals and in GP practices, supported by families, neighbours and professionals working together. It includes specialist palliative care services but is not only about specialist palliative care services. It is part of everyday health and social care.

“Talking about care around dying will somehow bring it closer.”

Open conversations reduce fear, strengthen relationships, and help people receive the care they want. Talking about death and dying is an important part of living well. Discussing what matters won't change the timing of death and does not impair hope but may provide opportunities to change the experience for the better.

“Care around dying is the same as palliative care.”

Palliative care is for anyone with a life shortening condition. It can support people from diagnosis, throughout treatment, during recovery, through to survivorship or when they are dying.

‘Care around dying’ describes the holistic care provided in the last hours, days and weeks of life. Care focuses on comfort, dignity and support for the person and those close to them, continuing into bereavement. We use ‘care around dying’ instead of ‘end of life care’ to avoid confusion with palliative care, which can be needed much earlier.

“Palliative care is only for people with cancer.”

Palliative care may be for people who have cancer, but it is not only for people with cancer. It supports anyone living with a life-shortening condition, including organ failure like heart, lung, kidney or liver disease, dementia, frailty, neurological conditions and many others. It focuses on quality of life no matter what illness a person has.

“Hospices are for when you are dying.”

Hospices are Specialist Palliative Care Inpatient Units. They may be run by the NHS or by charities. They support people with life-shortening conditions by helping manage symptoms, offering treatments, and providing care around dying.

People are admitted to a hospice not only when they are dying, but also to help manage difficult symptoms or to support them to return home from another care setting.

“A syringe pump means someone is dying.”

A syringe pump (previously known as a syringe driver) can be used in palliative care at any stage of a person's illness. It delivers medicines at a fixed rate over a 24-hour period through a fine tube placed under the skin.

These medicines can help symptoms such as pain, nausea and/ or vomiting, breathlessness, anxiety, excess secretions, or other symptoms.

A syringe pump is used whenever this is the best way to give medicines, for example if tablets are not suitable or cannot be swallowed. A syringe pump is not only used when someone is dying, it can be a temporary solution until someone is able to swallow medicines again.

“Palliative care is only the responsibility of specialists.”

Palliative care is a shared responsibility delivered by communities, families, health and social care teams, and specialist services working together. It succeeds when the whole system works as one.

4. Introduction

Experiences of illness, caring, dying, death, loss and bereavement affect every one of us. The quality of care and support provided around dying and bereavement has a profound and lasting impact. We know there is only one opportunity to get it right.

Increasing numbers of people are living for many years with life shortening conditions, and more children with complex conditions are living into adulthood. These changing demographics place growing and sustained demands for care and support on individuals, families, communities, and services.

We recognise that many people receiving palliative care are part of families that include children and young people. It is important that support for individuals and families considers the needs of children, including working collaboratively with education services and children's services where appropriate. This helps ensure children receive age-appropriate information, emotional support and continuity, particularly as a person's condition progresses.

The national strategy recognises Scotland's ageing population, increasing numbers of people living with multiple long-term conditions, and the need for public services that are sustainable, preventative and able to deliver effective support within communities now and in the future.

It calls for better integration across hospital, community and specialist services, improved public understanding of life shortening conditions, death and bereavement, and stronger community-led networks to support open conversations and compassionate responses.

These national commitments set the context for Tayside's local strategy, ensuring that our approach aligns with Scotland's ambition for equitable, high quality, coordinated palliative care for people of all ages.

5. Local Context and Challenges

Local Context

Palliative care and care around dying are both social and clinical experiences. While professionally led services provide essential expertise, coordination and safety, people's experiences of illness, dying and bereavement are shaped just as strongly by families, relationships, culture and community life. This strategy therefore recognises palliative care as a shared responsibility across health and social care services, the third sector, communities and people, reflecting a public-health, assets-based approach.

Palliative care in Tayside is delivered through a strong whole-system, multi-disciplinary and multi-agency model, underpinned by a holistic commitment to person-centred support. The system integrates a broad community network of primary care, health and social care services, hospital care, ambulance services, out-of-hours provision, care homes, social care teams, equipment services, and both adult and paediatric specialist palliative care.

This includes a significant contribution from the independent sector, who provide a wide range of care across Tayside, including care at home, community-based services, and care home provision. Independent providers are key partners in delivering both general palliative care and care around dying, particularly within nursing and residential care settings, and play a vital role in supporting people to remain in their communities.

In addition, social care services and care home provision represent a significant strength within the Tayside system and play a central role in the delivery of both general palliative care and care around dying. Across Tayside, care home teams, home care services and wider social care providers support a large proportion of people living with life-shortening conditions, often over extended periods and into the final weeks and days of life. These services provide continuity of care, person-centred support and oversight of daily needs, while working closely alongside families, unpaid carers and health professionals. Their contribution is essential to enabling people to remain in their own homes or homely settings, supporting future care planning, and ensuring coordinated, compassionate care across the whole system.

Within this system, general and specialist palliative care work closely together to provide seamless support. Palliative care is delivered in a variety of care settings by non-palliative care specialist professionals. When needs become more complex specialist teams offer expert assessment, treatment, collaboration, direct care and advice. By working in partnership and through shared learning, people receive the right level of care at the right time, wherever they are cared for.

General Palliative Care

General palliative care in Tayside is delivered across many care settings, such as in a person's own home, a care home, an acute or community hospital. It is provided by a wide range of health and social care professionals, (such as General Practice, community nursing teams, social care, care home teams, improving cancer journey and many more) who support people with life-shortening conditions as part of normal health and social care. They play a central role in the following:

- Identifying and managing symptoms, with regular review of needs
- Supporting future care planning and shared decision-making
- Coordinating care across teams, services and families
- Communicating clearly about what matters to the person
- Providing emotional, practical and information support to individuals, families and unpaid carers, including recognition of carers' own needs
- Enabling people to remain at home where appropriate, with crisis response and reablement when needed
- Avoiding unnecessary or unwanted hospital admissions
- Identifying when inpatient care is needed and beneficial
- Maintaining continuity and personalisation of care across all settings
- Facilitating safe, timely, coordinated discharge home or to community services.

Specialist Palliative Care

Specialist palliative care is provided by NHS or Independent Specialist Palliative Services through multidisciplinary teams with specialist expertise in palliative care, in some settings supported by trained volunteers. It is available to people of all ages, wherever they live or receive care, and is particularly important when needs are more complex or harder to manage. Specialist teams work alongside generalist services, offering direct care, expert advice, support and education to enable high-quality palliative care across all settings.

In Tayside, adult specialist palliative care is delivered across community, hospital and inpatient settings. Services include symptom control clinics, Macmillan Nursing support and day services in each locality. It is provided by an NHS Service, managed through Dundee Health and Social Care Partnership on behalf Angus, Perth & Kinross Partnerships and NHS Tayside. Inpatient care is provided within Specialist Palliative Care Units within Roxburghe House in Dundee (serving Dundee and Angus) and Cornhill Macmillan Centre in Perth and Kinross, with additional teams based in Perth Royal Infirmary and Ninewells Hospital, including three Acute Palliative Care beds at Ninewells Hospital.

Children's specialist palliative care services are provided in Partnership between NHS Tayside, Children's Hospices Across Scotland (CHAS)

Specialist palliative care includes:

- Managing complex symptoms and clinical situations
- Providing coordinated multidisciplinary assessment, treatment and therapeutic support
- Offering specialist advice and guidance to generalist teams across all care settings
- Delivering inpatient, outpatient, hospital and community-based specialist care
- Providing specialist input to care around dying, including complex physical, psychological, social and spiritual needs
- Supporting families and carers through difficult decision-making, complex care planning and bereavement
- Facilitating seamless transitions between hospital, specialist palliative care units, home and community services
- Providing access to specialist expertise across Tayside, including out-of-hours advice and support.

Third Sector and Partners

Third sector organisations are central to the delivery of palliative care in Tayside, contributing a diverse range of specialist services, community-based support and advocacy. National, regional and local partners work alongside health and social care services to enhance care across all settings, supporting individuals, families and unpaid carers throughout life-shortening illness, dying and bereavement.

These partnerships enable a more responsive, person-centred system of care, combining professional expertise with community networks and local knowledge.

Bereavement and community organisations provide essential emotional support, information and guidance, helping people navigate some of the most difficult stages of life.

As our system develops, we will continue to build and strengthen partnerships across the third sector to ensure support remains inclusive, accessible and responsive to changing needs.

Challenges

Tayside, like the rest of Scotland, is experiencing significant pressures that mean we must collaborate and develop new ways of working. To keep our services strong for the future and respond to people's changing needs, several system-wide challenges must be addressed.

- **Build Proactive Care where possible:** Timely access to palliative care is invaluable to maximise all benefits. Where possible, there is a need to move towards a preventative, proactive model of care that identifies and addresses palliative care needs earlier, delivering the right care, at the right time, in the right place with the right people. This means challenging the myth that palliative care is only for when someone is dying. These principles also apply when reactive care is required, to ensure the right experience and outcome.
- **Aging population:** Tayside's population of around 417,650 is growing and aging, increasing demand for palliative care. With 21.3% of people now of pensionable age and a projected 24% rise in people aged 75+ by 2028, more people are living longer with frailty, dementia and multiple long-term conditions. This trend is particularly evident in rural Angus and Perth & Kinross, placing additional pressure on community-based services and reinforcing the need for a proactive, integrated palliative care system across all settings.
- **Vulnerable and hard to reach groups:** Our strategy recognises that some people face greater barriers to accessing palliative care, and we are committed to reducing these inequalities. This includes people experiencing homelessness, substance use, social isolation or involvement with the justice system (including prison), as well as people from ethnic minority communities, LGBTQ+ individuals, and those who are neurodivergent. Neurodivergent individuals (including those with autism, ADHD and learning disabilities) may experience additional barriers related to communication, sensory environments and navigating services, requiring flexible and personalised approaches.

We aim to deliver an equitable system of care that respects different lived experiences, cultures and identities, so that palliative care is accessible and responsive to everyone, regardless of background, location or socio-economic circumstances.

- **Shifting the Balance of Care:** We aim to ensure people receive care in the right place, at the right time, based on their needs and preferences supported by professional judgement. For many people, this will involve care at home, while for others hospital or specialist palliative care unit support may be more appropriate at certain points. Supporting people to move between settings, including timely discharge where appropriate, is an established and essential part of care.

General practice, community nursing and out-of-hours services already play a central role in coordinating and delivering palliative care in the community. This strategy builds on existing practice by strengthening shared decision-making, communication and close working between generalist and specialist teams, so care remains safe, coordinated and responsive as needs change.

Delivering this approach relies on services working together and making the best use of available resources across the whole system. Continued collaboration between health, social care, voluntary and community partners support sustainable care that reflects both people's needs and the realities of service delivery.

- **Mental Health and Wellbeing:** Palliative care in Tayside is rooted in the four-domain model; physical, psychological, social, and spiritual care. This recognises that serious, life-shortening illness affects every aspect of a person's life and identity. Mental health and emotional wellbeing are therefore integral to palliative care, ensuring support for not only physical needs but also the emotional, relational, and spiritual impact on the person and those close to them.

We also acknowledge the emotional demands on staff. Regular exposure to suffering and complex decision making can lead to moral distress and moral injury. Supporting staff wellbeing through reflective practice, team support, and psychologically safe environments is essential to sustaining compassionate, high-quality care.

- **Geographical Equity:** Tayside's geography includes urban centres and remote and rural communities. Our aim is to ensure equity so that everyone, regardless of where they live, can access the right care in the right way. This means finding local solutions, so that location never determines the quality of support a person receives.

6. The Landscape of Need: Illness and Experience in Tayside

To plan sustainable services, we need a clear understanding of the disease burden and demographic pressures unique to Tayside. Our approach takes a whole-life perspective, recognising that palliative care needs can begin before birth, including in situations of stillbirth or life-limiting conditions identified in pregnancy, and extend through childhood, adulthood and into old age.

We share a commitment to providing care and support sensitively and collaboratively, ensuring that every family, at any stage of life, receives compassionate, appropriate and well-coordinated support.

6.1 Prevalence of Illness and Clinical Need:

While certain cancers remain life-shortening illnesses and may require both general and specialist palliative care input, the prevalence of non-cancer conditions along with multi-morbidity (more than one illness) is rising.

- **Cancer:** The most prevalent cancers in Tayside are breast, lung, bowel and prostate cancers. Late-stage diagnoses are more prevalent in those who live in the most deprived areas, particularly for lung and colorectal cancers. Palliative care plays an essential role in managing complex symptoms, supporting decision-making and coordinating care, particularly for people with advanced cancer.
- **Multi-morbidity and Long-Term Conditions:** Around 30% of adults live with one or more long-term conditions, with the prevalence of heart failure, Chronic Obstructive Pulmonary Disease and dementia increasing locally. These conditions often involve unpredictable "dips" in health, requiring a more flexible approach. Palliative care is important for improving a person's quality of life by managing symptoms and other issues that can arise during periods of instability.
- **Frailty:** Around 10% of people aged 65+ and 25–50% of those aged 85+ are living with frailty. The level of frailty, whether temporary or more sustained, guides decisions about treatment, recovery and quality of life. Both specialist frailty services and palliative care teams play an important role in supporting resilience, strengthening future care planning and ensuring care and treatments align with what matters most to each person.
- **Children and Young People:** An estimated 450–500 children and young people aged 0–25 in Tayside are living with life shortening conditions. These numbers are likely to rise as advances in neonatal and medical care enable more children with complex conditions to survive into childhood and early adulthood. Children's palliative care is highly specialised and often complex, involving a coordinated network of professionals who support families throughout their journey, including the important transition from paediatric to adult services.

6.2 Specialist Palliative Care Service Activity Trends (2019–2025):

The following summarises trends in Specialist Palliative Care for adults activity across Tayside from 2019 to 2025. This data reflects changes in demand across community, hospital and inpatient Specialist Palliative Care services, illustrating the increasing role and complexity of specialist teams.

In line with increasing need for general palliative care, need for Specialist Palliative Care services has also increased across Tayside:

- Total activity (excluding Dundee community where data was not available) increased by **16%**
- Community activity increased in Perth & Kinross by **31%**, with activity in Angus remaining stable
- Hospital palliative care team activity increased by **13%** (Ninewells) and **11%** (Perth Royal Infirmary)
- Inpatient admissions increased significantly:
 - Roxburghe House: **+32%**
 - Cornhill Macmillan Centre: **+25%**

Overall, these trends point to rising demand and increasing complexity across both community and specialist palliative care settings.

These figures should contain some variation in data completeness across systems, particularly in community data, where activity may be underestimated.

7. Understanding Where People Receive Care Around Dying

People's experiences in the final hours, days and weeks of life are shaped by many factors including their illness, the treatments available, their preferences, the needs of those close to them and the realities of care. Prior to these last weeks of life, most people spend this time at home or in their community, but the final phase of life can be unpredictable. Treatments may or may not work, needs can change quickly and families may feel differently about what feels most safe or comfortable. Our aim is to understand these patterns, support people's preferences where possible and ensure compassionate, coordinated and responsive care in any setting.

Time spent in the community: Looking wider at the last 6 months of life, people who die of expected causes in Tayside spend most of their final months in a community setting. In 2024/25, around 90.8% of the last six months of life was spent outside hospital, with an average of 16.5 days spent in hospital. Reasons for hospital stays during this period are varied, including assessment, treatment, changes in a person's condition or practical arrangements needed before returning home.

Illness can be unpredictable, and appropriate treatments may not always work as expected. As a person's condition changes, their needs may also rapidly evolve and therefore, hospital care may be necessary and appropriate, even when strong community support is in place.

Place of Death: In 2024/25, in Tayside, (excluding traumatic/ external causes):

- 30.1% of deaths occurred at home (1,461 people)
- 21.8% occurred in care homes (1,058 people)
- 31.3% occurred in acute hospitals (1,521 people)
- 6.8% occurred in non-acute/community hospitals (330 people)
- 9.6% occurred in Specialist Palliative Care Units (467 people)

This equates approximately to:

- 1 in 3 deaths occurring in hospital
- 1 in 3 deaths at home
- 1 in 5 deaths in care homes
- 1 in 10 deaths in Specialist Palliative Care Unit settings
- 1 in 20 deaths in community hospitals

These patterns reinforce that care around dying is delivered across the whole system, with the highest demand in home and acute hospital settings, alongside a significant and sustained contribution from care homes and specialist palliative care services.

This distribution highlights the need for a coordinated whole-system response to care around dying, ensuring the right care, in the right place, at the right time across all settings.

Care homes: are a primary setting for delivery of palliative care in Tayside. They support around one in five deaths and care for many people living with frailty and complex needs. This strategy recognises care homes as key clinical partners in providing high-quality palliative care and care around dying.

Specialist Palliative Care Units: Around 1 in 10 expected deaths occur within Specialist Palliative Care Units, delivered by relatively small specialist teams across a limited number of facilities. This concentration of care highlights both the critical role of specialist services and the importance of supporting staff who provide high-intensity care around dying.

Care Around Dying: In last hours, days and weeks of life people's needs and preferences can change significantly and are not always predictable. Some people wish to remain at home, supported by family and community teams, while others may feel more comfortable in hospital or specialist palliative care settings as their condition changes. What matters most is that people and those close to them feel supported, informed, have symptoms managed and they feel confident about the care available to them.

We also recognise the importance of coordinated, integrated and collaborative care around dying in the community, and that achieving a safe, supported and comfortable death at home may be influenced by the availability and configuration of care. Across Tayside and nationally, there is a significant amount of 24/7 care delivered by community and social care services. However, challenges remain in supporting people who require sustained 24-hour support to remain in their own home, particularly where overnight or continuous presence is required.

In practice, this may result in care being delivered through responsive visit-based models in people's homes, or through alternative settings such as care homes when this better meets the level of need. These pressures are felt locally, and many families and unpaid carers continue to provide significant caring responsibility during the final phase of life.

Within this context, the greatest opportunity to support people's wishes lies in ensuring:

- **timely recognition** that someone is entering the last days or weeks of life
- **clear, honest communication and shared decision-making** between professionals, individuals and families
- **responsive community support**, even if services vary locally
- **coordinated care** that is present when needed and unobtrusive when not
- **alternatives** where care at home is not possible to achieve

Our goal is to help people remain at home in their final days if that is their preference and if it can be supported safely. Equally, we aim to ensure that, regardless of place of care or care setting, a person's final days are met with dignity, comfort and compassionate care.

8. Shared Challenges and Systemic Barriers

Tayside must address the "Right Care, Right Place" goal within a complex political and financial environment.

- **Service Variation and Workforce Fragility:** Access to palliative care is inconsistent across Tayside. Workforce pressures are significant across the whole system, including primary care, secondary care, district nursing, care homes and third-sector partners. With an ageing workforce, we must protect staff wellbeing while innovating to ensure service continuity.
- **The "Knowledge Gap":** Public and professional understanding of palliative care is often focused on "the final days or dying", with less awareness of its role in supporting people to live with life shortening conditions. This misperception can lead to inconsistent Future Care Planning and missed opportunities to benefit from timely palliative care.
- **Inequalities:** Some groups in Tayside face barriers to palliative care. People with mental health conditions, learning disabilities, non-cancer illnesses, homelessness, ethnic minorities, cultural minorities or those in the prison system often have poorer access to support or need support in a culturally sensitive way. Rural communities can experience reduced access to service due to distance, while deprived urban areas face higher rates of premature mortality and multi-morbidity.

9. Using Information and Experiences to Improve Care

We will strengthen our understanding of palliative care need, impact and priorities by bringing together information from National Records of Scotland, Public Health Scotland as well as local insights from relevant services and third sector partners.

By connecting this information with an understanding of peoples lived experience, we can identify local gaps in palliative care provision and delivery and focus resource for improvements where they are needed most. This evidence will support future service planning that establishes palliative care as a priority. Public partnerships will be key to this.

Variability in data sources and system limitations highlight the need to strengthen data quality and integration across community and acute services. Improving data accuracy and consistency will be essential to support planning, evaluation and continuous improvement.

10. The Tayside Partnership Commitment

High-quality palliative care in Tayside relies on strong partnerships. People, families and unpaid carers sit at the centre, supported by National Health Service teams, Local Authorities and Social Care services. Voluntary organisations, faith groups and community networks add specialist skills, emotional support and local connection.

General practice plays a central leadership, coordination and accountability role within Tayside's palliative care system. As providers of longitudinal, relationship-based care, GPs are often best placed to identify palliative care needs early, initiate future care planning, coordinate multidisciplinary input and retain oversight of overall clinical management. This leadership role is exercised in partnership with community nursing, specialist services and wider multi-disciplinary teams, ensuring clarity of responsibility while supporting shared decision-making and team-based care.

Compassionate care grows from the confidence, skills and kindness people show one another through illness, dying and bereavement. This is strengthened by voluntary and charitable organisations, alongside the social and spiritual support offered by community and faith groups.

A well informed and supported workforce is essential. By working closely with staff-side representatives, professional bodies and trade unions, staff voices shape service design and their wellbeing is prioritised.

These partnerships reflect the many ways people support one another in formal care settings and communities. Education and training providers help equip teams, while policy makers and Integration Joint Boards provide strategic direction and financial alignment. Health and Social Care Partnerships lead the local planning, coordination and delivery of services, ensuring these priorities are translated into high-quality care.

The experiences and insights that are shared help us learn together and continually improve. Guided by Professional Associations and Regulatory bodies, this Tayside-wide alliance is committed to breaking down silos, sharing data and pooling resources so every individual receives compassionate, seamless and dignified care.

Partner Group	Role in Palliative and Care Around Dying
Families, Carers and Unpaid Cares	Unpaid carers are central to palliative care and care around dying, providing essential emotional, practical and personal support that enables people to remain at home where possible. We use the term <i>family, carers and unpaid carers</i> to reflect the range of important relationships in a person's life; however, unpaid carers are a distinct group. Not all carers are family, and not all family members are carers. Unpaid carers are key partners in care, with specific rights under the Carers (Scotland) Act 2016. Public services have a duty to identify and support them. Access to Adult Carer Support Plans, respite and wider supports helps sustain carers, build confidence and reduce distress, while supporting a compassionate, person-centred approach.
Community Services	These include Community Hospitals, GP practices, District Nursing teams, Care Home Teams and health and social care services working across homes and care settings. Their role is to provide ongoing care, symptom management, and coordination close to where people live. Palliative Care services (for both adults and children) work closely and collaboratively within the community to provide expert advice and direct support for those with the most complex needs, enabling people to remain in their preferred place of care.
Hospital Services	These include acute and specialist inpatient services within Ninewells Hospital and Perth Royal Infirmary, along with paediatric services. Together, they provide 24/7 medical oversight and interventions for those requiring hospital care. Hospital Specialist Palliative Care Teams support the wards and teams in both Ninewells and PRI. Specialist in-patient palliative care beds include the Acute Palliative Care beds in Ninewells Hospital as well as Roxburghe House and Cornhill Macmillan Centre Specialist Palliative Care Units which provide consultant-led expertise, specialist inpatient beds, and outreach to the wider hospital wards.
Local Authorities & Social Care	These services are critical for "shifting the balance of care." Angus, Dundee, and Perth & Kinross social work teams, along with commissioned providers and commercial partners, deliver the practical care and support required in people's homes. This includes care homes (both Local Authority and independent), which act as the permanent home and place of care for many. Together, these services provide the essential social, emotional, and physical support that allows people to remain in their community and avoid unnecessary hospital admissions.
24/7 Points of Contact Services	The Scottish Ambulance Service, NHS 24/111, Out-of-Hours services and acute front-door teams (such as Emergency Departments and Assessment Units) all act as vital 24/7 points of contact for people whose condition changes. They provide urgent advice, compassionate assessment, clinical support and safe transfer when needed. Working closely with community teams, hospital services and the specialist palliative care service, they help people remain at home where appropriate and ensure that decisions reflect what matters most to the individual and those close to them.

Partner Group	Role in Palliative and Care Around Dying
Voluntary & Charitable Organisations	Marie Curie, Macmillan, and CHAS provide specialist nursing and financial advice. Locally, Tayside benefits from smaller charities (e.g., bereavement support from the Archie Foundation) that enhance statutory provision.
Communities & Faith Groups	Essential for building "Compassionate Communities." These groups address social isolation and their support embraces all perspectives, whether rooted in faith or a secular belief system, ensuring palliative care is a community responsibility, not just a medical one.
Spiritual Care and Bereavement Services	These services provide essential emotional and existential support, addressing the holistic needs of patients, families and staff across all care settings. By offering a supportive presence regardless of faith or belief, they help individuals navigate complex feelings of loss, meaning and peace during life's final stages. Beyond the point of death, they provide access to coordinated bereavement support for families and carers, including universal, targeted and specialist provision delivered through NHS services, commissioned providers, third-sector and community organisations. This support is aligned to national guidance and local pathways, ensuring people can access appropriate help based on their needs, rather than a single provider. These services also play a key role in workforce wellbeing by facilitating reflective spaces and pastoral support for staff, helping to ensure that compassionate care across Tayside is culturally respectful, emotionally sustainable and responsive to the needs of both communities and the workforce.
Education & Training Providers	Includes the Universities of Dundee and Abertay, alongside clinical leads from across our palliative care system workforce. They are vital for the "Workforce Evolution" challenge, ensuring both specialists and generalists have the skills to provide palliative care and care around dying. Palliative Care Specialists across all professions within the Specialist Multi-disciplinary Team deliver education across undergraduate curricula and as an integral part of postgraduate training. This is through clinical placements, representation in examinations, formal education sessions, informal teaching and a variety of other educational opportunities.
Policy Makers & IJBs	The three Tayside Integration Joint Boards act as the commissioners. They are responsible for the strategic oversight of sustainability and delivery of a balanced budget, ensuring that services are designed for future need while remaining responsive to today's challenges.
Professional & Regulatory Bodies	The Care Inspectorate and Healthcare Improvement Scotland ensure that care across all settings remains safe, equitable and of the highest standard.

11. Our Vision and Aims

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.

Strengthen Palliative Care

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

12. Strategy Development

This strategy was developed in partnership across NHS Tayside, the three Tayside Integration Joint Boards, recognising their strategic role and their interface with national policy and Strategic Planning Groups, Health and Social Care Partnerships, primary care services, specialist palliative care services, paediatric palliative services, spiritual care, social care, care homes, ambulance services, third sector, public partners, education providers, local communities and the Tayside Palliative Care Managed Care Network. We would like to thank everyone who contributed to this.

It is shaped by the experiences of people living with life-shortening conditions, families who have experienced bereavement, local evidence and national guidance.

The strategy will be co-owned by NHS Tayside and the Angus, Dundee, and Perth & Kinross Integration Joint Boards, who are jointly responsible for commissioning and developing services. Implementation and monitoring will be managed through the Tayside Annual Delivery Plan, ensuring alignment with regional health and social care priorities.

13. Outcomes and Actions

The [Palliative Care Matters for All \(2025–2030\)](#) national strategy sets out 8 outcomes. These outcomes provide a consistent standard for what high quality, person centred palliative care and care around dying should look like across Scotland.

In Tayside, we are committed to delivering these national outcomes while recognising the progress already made locally and the specific needs of our population. Some national expectations are already being met in Tayside; therefore, our actions focus on sustaining good practice, addressing areas for improvement, and embedding the national aims in a meaningful and proportionate way.

A robust Equality Impact Assessment process will guide our understanding of impact and inequalities, and our design approach will follow the Scottish Approach to Service Design to ensure outcomes are co-created, inclusive and meaningful.

The sections below explain each national outcome, what we want to achieve, what has already been achieved, and the ambition for Tayside. They also show how this work will be delivered locally, ensuring a clear link between national ambition and local action.

Outcome 1. Supportive Communities

Outcome 2. Adult Palliative Care

Outcome 3. Paediatric Palliative Care

Outcome 4. Future Care Planning

Outcome 5. Care Around Dying

Outcome 6. Education and Learning

Outcome 7. Data and Continuous Improvement

Outcome 8. Governance, Leadership and Partnership

Outcome 1: Supportive Communities

What will we do?	We will strengthen the role of communities in supporting people during life shortening conditions, care around dying and bereavement. This includes working alongside community networks, voluntary organisations, faith and belief groups, carers and neighbours to recognise, support and build on existing community assets. By strengthening the links between communities and formal services, we will help create compassionate, resilient systems of care across Tayside.
Where are we now?	Established Public Health Palliative Care Initiatives: Active community-led work is already underway through previous projects like Truacanta, which focus on building compassionate communities, EASE programmes and community groups New Public Health Palliative Care Initiatives: Developing bereavement aware communities, starting with the introduction of the Bereavement Charter Mark in primary schools across Tayside, a pilot of one school in each locality is successfully underway with the supportive collaboration between Specialist Palliative Care, the Tayside Palliative Care MCN and the Archie Foundation Resource Development: Breathlessness management resources have been co-developed through collaboration between the Respiratory MCN and public engagement. Education and Awareness: Public Health palliative care work is currently being mapped, including the increased delivery of EASE (End of Life Aid Skills for Everyone) courses to empower people caring for someone who is dying Charitable Spotlight: Partnerships with charitable organisations are already in place but can be built further
How will we do this?	We will adopt a public-health and assets-based approach to palliative care, supporting initiatives that build community confidence, skills and openness around death, dying and bereavement. 1. Build Understanding and Shared Language. We will achieve this by: • Normalising Conversations: Supporting community-led initiatives and public health campaigns to encourage open discussion about future care preferences. • Integrated Workforce Training: Rolling out shared learning frameworks and specific initiatives across health, social care, and the Third Sector to ensure a consistent, confident approach to sensitive conversations. • Accessible Information: Developing clear, jargon-free resources in multiple formats to help patients and families navigate the care system and understand the support available to them. • Policy Alignment: Championing palliative care and care around dying awareness into local authority and corporate workplace policies, recognising bereavement and caregiving as significant life events that require compassionate organisational responses. 3. Expand Accessible Information and Community Resources: We will grow community information resources and signpost clearly to trusted national and local supports (e.g. NHS Inform, Good Life Good Death Good Grief, Palliative Care MCN, HSCPs). 4. Strengthen Community Capacity and Support Networks: We will enhance carer support, peer groups, volunteer programmes and charitable partnerships, while supporting community-led projects such as EASE courses, introducing the Bereavement Charter Mark in schools, and conversation initiatives. 5. Embed Compassionate Practice Across Local Systems: We will promote the Bereavement Charter, support schools and community organisations to adopt bereavement-informed approaches, working closely with partners.

Outcome 2: Adult Palliative Care

What will we do?	We will ensure adults with life-shortening conditions are identified early and have equitable, timely access to the right care at the right time, in the right place by the right people for the right experience and right outcome.
Where are we now?	Strong foundations: Tayside has well-established clinical collaboration across general and specialist services, supported by the Tayside Palliative Care Network. Integrated supportive care models: Consultant-led palliative input is embedded within renal and interstitial lung disease services, improving patient outcomes and experience. Similar approaches are being explored for vascular disease, cancer and neurological conditions. Unscheduled care: Partnership working with the Scottish Ambulance Service supports people at home, enabling appropriate care or admission with direct access to specialist advice. Workforce development: Palliative care education is delivered across undergraduate and postgraduate levels, with shared learning strengthening generalist and specialist practice. Community specialist services: Specialist community teams work across settings (home, clinics, hospital, day care and inpatient services), supporting non-specialists and managing complex cases. Earlier identification: Work is underway to embed consistent use of tools such as SPICt and the Spectrum of Palliative Care, supported by holistic assessment tools to enable person-centred care. Co-ordinated leadership: Dundee IJB is the lead partner for Specialist Palliative Care Services, supporting a consistent regional approach. Care homes: The Spectrum of Palliative Care is being rolled out across care homes, alongside improvements in nutrition and anticipatory prescribing to support care in the last days of life.
How will we do this?	1. Earlier identification and anticipatory planning We will strengthen early recognition of palliative care needs and ensure this leads to timely action, improving quality of life, supporting choice and reducing avoidable crisis admissions. 2. Empowered people and families People will receive timely, clear and compassionate information to support informed decisions about their care, enabling them to live and die well in their community. 3. Strong generalist care with specialist support We will continue to build confidence and capability within generalist teams, with clear pathways for timely access to specialist palliative care when needs become complex. This will be underpinned by shared clinical principles and guidance. 4. Care closer to home We will support people to receive care as close to home as possible, where safe and appropriate, based on what matters most to them, while balancing clinical need and system capacity. 5. Improved transitions and communication We will strengthen continuity across in-hours and out-of-hours care through better information sharing, accessible care plans and clear clinical leadership, ensuring care remains aligned with patient preferences during times of crisis.

Outcome 3: Paediatric Palliative Care

What will we do?	We will provide coordinated, age- and stage-appropriate palliative and end-of-life care for children and young people, supporting families to receive care in their preferred place wherever possible. This includes well-planned transitions between settings and into adult services when appropriate.
Where are we now?	Strategic inclusion: Paediatric palliative care is now embedded within the Tayside Palliative Care Corporate Objective, ensuring alignment with wider service planning. Collaborative leadership: A multi-disciplinary Paediatric Palliative Care Group is established, bringing together clinical, professional and parent perspectives to support service development. Current provision • Ward 29 provides inpatient and end-of-life care when needed • Glenlaw House offers high-quality respite care • Specialist nursing support is available across oncology and complex disability services Partnership working: Strong links exist with CHAS, the Lothian Paediatric Palliative Care Team and the national advisory service, enabling access to specialist expertise and joint working. Learning and development: Ongoing regional and national learning is supporting improved knowledge and practice. Challenges: Variation in community capacity and confidence can limit consistency of care and choice around place of care. Understanding need: A local database is in development to better understand demand, complexity and gaps, supporting future planning and coordination.
How will we do this?	1. Improve early recognition and response We will strengthen awareness and confidence in identifying palliative care needs early, enabling timely, proactive care planning and earlier involvement of key professionals and community services. 2. Strengthen access to specialist expertise We will promote consistent use of specialist advice, including the national Paediatric Palliative Care Advisory Service, supporting shared decision-making and high-quality care. 3. Develop coordinated transitions We will implement structured approaches to transitions across hospital, home and community settings, including transition to adult services, ensuring continuity and consistency of care. 4. Enhance family-centred care We will strengthen partnership working across services, including CHAS, hospital teams and community providers, to deliver coordinated, holistic support, including emotional and bereavement care. 5. Strengthen education and community support We will work with schools and community partners to improve bereavement-informed practice and support for children and families, building confidence and communication across services.

Outcome 4: Future Care Planning	
What will we do?	Future Care Planning will be a shared, system-wide responsibility. In most cases, plans will be initiated and reviewed by the clinician or team who knows the person best—commonly general practice—triggered by changes in condition, transitions of care or patient preference. People, families and carers will be supported to start or revisit conversations at any stage, reflecting a person-centred, shared decision-making approach (e.g. ReSPECT). Plans will be recorded in shared systems, accessible across all services. Their value will depend on regular review and consistent use to guide real-time care decisions.
Where are we now?	Established approaches: ReSPECT and Treatment Escalation Plans (TEPs), supported by the REDMAP framework, are in place to support timely, compassionate, person-centred planning. Digital sharing: The Key Information Summary (KIS) is widely used to record and share essential palliative care information, with ongoing work to strengthen use in care homes. Innovation and improvement: Research is underway exploring the potential role of AI in enhancing future care planning processes.
How will we do this?	1. Increase public awareness and engagement Deliver a Tayside-wide campaign and promote trusted resources to help people understand the value of Future Care Planning. 2. Promote normalising early and ongoing conversations Encourage discussions to begin early and be revisited regularly as needs and preferences change. 3. Embed Realistic Medicine principles Promote the use of personalised, clinically informed TEPs aligned with what matters most, avoiding unnecessary or burdensome interventions. 4. Strengthen recording and information sharing Agree consistent approaches to documentation, including wider use of KIS, to support seamless communication across services. 5. Build workforce confidence and capability Provide training, tools and support to enable staff to have effective, compassionate conversations with individuals and families.

Outcome 5: Care Around Dying

What will we do?	We will ensure compassionate, coordinated care during the last phase of life, with timely support for families, carers and staff before and after death.
Where are we now?	National alignment and workforce development: A Care Around Dying Group is established within the Tayside MCN, aligned to the NES Palliative Care Education Framework and Turas Learn, supporting a skilled and consistent workforce. Medicines and clinical support: A Lead Pharmacist and Nurse Consultant are driving improvements in prescribing, supply and administration of medicines, supported by work with HEPMA and pathway development across hospital and community settings. Supporting policies: Policies such as Patient and Carer Self-Administration of Subcutaneous Medication enable people to manage symptoms at home, particularly benefiting rural communities. Bereavement and community approach: Initial mapping of bereavement support is underway. Programmes such as EASE contribute to a wider public health approach, promoting awareness, conversation and community support around death and dying.
How will we do this?	1. Develop a whole-system model of care We will implement a Target Operating Model that ensures seamless, coordinated care across acute, community and specialist services, so care follows the person. 2. Prioritise comfort and goals of care We will support clear, shared decision-making, enabling a shift toward comfort-focused care and honest, compassionate conversations about dying. 3. Improve access to medicines and equipment We will strengthen systems for rapid prescribing, supply and administration of medicines, alongside timely access to essential equipment. 4. Support families, carers and staff We will provide guidance, training and emotional support to those involved before and after death. 5. Strengthen bereavement support We will expand access to bereavement information, improve signposting and ensure consistent, compassionate support across Tayside.

Outcome 6: Education and Learning

What will we do?	We will build a skilled, confident, sustainable workforce with equitable access to training, development and wellbeing support.
Where are we now?	• Tayside Palliative Care Network (MCN) Education Group: The network already delivers a wide range of co-learning events on dementia, unscheduled care, and non-cancer palliative care. • Academic Links: Strong formal ties have been established with the University of Dundee, supporting Master's and PhD level research in palliative care. • Palliative Care Education and Training (Specialist-Led, System Wide): The Specialist Palliative Care Service develops, delivers and supports a Tayside-wide palliative care education programme that meets both specialist and general palliative care learning needs. Led by Specialist Palliative Care Practice Educators, this programme is available to all staff and practitioners with a role in palliative care, including NHS staff, social care teams, care homes, voluntary and independent sector practitioners, and community-based roles. Education is delivered through a mix of formal and informal learning, spanning undergraduate, postgraduate and vocational pathways, and is aligned with HSCP workforce development to build confidence, capability and shared understanding across the whole system. A shared learning approach across all we do allows for learning to underpin improvement and ensure expertise from general and specialist palliative care is shared to inform this.
How will we do this?	1. Strengthen Access to High-Quality Learning Resources. We will promote the use of the Palliative Care Education Framework 2025 (Turas Learn) and the MCN learning hub. We will signpost staff to trusted free resources such as the Scottish Palliative Care Guidelines and NHS Inform. 2. Embed Palliative Care Education Across All Training Pathways. Palliative care is already embedded in pre-registration, undergraduate and vocational training. This strategy will strengthen consistency, clarity and quality, ensuring core competencies are clearly defined, proportionate to role and aligned with national education frameworks. This will build confidence, capability and shared understanding from early career stages through to advanced practice. 3. Enhance Local Training and Professional Development. We will promote and expand local training opportunities across Tayside, supported by the Palliative Care MCN, to ensure a consistent approach to skills development. 4. Support Workforce Wellbeing and Reflective Practice. We will strengthen wellbeing supports, reflective practice opportunities and responses to moral distress, helping staff feel resilient, valued and supported in emotionally demanding work. 5. Promote Trauma-Informed and Inclusive Practice. We will promote trauma-informed approaches and ensure staff understand the diverse needs of families and communities, particularly those who may be marginalised or harder to reach.

Outcome 7: Palliative Care Data & Continuous Improvement

What will we do?	We will use data, feedback and evidence to drive improvement and ensure services reflect population needs and experiences.
Where are we now?	• Mapping Population Need: Project support has been recruited specifically to review existing evidence and map data across general and specialist services. • Baseline Assessments: Tayside has conducted "Day of Care" audits and is using a Design-Thinking approach to understand service data for adults and children. • Strategy Response: The Tayside whole-system response to the national strategy draft was formally commended by the Scottish Government Palliative Care Policy Team.
How will we do this?	1. Develop a Whole-System Delivery Plan. We will create a coordinated palliative care delivery plan across NHS Tayside and the HSCPs to guide implementation, improvement and governance. 2. Strengthen Data Infrastructure and Capacity. We will identify the resource and systems required for high-quality data collection, management and reporting across the whole system. 3. Build Sustainable Population-Level Intelligence. We will map population need through sustainable dashboards and information systems, enabling equitable planning and resource allocation. 4. Standardise Data and Assessment Tools. We will agree a core minimum dataset aligned with national requirements and explore development of a comprehensive Palliative and Care Around Dying Assessment. 5. Learn from Experience to Drive Improvement. We will systematically measure experience, outcomes and feedback, and embed learning from complaints and lived experience, to continually improve services.

Outcome 8: Governance, Leadership & Partnership

What will we do?	We will strengthen collaborative leadership, accountability and strategic planning for palliative care across Tayside.
Where are we now?	Corporate priority Palliative care is established as a Tayside Corporate Objective, with Executive and Non-Executive leadership providing oversight and accountability. Strategic leadership The Tayside Together Palliative Care Steering Group (established June 2025) is in place to translate strategy into action across partners. Governance infrastructure The MCN provides a strong governance framework, with broad multi-sector representation and clear reporting through Planned Care Integration.
How will we do this?	1. Executive leadership and national alignment Maintain clear executive oversight to ensure palliative care remains embedded as core business and aligned with national priorities. 2. Strengthen system-wide leadership Establish and sustain dedicated palliative care leads across HSCPs, acute services and paediatrics to ensure consistent accountability. 3. Develop robust operational structures Embed operational groups across HSCPs, NHS Tayside and paediatric services to support delivery and continuous improvement. 4. Strengthen governance framework Fully embed the Tayside Together governance structure to enable coordinated, system-wide delivery. 5. Enhance partnership working Strengthen collaboration across health, social care, primary care, care homes, third sector and communities. 6. Co-design with people and communities Ensure meaningful involvement of people with lived experience, carers and communities in shaping and improving services. 7. Assurance and accountability Monitor delivery through the Annual Delivery Plan, with formal reporting to NHS Tayside Board and local Integration Joint Boards to ensure transparency and accountability.

14. Delivering the Strategy

This strategy is intended for health and social care professionals, planners, third sector and community partners, while remaining accessible to a wider public audience. To support clarity and shared understanding, language is used consistently across the document, balancing professional terminology with clear and inclusive explanations where appropriate.

Delivering this strategy starts with people, families and unpaid carers, supported by third sector partners, care homes and social care. Success depends on the seamless integration of primary care, ambulance services, specialist palliative care services and inpatient specialist palliative care units across NHS Tayside and the Health and Social Care Partnerships (HSCPs).

Delivery will be supported through a dedicated Palliative Care Delivery Plan. In line with Integration Joint Boards strategic planning approaches, this strategy will not duplicate detailed service-level plans already in place. Instead, it provides overarching strategic direction, with delivery plans and improvement programmes sitting beneath it to drive implementation and monitor progress. These plans will include clear actions, responsibilities, timescales and monitoring arrangements.

Assurance will be provided through established governance routes, including Annual Delivery Plans, Integration Joint Boards and the NHS Tayside Board.

15. Monitoring Progress and Impact

Progress will be reviewed annually ensuring that Tayside remains on track to meet both local needs and national ambitions.

To ensure the highest level of accountability, we are working with a wide range of partners to develop a robust measurement and evaluation framework as a core component of our strategic delivery.

A key part of this framework is making the best use of the Tayside Palliative Care MCN. The MCN brings together local knowledge and service data so that improvements are based on real evidence and responsive to real-time challenges.

The framework will be developed together with a representative group of experts, including colleagues from Public Health Scotland, Healthcare Improvement Scotland and various national networks and collaboratives. By integrating insights from educational institutions and national bodies, we will ensure our measures reflect current best practice in Scotland.

We will measure our success by:

- **Outcome Measures:** Tracking progress against national outcomes, using local service and MCN data to show how Tayside is contributing to Scotland-wide goals.
- **Access and Equity Indicators:** Using population health data to ensure that services are reaching our most deprived and rural communities.
- **Lived Experience:** Prioritising the voices of people, families and carers to measure the quality of care.
- **Workforce Capability and Wellbeing:** Monitoring the health and development of our staff to ensure a sustainable and resilient "whole-system" workforce.

- **Continuous Learning:** Using themes from compliments and complaints to identify issues quickly and improve services.
- **Transparent Governance:** Regular reporting through established governance structures, supported by the MCN, and publishing an annual public summary to support transparency and trust.

16. Conclusion: Our Shared Commitment to Tayside

In Tayside we recognise that palliative care matters to us all. That is why we are committed to working together to strengthen the support available across our communities and services. We know we only get one chance to get this right.

We understand the challenges we face now and, in the future, and we remain both aspirational and realistic in our ambitions. There is work to do. Meeting these challenges will require a societal shift, requiring us to become more open about death and dying and move away from reactive models of care toward proactive, anticipatory support that begins at diagnosis. We will also need to think differently and work differently. It means ensuring that every pound we spend delivers value, so that everyone has access to the right care, at the right time, from the right people, in the right place.

Tayside Together: Palliative Care Matters for All is our unified response. It aligns with Scotland's national vision, but it is rooted in our local strengths.

By recognising palliative care as a key NHS Tayside corporate priority, we are placing it firmly at the centre of our strategic agenda. Our commitment is to build a system that is:

- **Compassionate and Resilient**
- **Equitable and Inclusive**
- **Whole-System Integrated**

By strengthening our professional services and nurturing our community networks, we will ensure that every person in Tayside can face living with a life shortening illness and care around dying with the care and support they deserve.

17. References

Key reference and resources:

1. **Bereavement Charter for Children and Adults in Scotland**
<https://scottishcare.org/wp-content/uploads/2024/11/Bereavement-Charter-Guidance-Notes-updated-Nov-23.pdf>
2. **Carer Support Needs Assessment Tool (CSNAT) Intervention**
<https://csnat.org/>
3. **EASE – End of Life Aid Skills for Everyone**
<https://www.goodlifedeathgrief.org.uk/plan-illness-ease/>
4. **Good Life, Good Death, Good Grief**
<https://www.goodlifedeathgrief.org.uk/>
5. **Healthcare Improvement Scotland – Ageing & Frailty Standards (2024) –**
<https://www.healthcareimprovementscotland.scot/wp-content/uploads/2024/11/Ageing-and-Frailty-Standards-November-2024.pdf>
6. **NHS Inform – Palliative Care**
<https://www.nhsinform.scot/care-support-and-rights/palliative-care/>
7. **NHS Tayside Director of Public Health Annual Report 2024/25**
https://www.nhstaysidecdn.scot.nhs.uk/NHSTaysideWeb/idcplg?IdcService=GET_SECURE_FILE&Rendition=web&RevisionSelectionMethod=LatestReleased&noSaveAs=1&dDocName=prod_387557
8. **Palliative Care Learning Hub**
[Palliative Care Learning Hub | Turas | Learn](#)
9. **Palliative Care Matters for All (2025–2030)**
<https://www.gov.scot/publications/palliative-care-matters-palliative-care-strategy-202530/>
10. **Palliative Care Matters for All: Palliative Care Strategy – Initial Delivery Plan 2025–2028**
<https://www.gov.scot/publications/palliative-care-matters-palliative-care-strategy-initial-delivery-plan-2025-2028/>
11. **Palliative Care Strategy - Population Data and Research: Overview –**
<https://www.gov.scot/publications/palliative-care-strategy-population-data-research-additional-paper/pages/2>
12. **Percentage of end of life spent at home or in a community setting (Public Health Scotland)**
<https://publichealthscotland.scot/publications/percentage-of-end-of-life-spent-at-home-or-in-a-community-setting/percentage-of-end-of-life-spent-at-home-or-in-a-community-setting-financial-years-ending-31-march-2016-to-2025/>
13. **Scottish Palliative Care Guidelines (Right Decisions)**
<https://www.rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines/>
14. **SPICT & SPICT-4ALL Supportive and Palliative Care Indicators Tool –** <https://www.spict.org.uk/>

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 JUNE 2026

REPORT ON: TAYSIDE PRIMARY CARE FOUNDATIONAL STRATEGY 2026-28

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB29-2026

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to present the Tayside Primary Care Foundational Strategy 2026-28, developed by Angus Integration Joint Board as Lead Partner, to Dundee Integration Joint Board for approval.

2.0 RECOMMENDATIONS

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

- 2.1 Approve the Tayside Primary Care Foundational Strategy 2026–2028
- 2.2 Note the NHS Tayside Board endorsement and system-wide engagement
- 2.3 Acknowledge the requirement for ongoing system-wide governance through the Primary Care Board and Integrated Care Board

3.0 FINANCIAL IMPLICATIONS

- 3.1 The strategy does not commit any additional resources but aligns existing resources towards prevention and community capacity and protects core General Medical Services as a strategic priority.

4.0 BACKGROUND INFORMATION

- 4.1 Primary Care delivers approximately 90% of NHS patient contacts and is fundamental to prevention, continuity of care, equity and system flow. However, services across Tayside face sustained demand, increasing complexity and workforce fragility.
- 4.2 The Foundational Strategy has been developed as a bridging strategy (2026–2028) in advance of national policy (Primary and Community Care Route Map). It establishes:

Stabilisation of General Practice and contractor services

Strengthened multidisciplinary team (MDT) models

Clearer urgent and Out of Hours interfaces

Defined governance across NHS Tayside and HSCPs

Financial principles based on recurrent funding and sustainability

4.3 This represents a deliberate shift from Primary Care as a “pressure valve” to a strategic anchor of system sustainability, enabling prevention, improving flow and reducing avoidable hospital demand.

4.4 The Strategy has:

Been developed through extensive system engagement (Executive Team, Area Clinical Forum, contractor groups, HSCP leadership)

Been endorsed by NHS Tayside Board (April 2026)

Alignment of the strategy has been confirmed with:

GP Out of Hours Strategic Framework

NHS Tayside's Operational Improvement Plan

NHS Tayside's Acute Services Reform

Service Renewal Framework 2025-2035

4.5 All three IJBs are required to consider and approve the Strategy to enable implementation under Lead Partner arrangements.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 6.1 The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	11IJB – Whole System Collaboration – There is a risk of the co-ordination of whole system planning and commissioning being insufficient to enable integration of health and social care services and improve outcomes for people.
Risk Level	12 – High
Risk Appetite	Within appetite
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 Tayside Primary Care Foundational Strategy 2026-28 represents a significant additional control, given the shared priorities between this approach and the IJB's strategic commissioning framework
	The presence of a new / emerging risk

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Officer

DATE: 11 June 2026

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Tayside Primary Care Foundational Strategy 2026 - 2028

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DRAFT

Tayside Primary Care Foundational Strategy 2026 – 2028 – Plan on a Page

Tayside Primary Care Foundational Strategy 2026 - 2028 Delivering the best Primary Care Services across Tayside

What do we mean by Primary Care?



Promotion of self-management

Support people to take an active role in their own health and wellbeing by improving access to information, advice and resources.

Leadership

Further develop clinical leadership skills and opportunities to support the delivery of high quality care for the future and ensure Primary Care optimises its role within the health care system.

Teams working better together

Further develop our multidisciplinary teams to work more collaboratively, so they are more responsive to the needs of the population, focused on prevention, self-care and shared decision making.

Workforce

Working with Scottish Government, we aim to improve recruitment and retention highlighting the many advantages of working in Tayside; supporting our workforce to develop and feel valued.

Data & Digital

Improvements will be measurable and evidenced by reliable data. We will maximise the potential of digital solutions, supporting people to have confidence in technology, being mindful that not everybody will be able to access this.

Finance

We will continually seek to achieve best value and cost effectiveness.

Communication & Engagement

We will continue to build relationships with our communities and hold honest and transparent conversations, actively seeking diverse views and experiences.

NHS/GP Premises

We will review where care is provided and ensure premises are fit for purpose, meeting the needs of the population, supporting co-location of multidisciplinary teams.

Our Vision

We have a sustainable, clinically led, person centred, digitally enabled, prevention-focused primary care system that remains at the heart of healthcare and reduces inequalities, where integrated care is delivered by multidisciplinary teams working in every community.

Reasons for change

- Demand for appointments is increasing, particularly for people with multiple complex problems; we need to make sure access to Primary Care is equitable and meets the needs of everyone in Tayside, now and in the future.
- There are lots of different teams and professionals who work in Primary Care and we need to make sure they work in a more integrated way to improve care for the whole population.

Primary Care has a key role to play as, often, the first point of contact for people and as part of an ambitious and joined-up approach to prevention so that people can stay well for longer.

Our priorities

Prevention and proactive care

We need to support the population of Tayside to avoid health problems and illnesses before they develop so people have improved life expectancy and quality of life.

Reduce inequalities and unequal health outcomes

We need to focus on 'getting it right for everyone', with mental health given equal priority to physical health.

Deliver care closer to home

We will focus on providing care in the right place, by the right person at the right time.

Dynamic models

We need to create a primary care system that meets the needs of local community, taken into account rurality, socio-economic status and population demographics.

How we will do it

Guiding Principles

This strategy has been developed with the following principles at its heart:

Person-centred - people who use our services are at the centre of everything we do and are involved in the design of services.

Prevention - care is preventative, delivered by professionals working together and supporting individuals to take greater responsibility for their own health and wellbeing.

Partnership - working collaboratively with the population of Tayside and the whole Primary Care workforce to ensure an integrated team-based approach.

Excellence - promoting excellence in service delivery and building on evidence-based practice.

Quality - ensuring that the care that we provide is safe and of the highest possible standards.

Deliver best practice - ensuring that all services are evidence based, efficient and cost effective.

Equity - consistency in service delivery ensuring equity of access and treatment for those in need of care and support.

Values based - delivery of outcomes that are high quality and achieve the priorities that individuals identify as important.

Values underpinning everything we do:

Caring, compassionate, person-centred, honest and respectful.

How we'll know we have made a difference

- People will know how and when to access routine, planned, urgent and emergency care and we will see an increase in the appropriate use of these services.
- Increase in the number of people who have a positive experience of using Primary Care services.
- Care and support will be provided by integrated teams which are designed to support the needs of their local population.
- Improved capacity and capability to accelerate prevention activities resulting in an increase in the number of people who are able to look after and improve their own health and wellbeing and live in good health, in the place they call home, for longer.
- Earlier identification of factors that put people at risk of developing a long-term condition or complex needs.
- People have access to a range of approaches, that care for and support mental health and wellbeing issues.
- We will have recruited and retained an empowered workforce with the resources, confidence and skills to continuously improve the services they provide.

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Executive Summary - Chief Officer, Angus Health & Social Care Partnership

As Chief Officer for Angus Health & Social Care Partnership, and on behalf of the three Tayside Integration Joint Boards (in Angus, Dundee, Perth and Kinross) and NHS Tayside, I am pleased to introduce the *Tayside Primary Care Foundational Strategy 2026–2028*.

Primary Care sits at the heart of Scotland's health and social care system. It delivers around 90% of NHS contacts, meeting most need and offering the greatest opportunities for prevention, continuity and long-term sustainability. The remaining care is delivered across the wider health and social care system including hospital, specialist, urgent and emergency services, highlighting the critical role Primary Care plays in supporting appropriate access, flow and demand across all parts of the system. It is within Primary Care that relationships are built, trust is established, early intervention takes place, and people seek support at their most vulnerable. It is the part of the system that most consistently embodies the values of compassionate, kind and careful care, care that recognises the whole person, their lived experience, and the reality of their day-to-day life. It is also where the ethical principles of Primary Care, care ethics, relational practice, fairness and responsibility, are lived out in real time, every single day.

Primary Care, similar to other areas of the healthcare system, continues to experience significant pressures. This is driven by increasing complexity, rising demand, widening inequalities, constrained workforce capacity, a shift to more care in the community and rapidly evolving national expectations. Within this context, Primary Care is uniquely positioned to respond in ways shaped by continuity, trust and long-term relationships. It offers a form of care that no other part of the system can replicate at scale, providing the earliest opportunity to intervene, prevent deterioration, and support people to stay well in the place they call home, within their own community.

This strategy is therefore an essential first step in a wider transformation to address the strategic imperative to promote health and wellbeing for all. It establishes a clear and credible foundation for repositioning Primary Care as a *strategic anchor* within the Tayside health and social care system, supporting alignment, coordination and effective flow across services rather than the transfer of workload. It describes the shared vision, priorities and enabling conditions we must strengthen over the next two years, while preparing for a longer-term transformation aligned to the forthcoming Scottish Government Primary and Community Care Route Map and emerging strategies and directions for Community Pharmacy, General Dental Services and Community Optometry.

The strategy draws its core vision from the Tayside Primary Care Plan on a Page, of a sustainable, clinically led, person-centred, digitally enabled and prevention-focused Primary Care system delivering integrated support in every community. It also aligns structurally and stylistically with the Tayside GP Out of Hours Strategic Framework 2026–2036, ensuring clear coherence across all system-wide urgent and primary care planning.

Our ambition is clear: to strengthen the role, visibility, capability and leadership of Primary Care across Tayside, ensuring it is treated with parity of esteem alongside acute and specialist care. Primary Care is not an adjunct to the healthcare system; it is its stabilising force and its greatest opportunity to improve population health, reduce inequalities and build a sustainable service for the future.

This strategy has been developed collaboratively and reflects the collective commitment of NHS Tayside, the three Integration Joint Boards, independent contractors, salaried services, professional leaders, third sector partners and our communities. It is intentionally foundational, a practical, real-world map for stabilising, strengthening and preparing Primary Care for the decade ahead. A fuller, long-term Primary Care Strategy will follow in 2028, informed by national policy, lived experience, refreshed modelling and the learning gained from delivering this first phase of transformation.

Jillian Galloway
Chief Officer, Angus Integration Joint Board

1. Introduction and Purpose

NHS Tayside has identified the need to develop a cohesive, Tayside wide Primary Care Strategy that will stabilise the system, articulate a clear and shared vision for Primary Care, and support the organisation's wider corporate objectives.

During the initial scoping phase, it became evident this is not the optimal time to produce a long-term, highly ambitious strategy. The current operational pressures, combined with pace of national policy development, mean that a phased and pragmatic approach is required. In the short term, Primary Care in Tayside must prioritise targeted, incremental improvements that strengthen stability, enable sustainable service delivery, and build the foundations necessary for future transformational change.

This phased approach will:

- Enable early, practical actions that begin to address immediate pressures within Primary Care.
- Provide meaningful support to staff, recognising the ongoing impact of workload intensity on recruitment, retention, and wellbeing.
- Allow time for emerging national policy and frameworks to be published, ensuring Tayside's longer term vision is aligned with and strengthened by national direction.

This foundational strategy sets out a collective and forward-looking ambition for strengthening Primary Care across Tayside between 2026 and 2028. It provides a clear and coordinated foundation for stabilising the system during a period of significant pressure, while preparing for the wider transformation required to meet the needs of our population over the next decade.

The purpose of the strategy is to:

- Stabilise Primary Care by addressing immediate operational, workforce and demand pressures and ensuring core services remain safe, accessible and resilient.
- Strengthen multidisciplinary and community-based care, enabling teams across Tayside to work more effectively together to provide person-centred, holistic support closer to home.
- Support prevention, early intervention and proactive care, reflecting the central role of Primary Care in improving population health and reducing inequalities.
- Prepare the system for a comprehensive 10-year transformation strategy (2028–2038) that will align with emerging national policies and set a long-term direction for Primary and Community Care. Given that approximately 90% of all healthcare contacts occur in Primary Care, ensuring its stability and sustainability is fundamental to the resilience of the whole system.
- Deliver against the Health and Social Care Service Reform Principles; Prevention, People, Community, Population and Digital, ensuring that Primary Care is integral to the wider reform agenda and supports a shift towards a more proactive, equitable and community-anchored model of care.

This strategy applies to the full breadth of Primary Care across Tayside, recognising the essential contribution of all contractors and multidisciplinary groups. It includes General

Medical Services (GMS and 2C practices), Community Pharmacy, Community Optometry and General Dental Services, across the independent contractor

Importantly, the strategy reinforces the alignment of Primary Care with acute services, urgent and unscheduled care pathways, and the wider health and social care system. Strengthened connections with the GP Out-of-Hours (OOH) service, NHS 24, the Scottish Ambulance Service and hospital-based teams will be essential for ensuring safe, seamless transitions between daytime, urgent and emergency care. The strategy emphasises the need for strong alignment with the PDS, which delivers routine and urgent care for priority patient groups across Tayside, including people with physical, cognitive or medical special needs. PDS also helps reduce health inequalities by supporting socially disadvantaged groups, such as people experiencing homelessness or substance related issues.

Equally, the strategy recognises the need for cohesive multidisciplinary teams across the Health and Social Care Partnerships (HSCPs), including community nursing, mental health practitioners, pharmacists, optometrists, dentists, dental care professionals (independent contractors and PDS), Allied Health Professionals (AHPs) and social care colleagues, to operate as a single, coordinated workforce focused on prevention, early intervention and supporting people to remain well in the place they call home. Together, these alignments ensure Primary Care is positioned as a foundational component of whole-system resilience and transformation across Tayside.

2. What Do We Mean by Primary Care?

Primary Care is the first point of contact for most people accessing healthcare. It is provided through a wide range of professionals, services and settings, offering continuous, coordinated and person-centred care across the lifespan. As the part of the system where most of the care is delivered, Primary Care plays an essential role in:

- Prevention and early intervention, identifying risks early and supporting people to maintain their health and wellbeing.
- Long-term condition management, helping people to live well with ongoing health needs through regular review, monitoring and coordinated care.
- Continuous, relationship-based care, supporting continuity, trust and personalised choices and decision-making.
- Coordinating referrals and pathways, ensuring smooth transitions between community, specialist and hospital services.
- Managing clinical and social complexity, providing holistic support for people whose needs span physical, mental and social health.
- Linking with urgent and out-of-hours care, ensuring people receive the right care at the right time, day or night.

Improving population health and reducing inequalities, using every contact to promote wellbeing and support equitable access to care.

There are already several areas of work across the breadth of Primary Care within Tayside that are functioning well. This is recognised, and the strategy seeks to build on this established good practice; strengthening and stabilising what is working well, enabling

sustained collaborative working across the whole system, and ensuring people remain at the centre of their own health and wellbeing.

Across Tayside, Primary Care encompasses a broad range of services and contractor groups, each contributing a distinct and invaluable role within the wider system.

2.1 General Practice

General Practice (GMS and 2C practices) provides first-contact medical assessment, chronic disease management, anticipatory care, unplanned care, prescribing, lifestyle advice and public health interventions. It acts as the clinical anchor for many communities, coordinating care across multiple services and supporting early identification of risk and deterioration.

2.2 Community Pharmacy

Community Pharmacy offers highly accessible pharmaceutical care, including medication optimisation, independent prescribing, treatment for minor illness, long-term condition support, polypharmacy management and public health interventions. Pharmacies provide walk-in access without appointment and are a key resource for prevention, early advice and urgent care support.

2.3 Community Optometry

Optometry delivers sight and vision assessment, urgent eye care, ocular first-port-of-call (FPOC) services, independent prescribing for eye conditions and direct case-finding for glaucoma, cataract and other causes of sight loss. Optometrists play a crucial role in early detection and prevention of sight threatening eye disease. Community optometry plays a key role in the ongoing management of low-risk glaucoma, keeping care closer to home and reducing pressure on secondary care. Optometrists can now refer between practices, enabling patients to access specialist community-based care provided by independent prescriber optometrists. This allows conditions that previously required referral to the hospital eye service, or co-management with a GP, to be managed within community optometry, further reducing demand on secondary care and general practice.

2.4 Dental Services

Dental Services, delivered through both independent dental contractors (General Dental Service) and the Public Dental Service (PDS), provides routine dental care, oral health promotion, urgent dental support and targeted services for populations with additional needs or barriers to access. Dental Services contributes significantly to reducing health inequalities through prevention and early intervention.

2.5 Integrated Pathways across Urgent, Emergency and Planned Care

Primary Care sits at the centre of all major pathways of care across the health and social care system. It is the primary point of access for most people, providing advice, assessment, treatment, referral and ongoing support. For most care episodes, this care is delivered wholly within Primary Care, without the need for onward referral or interface with other services.

Where additional or specialist input is required, Primary Care plays a pivotal role in enabling safe, efficient and effective flow across urgent, emergency, acute and planned care services. Strengthening these interfaces is therefore critical to system performance and sustainability, while recognising that Primary Care itself delivers the largest volume of care across the system.

Primary Care's role in urgent and emergency care is longstanding and significant. GP Out-of-Hours (OOH) services, NHS 24 and the Scottish Ambulance Service form essential components of the wider urgent care system, working alongside daytime General Practice, community nursing and multidisciplinary teams. A well-functioning interface between these services ensures timely access, appropriate triage, safe escalation and reduced pressure on Emergency Departments, Acute Medicine and hospital-based pathways.

However, Primary Care extends far beyond urgent and emergency care. It is also deeply connected to the design, prioritisation and delivery of acute pathways, playing a critical role in:

- early identification of symptoms that require specialist input,
- referral into diagnostics, outpatient clinics and secondary care specialists,
- ongoing management after a hospital admission,
- discharge coordination, medication reconciliation and community support,
- prevention of readmission through proactive follow-up and anticipatory care,
- shared decision-making and facilitating informed choice around treatment options and planned interventions.

A strong and integrated Primary Care system therefore directly supports acute hospital performance, helps maintain safe flow, and reduces avoidable pressure on beds and emergency pathways.

Primary Care is equally central to the success of outpatient and planned care. Most pathways begin in General Practice, Community Pharmacy, Optometry or Dental Services, with Primary Care professionals identifying the need for further investigation or intervention. Consistent, high-quality referral practices; shared protocols; timely diagnostics; and clear thresholds for specialist input all contribute to efficient planned care delivery. Primary Care teams also support people to prepare for surgery or procedures, optimise their health before admission, and manage their recovery and rehabilitation afterwards.

As national and local strategies increasingly emphasise community-based care, multidisciplinary working and reducing unwarranted variation in pathways, Primary Care will be a central partner in redesigning outpatient models, expanding virtual care, supporting community-based diagnostics and enabling stratified, risk-based approaches to planned care.

Across all these domains, urgent, emergency, acute, outpatient and planned care, Primary Care acts as a coordinating anchor, providing continuity, navigating complexity, and ensuring care remains person-centred and integrated. Strengthening these interfaces will be fundamental to improving outcomes, reducing inequalities, and ensuring the sustainability of the whole health and social care system across Tayside.

3. Case for Change

The case for change in Primary Care across Tayside is clear, urgent and compelling. The Health and Social Care Service Renewal Framework 2025–2035 provides the overarching direction for this work, setting out the national expectation that health and social care services must become more proactive, more integrated and more responsive to the needs of individuals and communities. It challenges all parts of the system to deliver services that are:

- Person-centred, shaped around what matters most to people and grounded in dignity, compassion and choice.
- Equitable, ensuring fair access and consistent outcomes across Tayside's varied geography and population groups.
- Sustainable, using the workforce, digital tools and resources available in the most effective way.
- Integrated, bringing together health, social care, third sector and community partners to deliver seamless, coordinated support.
- Data-driven and continually improving, using evidence, insights and lived experience to refine practice and adapt to changing needs.

These principles are essential for Primary Care because rapid changes in population need and expectation are the primary drivers of increasing demand, complexity and pressure across the system. The traditional models of care are no longer sufficient to meet demand, and without decisive action, the system will struggle to deliver safe, accessible and high-quality care in the years ahead.

3.1 Rising Demand and Complexity

The volume and complexity of Primary Care activity continue to grow, driven not only by demographic change but by a necessary and intentional shift in where care is delivered. Advances in treatment, changes in clinical pathways and service redesign have moved the ongoing management of many conditions from secondary care into community and Primary Care settings.

When combined with rising complexity, widening inequalities and socioeconomic pressures, this has resulted in a sustained increase in responsibility and workload within Primary Care, even where overall levels of demand remain stable.

Demand for appointments, advice, urgent care and future care planning has risen across all contractor groups. The system must ensure access is equitable, timely and sustainable for all communities in Tayside; urban, rural and remote. Without

strengthening Primary Care capacity and capability, this rising complexity will continue to drive avoidable pressure into acute, urgent and emergency services.

3.2 A necessary shift in the system's "centre of gravity"

For many years, Scotland's health system has operated with a predominantly hospital-centred model of resource allocation, influence and prioritisation. While acute services remain essential, this balance is increasingly unsustainable. Around 90% of all NHS patient contacts occur in Primary Care, meaning most of the healthcare is already delivered in community settings. Strengthening Primary Care therefore has the greatest potential to improve outcomes, reduce inequalities and relieve pressure on acute services. To deliver better outcomes and a financially viable system, the "centre of gravity" must shift decisively toward prevention, early intervention and community-based care.

This shift cannot be delivered by Primary Care alone; it depends on whole-system alignment that recognises and supports Primary Care as the central point around which care is organised. It acts as the engine-room of population health improvement, enabling early identification of risk, timely intervention, and holistic support. Strengthening Primary Care and giving it parity of esteem within the wider system, is therefore essential to reducing avoidable hospital demand, improving outcomes and supporting more people to live well at home for longer.

3.3 Workforce Pressures and Retention Challenges

The resilience of Primary Care is heavily dependent on a skilled, stable and motivated workforce. Across all independent contractor groups and salaried services, workforce challenges are significant and growing. These challenges include:

- Difficulty recruiting and retaining staff
- Increasing workload intensity and complexity
- Rising administrative, regulatory and compliance demands
- Pressure on delivery of enhanced or extended roles
- Reduced capacity for supervision, training and professional development

These pressures are contributing to burnout, reducing workforce sustainability and affecting service resilience. This strategy therefore places immediate focus on stabilising the workforce, strengthening support structures and creating the conditions for safer, more sustainable models of care before roles and responsibilities are expanded further.

3.4 Inequalities and Population Health

Tayside continues to experience significant health inequalities, with some communities facing poorer access to services, higher rates of preventable disease and substantially reduced healthy life expectancy. For example, males born in the most deprived areas of Dundee are likely to live 12.8 years fewer than in the least deprived areas. People experiencing socioeconomic disadvantage are more likely to

require complex, coordinated care, yet often face greater barriers in accessing support.

Primary Care has a core role in tackling these inequalities through prevention, early intervention, case-finding, lifestyle support and coordination with wider community services. Strengthening equity of access, geographically, digitally and culturally, is essential to achieving improved outcomes for all.

3.5 Unaligned and evolving national policy context

Primary Care is undergoing major national reform, but much of the policy landscape is still emerging. Several significant national programmes are expected over the coming months and years, including:

- The Scottish Government *Primary and Community Care Route Map* (draft expected December 2025; final expected summer 2026),
- Community Pharmacy Scotland has recently published their *Community Pharmacy Strategy*, which includes a Prevent, Detect and Treat manifesto. Discussions are underway in relation to a national strategy for Community Pharmacy,
- Potential further outputs/direction from the *Dental Services Review Group* and ongoing *Oral Health Improvement Plan*,
- The anticipated update to *Public Dental Service (PDS)* contracts (for non Agenda for Change staff),
- The *Scottish Government Eyecare Strategy*, including fully optimising the recently established Community Glaucoma Service, First Port of Call (FPOC) responsibilities for optometry and specialist supplementary launched in January 2026,
- Expansion of independent prescribing across multiple professions.

This evolving policy environment presents both challenges and opportunities. In the absence of finalised national direction, a short-term, foundation-building strategy is both prudent and necessary. It enables Tayside to stabilise its system now, prepare for the emerging national frameworks and build the capacity, capability and cultural readiness required for long-term transformation.

4. Our Vision and Principles

The vision for Primary Care across Tayside reflects our shared ambition for a system that is both resilient and future-focused. We aspire to deliver a sustainable, clinically led, person-centred, digitally enabled and prevention-focused Primary Care system that remains at the heart of healthcare and reduces inequalities, where integrated care is delivered by multidisciplinary teams working in every community.

The vision “***We have a sustainable, clinically led, person centred, digitally enabled, prevention-focussed primary care system that remains at the heart of healthcare and reduces inequalities, where integrated care is delivered by multidisciplinary teams working in every***

community” recognises the essential role that Primary Care plays in population health, early intervention, continuity and the coordination of care. It sets a clear expectation that Primary Care services must be designed around the needs, strengths and preferences of individuals and communities, and they must be equipped to adapt to rising complexity, demographic change and increasing demand.

To achieve this vision, the strategy is underpinned by a set of guiding principles that shape decision-making, service design and operational practice across Tayside:

- **Person-centred** – ensuring services are built around what matters most to people and they contribute to the design of these services which will support informed choices, dignity, independence and personalised care.
- **Prevention** – care is preventative, delivered by professionals working together, enables individuals and communities to maintain their own health and wellbeing, and shifts the focus toward early identification of risk, proactive management and anticipatory care.
- **Partnership** – strengthening integrated, whole-system working across Primary Care, Acute Services, HSCPs, third sector and voluntary partners and communities to deliver seamless, coordinated and holistic care.
- **Quality and Safety** – delivering consistently safe, high-quality care that meets recognised standards and supports equitable outcomes across Tayside.
- **Evidence-based and Sustainable Care** – designing and delivering care that is grounded in evidence and best practice, continually improving, efficient, and sustainable, while responsibly stewarding public resources and meeting future demand.
- **Equity** – ensuring fair and equitable access to services, recognising that different communities require different levels of support, and delivering proportionate, needs-led provision to reduce inequalities.
- **Values based** – fostering a culture of compassion, respect, honesty and person-centred practice, rooted in the values that underpin Scotland’s health and social care system, ensuring the delivery of outcomes that are high quality and achieve the priorities that individuals identify as important.
- **Visionary and Learning-Led** – learning from experience and evidence, continuously improving and innovating, and proactively shaping future models of care. This includes exploring new approaches, pushing boundaries where it adds value, and leading the development of integrated care pathways that respond to emerging need and future demand.

Together, this vision and these principles form the foundation of a modern Primary Care system, one that develops and sustains its workforce, improves outcomes, supports resilience across the wider health and social care system and enables people to live well in the place they call home.

5. Our Strategic Commitments and System-Level Strategic Boundaries

In shaping this foundational strategy, we recognise describing the challenges is not enough; we must also set out the core system-level choices that will guide all subsequent planning and delivery. These choices enable the conditions within which the delivery plan will operate, ensuring focus, realism and sustainability.

5.1 Stabilising General Practice

A central commitment of this strategy is the stabilisation of general practice across Tayside. During the foundational period, the focus will be on consolidation and sustainability, with strong system governance to prevent incremental workload growth and to ensure any new expectations are balanced by clear decisions on capacity, prioritisation and support.

This is critical to restoring stability and enabling safe, high-quality, relationship-based care.

5.2. Workforce Principles

We will adopt a clear workforce approach based on:

- Stabilisation before expansion of roles or services.
- Sequencing workforce changes based on capacity, safety and readiness.
- Ensuring supervision time, capability and safety requirements are in place before introducing new roles.
- Acknowledging and planning for the supervision burden associated with advanced and independent practice.

These principles ensure workforce growth is deliverable, safe and sustainable.

5.3 Governance and Accountability

Delivery responsibilities will be clearly defined across:

- NHS Tayside (clinical governance, system oversight, contractual and professional leadership),
- HSCPs/IJBs (local service planning, operational delivery, community-based integration), and,
- Contractor groups and professional advisory structures (clinical input, co-design and assurance).

This clarity enables shared ownership while recognising the limits of influence over independent contractors within the statutory framework and opportunities inherent in each part of the system.

5.4 Financial Framework

While detailed budgets sit within implementation planning, this strategy commits to:

- Co-design with contractor groups when considering new service models or shifts in activity.
- Ensuring any new expectations are recurrently funded, not absorbed by overstretched services.

- Protecting core primary care capacity and providing transparency around investment decisions.
- Protecting the stability of core GMS provision as a strategic priority.

These commitments are intentionally high-level: they do not prescribe operational actions, but they provide the strategic architecture within which the delivery plan can make coherent, prioritised and realistic choices. This approach aligns with successful primary care strategies internationally, where strategic commitments guide delivery without prescribing operational detail and reflects the expectations highlighted by GP subcommittee and contractor representatives.

6. Strategic Priorities

6.1 Prevention & Proactive Care

Prevention and proactive care lie at the heart of a sustainable Primary Care system, supporting people to remain well for longer and reducing avoidable pressures on hospital services. Over the next two years, our focus will be on embedding a proactive, population-health approach across all parts of Primary Care. This means strengthening case-finding, improving early detection of risk, and ensuring every professional, regardless of discipline, has both the capability and the expectation to contribute to better health outcomes.

Optometry will continue to lead in detecting early signs of sight loss, this helps reduce falls risk and cognitive decline, among other factors that significantly affect long-term health and wellbeing. Dental Services will continue to be the first point of identifying early indicators of oral disease. They are also well placed to identify risk factors for general health conditions and promote interventions that reduce long-term risks to overall health and wellbeing, including diabetes and cardiovascular disease. Community Pharmacy will expand its role in prevention through medication reviews, blood pressure monitoring, polypharmacy interventions and adherence support. General Practice will continue to provide leadership on anticipatory care, chronic disease management and early identification of deterioration.

A shared Tayside-wide commitment to *Making Every Contact Count (MECC)* will underpin all prevention activity, ensuring every interaction is an opportunity to promote wellbeing, support healthy behaviours and connect people to the right community support at the right time; this includes services provided by social care, third sector or voluntary organisations.

6.2 Integrated Multidisciplinary Teams in Every Community

High-quality, sustainable Primary Care relies on strong, well-connected multidisciplinary teams (MDTs) who work seamlessly across organisational and professional boundaries. MDTs bring together the breadth of skills required to meet

the increasingly complex needs of our population, ensuring timely intervention, continuity of care and effective prevention.

Over the next two years, we will strengthen formal and informal MDT working across GP practices, community nursing, mental health practitioners, community pharmacy, optometry, dentistry and a range of allied health professionals. We will support the development of more consistent shared-care arrangements, improve communication channels and expand opportunities for joint decision-making.

Where possible, we will promote shared records and digital interoperability to reduce duplication and support smoother transitions between professionals. Community MDT “huddles” will be supported to enable rapid problem-solving around at-risk individuals, with a clear focus on early intervention and preventing escalation to hospital or crisis services.

We will further expand community-based alternatives to hospital care, drawing on the skills and capacity of the wider Primary Care workforce, and ensuring people receive the right care in the right place, as close to home as possible.

6.3 General Practice

General Practice, through both independent contractor and 2C models, provides the majority of healthcare for the population in Tayside, delivering urgent unscheduled care alongside routine, ongoing support for physical and mental health needs. Its strength in continuity of care enables earlier recognition of change, safer decision-making and more personalised support for individuals and families.

General Practice has a pivotal role in proactive, person-centred and population-based care that helps people live well with long-term conditions and remain as independent as possible. With national priorities focusing on prevention, anticipatory care and population health, general practice teams are central to early intervention and ensuring people receive the right care at the right time within their own communities.

Over this foundational period, General Practice will deepen its role by strengthening continuity, anticipatory care and the systematic identification of those at risk, particularly individuals living with frailty, multimorbidity or unstable long-term conditions. Enhanced monitoring, safer prescribing practices, follow-up after acute episodes and improved shared communication will help prevent avoidable deterioration and reduce crisis events. Chronic disease management will move towards a continuous, year-round approach that draws on the full multidisciplinary team, including GPs, advanced nurse practitioners, nurses, pharmacists, mental health practitioners, care coordinators and primary care and community link workers. By embedding structured pathways, improving use of clinical data and expanding supported self-management, practices will help people understand and manage their conditions more confidently, improving quality of life and outcomes.

Access to urgent care within primary care remains essential. Strengthened urgent assessment capacity will support patients to receive the right care in the right place, reducing unnecessary escalation to services such as Emergency Departments and supporting safe, timely intervention closer to home.

Closer relationships across the wider primary care system, including community services, mental health teams, social care and third-sector partners, will enable seamless pathways, timely referrals and coordinated support. A culture of collaboration and shared learning will ensure individuals are effectively signposted and cared for across the system.

This approach aligns with national strategies for anticipatory care, long-term condition management and population health, ensuring General Practice across Tayside is well placed to adapt to future needs and deliver high-quality, sustainable care for its communities.

6.4 Community Pharmacy

Community Pharmacy plays an increasingly vital role in delivering accessible, person-centred care within local communities. The Scottish Government's Place Principle and Local Living/20-Minute Neighbourhood ambitions position pharmacy as a core anchor institution, ensuring people can access essential healthcare within walking distance in urban areas or through proportionate provision in rural settings.

Over the next two years, we will strengthen the contribution of community pharmacy to prevention, medicines optimisation, long-term condition management and urgent care. Independent Prescribing (IP) pharmacists will be supported to work at the top of their competence, improving safety, reducing unmet need and enhancing the resilience of the wider multidisciplinary team. Direct referral pathways will be developed and embedded wherever clinically appropriate.

Relationships between community pharmacies and GP practices will be strengthened through structured collaboration, shared learning and better communication. We will also foster stronger networks across pharmacy, optometry, dental services and general practice, enabling professionals to know each other, support each other and signpost people accurately across services.

This work will align with emerging national Community Pharmacy directions, ensuring Tayside is well positioned for future national changes and opportunities.

6.5 Community Optometry

Optometry is an essential component of modern Primary Care, contributing not only to the treatment of eye conditions but also to wider population health. Building on national direction, Tayside will embed Optometry as the First Port of Call (FPOC) for eye and vision concerns, reducing inappropriate demand on GP practices and ensuring people receive expert assessment from the most appropriate professional.

During this foundational period, the enhanced independent prescribing fee structure will be fully implemented, supporting optometrists to manage more complex eye conditions safely in the community. Clear and effective communication pathways will be strengthened, enabling timely referrals between optometry, general practice, pharmacy, dental services and secondary care, helping to reduce delays and duplication.

The national Community Glaucoma Service will be fully embedded locally, supporting earlier detection and management of glaucoma and reducing pressure on hospital ophthalmology services. Optometry's role in case-finding will continue to expand, identifying early signs of cataract, macular disease, visual impairment, and modifiable risk factors such as smoking.

Optometry also has an important role within the wider Making Every Contact Count agenda, supporting health improvement through conversations about lifestyle and wellbeing. To strengthen professional relationships and shared understanding, each HSCP will develop an annual cross-contractor CPD and networking event, bringing optometry, pharmacy, dental and GP colleagues together to build trust, improve pathways and enhance collaboration.

6.6 Dental Services

Dental Services, encompassing both independent dental contractors (General Dental Service (GDS)) and the Public Dental Service (PDS), has a critical role in improving population health, addressing inequalities and ensuring equitable access to oral health care. The 2018 Oral Health Improvement Plan provides clear direction for strengthening prevention, improving early identification of dental problems and widening access for those most at risk of poor oral health outcomes.

Over 2026–2028, Tayside will improve access to both routine and urgent dental services using GDS. Targeted interventions will be supported to reduce oral health inequalities, particularly in communities with higher levels of deprivation or where NHS dental provision is limited.

We will also support the sustainability of the dental contractor workforce by strengthening relationships, improving communication and ensuring clear referral and escalation pathways to PDS, secondary and specialist dental provision (including hospital dental services) and wider Primary Care teams.

Dental Services will be more fully integrated within MDT approaches where appropriate, ensuring oral health is recognised as a key part of overall health and wellbeing and supporting early intervention where oral health issues are contributing to wider clinical risk.

6.7 Primary Care Out of Hours (OOH) Service

NB: A dedicated OOH Strategic Framework for 2026–2036 is currently being finalised. This framework will operate alongside both this foundational strategy and the future long-term Primary Care Strategy for 2028–2038. Together, these strategic plans will provide a coherent, phased approach to strengthening the whole primary care system. The following summarises the strategic intent, priorities, and commitments within the OOH Framework, and how these contribute to the wider ambitions of this foundational strategy.

The OOH service plays a critical role in the wider urgent care system by providing safe, effective, and timely general practice when GP practices are closed. Its contribution extends beyond direct service delivery as a key partner in the whole-system care coordination.

The OOH service works closely with day time general practice, NHS 24, ambulance services, community teams, and acute care interfaces. Strengthening these connections will improve communication, streamline triage and referral pathways, and enable a more consistent experience for patients accessing care at different times of day.

This integrated approach will help:

- Promote continuity and reduce fragmentation by ensuring patient information, care plans, and clinical decision-making are aligned across the 24-hour cycle.
- Avoid unnecessary hospital admissions through early intervention, effective remote management, and clear alternatives to Emergency Departments for conditions suitable for primary care.
- Improve access to the right care, in the right place, at the right time, supporting national ambitions for care closer to home.
- Enhance resilience across the system; ensuring demand is managed collectively rather than in isolated silos.
- Enable a more proactive and preventative approach, ensuring vulnerable patients and those with complex needs receive coordinated support across both in hours and OOH services.

By embedding the OOH service firmly within the broader urgent care ecosystem, a more efficient and safer system supporting both patients and staff can be delivered. This will ensure urgent primary care is accessible, sustainable, and responsive to the needs of the population.

6.8 NHS/GP Premises and Community Infrastructure

A modern, accessible Primary Care estate is essential to delivering high-quality care. Over the next two years, we will undertake a strategic review of where and how Primary Care services are delivered across Tayside. This will ensure that we are clear on need and can look to align premises to population need, are fit for purpose and support the delivery of integrated, multidisciplinary care.

We will prioritise the co-location of teams wherever feasible, improving collaboration between GPs, community pharmacy, optometry, dental services, community nursing, mental health practitioners and allied health professionals. Opportunities to develop community health and wellbeing hubs will be explored, building on existing assets and supporting the delivery of care closer to home.

All premises must meet clinical, accessibility, digital and safety standards, supporting inclusive and person-centred care across all communities.

6.9 Data & Digital

Data and digital innovation are key enablers of modern, effective Primary Care. During this foundational period, we will strengthen the digital capabilities of the workforce, improve connectivity and support the use of accurate, timely data to drive decision-making, quality improvement and equity.

We will explore a wider range of digital solutions and other hybrid models of care, ensuring people have flexible access to services while maintaining options for in-person care. Interoperability between contractor groups will be improved wherever possible to reduce duplication, streamline care and improve safety.

Local data dashboards will be developed to support real-time performance monitoring, population assessment and targeted interventions. Improved data sharing between HSCPs, NHS Tayside and independent contractors will enable more effective population-based planning and resource allocation.

Digital literacy for staff and communities will be strengthened through training and accessible information, ensuring equity of access and supporting confidence in digital tools.

6.10 Workforce, Leadership & Culture

The Primary Care workforce is our most valuable asset. A strong, supported and skilled workforce is essential to sustaining services, improving outcomes and delivering high-quality care. Over the next two years, we will focus on strengthening leadership, enhancing capability and building a culture where staff feel valued, supported and able to thrive.

We will implement leadership development opportunities across all contractor and salaried professions, supporting clinical and professional leaders to shape the future of Primary Care. Recruitment and retention efforts will be strengthened through targeted programmes, promotion of the benefits of working in Tayside and more consistent career pathways.

Training and competency frameworks will be developed to support safe, confident and consistent practice across disciplines. Workforce wellbeing will be prioritised to

reduce burnout, improve satisfaction and support retention, with targeted support where pressures are greatest.

Cross-professional learning, mentorship and networking will be encouraged to enhance collaboration, strengthen shared identity and build a positive culture across all parts of the Primary Care system.

6.11 Finance & Sustainability

Financial sustainability is a central principle of this strategy. Over 2026–2028, we will take a clearer, more transparent approach to allocating resources across Primary Care, ensuring that investment supports prevention, early intervention and the delivery of care close to home.

While national payment arrangements for independent contractors are set through the Scottish Government's Statements of Remuneration, we will strengthen financial planning across Primary Care contractor groups as part of a wider whole-system approach to financial stewardship. This will improve understanding of resource flows across the health and social care system and support decisions to shift resources to where they deliver the greatest value, including across traditional organisational and service boundaries. This includes assessing the affordability and long-term financial sustainability of service models arising from national strategies within the context of the overall health budget.

We will ensure that investment aligns with the priorities set out in this strategy, supporting multidisciplinary teams, digital innovation, community-based alternatives and the development of sustainable premises.

Transparent financial planning across HSCPs will enable shared accountability, informed decision-making and a system-wide focus on value, not volume.

7. Enablers of Change

Delivering this vision will require the right conditions and partnerships to be in place:

- **Leadership and Governance:** Clinically informed leadership and transparent governance will ensure accountability, national alignment, and effective collaboration.
- **Workforce and Teamwork:** Investment in training, support, and development to build a resilient, adaptable workforce delivering safe and coordinated care.
- **Data, Technology and Innovation:** Harnessing digital tools and analytics to improve performance, connectivity, and innovation.
- **Engagement and Communication:** Structured engagement and clear communication with staff, partners, and communities to inform decisions and strengthen trust.
- **Finance and Sustainability:** Responsible use of public resources, ensuring long-term affordability and value while maintaining quality and safety.

8. Clinical Governance

Robust clinical governance is central to delivering high-quality, safe and person-centred Primary Care across Tayside. As the system evolves, and as multidisciplinary teams work more closely across organisational, professional and contractual boundaries, the need for a coherent, consistent and transparent approach to clinical governance becomes even more critical. Over the next two years, this strategy will strengthen the clinical governance foundations required for a sustainable Primary Care system by embedding shared standards, shared learning and shared accountability.

Primary Care will be fully aligned with the Tayside Clinical Governance Framework, ensuring all contractor groups, General Practice, Community Pharmacy, Community Optometry and Dental Services benefit from consistent expectations around quality, safety and continuous improvement. This includes clear oversight arrangements, clear escalation points and a shared understanding of risk thresholds and tolerances across the system.

To support this alignment, the strategy will strengthen learning systems across contractor groups, promoting a culture in which safety events, near misses, complaints, compliments and patient feedback are used proactively to drive improvement rather than simply being recorded. A more structured and accessible approach to incident reporting will be promoted, enabling independent contractors to contribute meaningfully to learning systems and to access shared learning from other services.

Safe prescribing and safe referral practices will be reinforced across all Primary Care professions, particularly as independent prescribing expands in community pharmacy and optometry. Standardised guidance, shared protocols and cross-system communication tools will ensure prescribing is clinically appropriate, evidence-based and aligned to national and local policies. Referral standards will be strengthened to support consistency, efficiency and patient safety across all pathways, particularly where Primary Care interfaces with acute services, OOH, mental health and community alternatives.

Clear escalation pathways will be developed for risks, quality concerns and emerging safety issues. These pathways will ensure issues raised within any Primary Care setting, contractor or salaried, can be escalated, triaged and addressed promptly, with shared oversight and clear lines of accountability. This will include agreed thresholds for when issues are escalated from local practices or contractor organisations into HSCP governance structures, the NHS Tayside Clinical Governance structure or national bodies, depending on severity.

Continuous professional development (CPD) will be strengthened across all contractor groups, with clearer access to clinical updates, shared learning events, joint CPD opportunities, multidisciplinary case discussions and governance-focused education. This will support professionals to maintain competence, develop confidence, respond to emerging risks and adapt to changing service demands. A particular focus will be placed on

supporting newer prescribers and professionals working in expanded or enhanced roles. This is also an opportunity to build collaboration and teams through learning together.

Together, these actions will help embed a Primary Care system where safety is prioritised, quality is consistently monitored, learning is shared openly, and teams are supported to deliver high-quality care. A strengthened clinical governance approach will ensure as Primary Care continues to evolve, and as new services, pathways and workforce models are introduced, patient safety, professional standards and continuous improvement remain at the centre of decision-making and operational practice.

9. Measuring Change

A robust, transparent and consistent approach to measuring change is essential to understanding whether this foundational strategy is delivering meaningful improvement for the people of Tayside. This will include establishing a baseline during the initial planning stages of implementation. Over the next two years, service outputs and performance will be assessed through a combination of system-wide performance metrics, qualitative insights, and evidence of progress against key priorities. Measurement will focus not only on activity, but on outcomes, patient and population experience of care, equity, workforce experience, and the long-term sustainability of the wider health and social care system.

We will monitor improvements in access to Primary Care, as we work towards ensuring people receive timely support from the right professional in the right setting. This will include tracking demand, waiting times, mode of access and the impact of expanded roles within multidisciplinary teams. Patient experience and satisfaction will be a critical indicator of success, with high-quality, person-centred care remaining central to our vision. Listening to people's experiences, particularly those from communities most affected by inequalities, will shape ongoing refinement and improvement.

Reducing inequalities will be a core measure, with a focus on variation in access, outcomes and experience across localities, socioeconomic groups and rural and urban communities. As prevention becomes more embedded across Primary Care, we expect to see increases in proactive care activity, case-finding and early intervention across general practice, pharmacy, optometry and dentistry. However, reducing health inequalities cannot be delivered by health services alone. Meaningful and sustained progress depends on close partnership with local authorities, social care, education, housing, the third sector and communities themselves, recognising health services play an important but proportionate role within the wider determinants of health.

We will also assess the strength and maturity of multidisciplinary teams (MDT), including the degree of collaboration between contractor groups, the quality of shared decision-making and the effectiveness of community MDT huddles. Workforce sustainability will be measured through recruitment, retention, wellbeing and confidence to work at the top of professional competence.

Finally, we will track system-level indicators relating to sustainability and pressure. This includes monitoring avoidable hospital admissions, urgent care activity, OOH utilisation and the wider impact of a strengthened Primary Care system on flow, demand and resilience. Collectively, these measures will provide a balanced, whole-system understanding of progress, informing the development of the longer-term 10-year strategy.

10. Next Steps

The period from 2026 to 2028 represents the foundational phase of Primary Care transformation in Tayside. The work delivered in this timeframe will stabilise the system, strengthen multidisciplinary working, prepare for significant national changes and create the conditions for a comprehensive 10-year strategic plan.

Engagement will be strengthened at every stage. Staff, independent contractors, communities, third sector partners, professional bodies and people with lived experience will play a central role in co-designing future models of care. Communication and engagement activities will ensure the strategy remains grounded in real-world experience and maintains credibility with those who deliver and receive care.

As national strategies are developed and published across all contractor work streams, including the Primary and Community Care Route Map, we will align local and regional sub planning with emerging direction. This agile approach will ensure Tayside is prepared to adopt and operationalise national policy developments in a cohesive and timely manner.

Finally, work undertaken during this foundational period will directly inform the development of a comprehensive *Primary Care Strategy for 2028–2038*. The next two years will provide the evidence base, learning, workforce foundations and system relationships required to design a long-term, ambitious vision for Primary Care across Tayside that is sustainable, equitable and person-centred for the decade ahead.

11. Conclusion

This foundational strategy marks an important milestone for Primary Care in Tayside. It reflects a shared recognition that, while pressures across the system continue to intensify, Primary Care remains the cornerstone of sustainable, equitable and person-centred healthcare. The strategy sets out a clear vision and direction of travel for stabilising services in the short term, strengthening the conditions for effective multidisciplinary working and preparing the system for transformational change over the decade ahead.

By establishing a unified vision, strengthening prevention, supporting workforce resilience and aligning services more closely with community needs, this strategy reinforces the central role of Primary Care in improving population health and reducing inequalities. It highlights the vital contribution of all contractor groups and salaried services, general practice, community pharmacy, optometry, dental services and wider MDT partners, and recognises

that a more integrated, proactive and community-based model of care is essential to meeting the needs of a changing population.

Above all, this strategy represents a collective commitment across NHS Tayside, the three Health and Social Care Partnerships, independent contractors, staff, communities and partners to build a Primary Care system that is not only safe and clinically led, but compassionate, responsive and rooted in what matters to people. It sets the foundations for a system that listens, learns and adapts; one that values its workforce, uses data intelligently, and delivers care in a way that is accessible, equitable and sustainable.

As we move toward the development of a comprehensive shifting the balance of care approach, the actions set out in this strategy build on the strong foundations of Primary Care across Tayside, strengthening its parity of esteem, strategic leadership and operational capability within the wider system. In doing so, we will support Primary Care to continue to deliver most of the care, enable effective coordination across pathways, and contribute to whole-system transformation.

Together, we will build on what already works well to evolve a Primary Care system that meets the needs of the people of Tayside today, supports them to live well in their communities, and continues to adapt to meet the challenges and opportunities of the future.



Tayside Primary Care Foundational Strategy 2026 – 2028

Preliminary Statement of Engagement April 2026

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Preliminary Statement of Engagement

Purpose

This statement outlines the engagement activity undertaken to inform the development of the **Tayside Primary Care Foundational Strategy 2026-28 (TPCFS)**. It summarises the collaborative approach to date, the methodology applied and the feedback received to inform the foundational strategy. This feedback has been central to shaping the content of the TPCFS, laying the foundations for the development of a longer-term Tayside Primary Care Strategy from 2028 which will be informed by national policy, lived experience and learning gained from the delivery of the TPCFS.

Primary Care is the foundation of Scotland's health and social care system, delivering around 90% of NHS contacts, making it the part of the system where most need is met and where the greatest opportunities for prevention, continuity and system sustainability lie. It is where trust and relationships are built, early intervention occurs, and people seek support at their most vulnerable. However, Primary Care faces significant pressures from rising demand, increasing clinical complexity, workforce constraints, widening inequalities, and evolving national expectations. Despite these challenges, it remains uniquely placed to respond with realism and humanity; offering continuity of care, enabling early intervention, and supporting people to stay well in their own communities.

As part of the NHS Tayside corporate objective for Primary Care, there is a requirement to coproduce a comprehensive and sustainable Tayside Primary Care Strategy by March 2026 that achieves:

- Improved outcomes for patients;
- Stronger alignment and integration across services;
- A culture of shared responsibility and accountability;
- Lasting improvements in access, quality, and performance.

This evolving context provides a clear opportunity to develop the TPCFS 2026-28. The ambition is to strengthen the role, visibility, capability and leadership of Primary Care across Tayside, ensuring it is treated with parity of esteem alongside acute and specialist care.

Methodology

1. Developing the Foundational Strategy

The development of the TPCFS commenced with revisiting the version of the Tayside Primary Care Strategy Plan on a Page (POAP), which was created in 2024 with key stakeholders from across NHS Tayside, the three Health and Social Care Partnerships (HSCP) in Tayside and representatives of all four independent contractor groups (Medical, Dental, Ophthalmic and Pharmaceutical).

The group were tasked with considering the POAP and providing feedback on:

- Relevancy of content and focus,
- Any areas that required amendment, to be added or removed,
- Alignment of the plan to wider national frameworks.

Following this, a meeting was held with key stakeholders to agree next steps and to develop a fit for purpose strategy covering the full scope of Primary Care, with the roles and ambitions of all contractor groups clearly reflected.

Feedback from this meeting, and other strategic leadership meetings made it clear that developing a full Tayside Primary Care Strategy at this time would not be the best way forward given the programmes of work already underway or under development, both locally and nationally.

As a result a decision was made to use the feedback gained to date to develop a foundational strategy which would act as a bridging approach until the Scottish Government National Primary Care Route Map and other emergent national directions were launched.

2. Strategy Group Composition and Evolution

The strategy group is led by the Angus Integrated Joint Board (IJB) Chief Officer/Director of Adult Health and Social Care and includes a range of stakeholders, ensuring the development of the TPCFS is informed by strategic, operational and clinical expertise.

Membership includes:

- Service Managers and Associate Medical Directors from all three HSCPs.
- Service Manager, Operational Medical Director, Dental Practice Advisor, Optometric Advisor and Primary Care Team Manager, NHS Tayside's Primary Care Services.
- Lead Pharmacist for Community Pharmacy Services, NHS Tayside.
- Head of Health and Community Care Services, Angus HSCP.
- Associate Medical Director, Medicine – Planned Care, NHS Tayside.

3. Staff and Stakeholder Engagement

Engagement has been central to the development of the TPCFS, ensuring the direction of travel is informed by the experience, expertise and perspectives of those who deliver and use the services encompassed by the strategy.

In addition to the feedback from the strategy group on the POAP, the Chief Officer and Head of Health and Community Care Services, Angus HSCP, sought feedback via NHS Tayside's Extended Leadership Team, Integrated Leadership Team and Executive Strategy Meeting prior to the development of the TPCFS.

These discussions generated valuable insights into the current primary care landscape, the opportunities and challenges across the four contractor groups, and the appetite for improvement and a more collaborative approach in the development of the foundational strategy. They also provided insights on the best way forward, taking into account the development of local and national policies that could strengthen and support Tayside's vision and direction for Primary Care.

Approach and Governance

As part of the documentation developed, a Communication and Engagement Plan has been drafted, informed by Healthcare Improvement Scotland's (HIS) Planning with People: Community

Engagement and Participation Guidance. This plan ensures that engagement remains structured, inclusive, and proportionate throughout the development of the strategy.

The development of the TPCFS reports to the Tayside Primary Care Board and following the engagement activities, endorsement will be sought from the three IJBs which will direct Board approval.

Key Insights from Engagement to Date

Key insights from the engagement with stakeholders to date include:

- Strong support for enhanced collaboration and development of the wider multidisciplinary model across the full scope of Primary Care and how this interfaces with secondary care.
- Ongoing commitment to prevention and proactive care that can be delivered within the community.
- Acknowledgement of recruitment and retention challenges, recognising the importance of workforce sustainability, access to professional development and consistent application of clinical and professional governance.
- Increased understanding for all stakeholders of the interface between the services, HSCPs, secondary care and third sector.
- Visibility of all contractor groups and the collaborative opportunities available to support service delivery and patient experience.
- Clearer articulation of how improvements can be made and how it will be measured.

Application of Feedback

Based on feedback received:

- The POAP was revised,
- The TPCFS 2026-28 was drafted.

Wider Engagement

The group are now moving into the next phase of engagement and onward approval to ensure the TPCFS is fit for purpose as a two-year bridge to lay the foundations for a longer-term strategy to be developed in line with the incoming national Primary Care Route map and other emergent national directions. Planned activities include:

Engaging with public partners and professional stakeholders for their review/endorsement of the foundational strategy, ensuring it reflects operational realities and local priorities. This will include its review via the following groups:

- Public Partners
- Area Clinical Forum
- GP Sub-Committee,
- Area Dental Advisory Committee,
- Area Optical Committee,
- Area Pharmaceutical Committee,

Approval

- **Endorsement and onward approval through NHS Tayside and the three Integrated Joint Boards (by end of June 2026)**, this will be progressed via the following groups:
 - Tayside Primary Care Strategy SLWG
 - Integrated Leadership Team,
 - NHS Tayside Executive Team for endorsement,
 - NHS Tayside Board for endorsement
 - Three IJBs for approval,
 - Angus IJB will issue a Direction to NHS Tayside regarding implementation of the TPCFS.

COMBINED IMPACT ASSESSMENT

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



1. INTRODUCTION

Title of policy, practice or project being assessed	Tayside Primary Care Foundational Strategy 2026-28

Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	Existing		New	Existing
Strategy	X		Policy		
Guidance			Procedure		
Operational Instruction			Budget Saving Proposal		
Service Development Proposal			Other (Please specify)		

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Stephanie Stewart, Primary Care Team Manager
Date Assessment Started	09 February 2026

3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	Primary Care is the foundation of Scotland's health and social care system, delivering around 90% of NHS contacts, making it the part of the system where most need is met and where the greatest opportunities for prevention, continuity and system sustainability lie. It is where trust and relationships are built, early intervention occurs, and people seek support at their most vulnerable. However, Primary Care faces significant pressures from rising demand, increasing clinical complexity, workforce constraints, widening inequalities, and evolving national expectations. Despite these challenges, it remains uniquely placed to respond in ways shaped by continuity, trust and long-term relationships; offering continuity of care, enabling early intervention,

preventing deterioration, and supporting people to stay well in their own communities.

To support the changing landscape within Primary Care and as part of the NHS Tayside corporate objective for Primary Care, there is a requirement to coproduce a comprehensive and sustainable Tayside Primary Care Strategy by March 2026 that achieves:

- Improved outcomes for patients;
- Stronger alignment and integration across services;
- A culture of shared responsibility and accountability;
- Lasting improvements in access, quality, and performance.

However at this time, there are a number of national strategies and directions that are in development that will impact on a long-term Tayside Primary Care strategy, therefore a decision was made to develop a two year foundational Tayside Primary Care Foundational Strategy (TPCFS) that will act as a bridging approach until the Scottish Government National Primary Care Route Map and other emergent national directions are launched.

The TPCFS vision is for Tayside to:

“Have a sustainable, clinically led, person centred, digitally enabled, prevention-focussed primary care system that remains at the heart of healthcare and reduces inequalities, where integrated care is delivered by multidisciplinary teams working in every community”.

To achieve this vision, the strategy is underpinned by a set of guiding principles that shape decision-making, service design and operational practice across Tayside:

- Person-centred – ensuring services are built around what matters most to people and they contribute to the design of these services which will support informed choices, dignity, independence and personalised care.
- Prevention – care is preventative, delivered by professionals working together, enables individuals and communities to maintain their own

health and wellbeing, and shifts the focus toward early identification of risk, proactive management and anticipatory care.

- Partnership – strengthening integrated, whole-system working across Primary Care, Acute Services, HSCPs, third sector partners and communities to deliver seamless, coordinated and holistic care.
- Quality and Safety – delivering consistently safe, high-quality care that meets recognised standards and supports equitable outcomes across Tayside.
- Evidence-based and Sustainable Care – designing and delivering care that is grounded in evidence and best practice, continually improving, efficient, and sustainable, while responsibly stewarding public resources and meeting future demand.
- Equity – ensuring fair and equitable access to services, recognising that different communities require different levels of support, and delivering proportionate, needs-led provision to reduce inequalities.
- Values based – fostering a culture of compassion, respect, honesty and person-centred practice, rooted in the values that underpin Scotland’s health and social care system, ensuring the delivery of outcomes that are high quality and achieve the priorities that individuals identify as important.
- Visionary and Learning-Led – learning from experience and evidence, continuously improving and innovating, and proactively shaping future models of care. This includes exploring new approaches, pushing boundaries where it adds value, and leading the development of integrated care pathways that respond to emerging need and future demand.

Together, this vision and these principles form the foundation of a modern Primary Care system, one that develops and sustains its workforce, improves outcomes, supports resilience across the wider health and social care system and enables people to live well in the place they call home.

A short-life working group has been established with key stakeholders from across NHS Tayside, the three

	Health and Social Care Partnerships (HSCP) and representatives of all four independent contractor groups (Medical, Dental, Ophthalmic and Pharmaceutical) to ensure the development of the TPCFS is informed by strategic, operational and clinical expertise. As part of the wider engagement to ensure the TPCFS is fit for purpose as a two-year bridge to lay the foundations for a longer-term strategy to be developed in line with the incoming national Primary Care Route map and other emergent national directions, the group engaged with NHS Tayside's public partners and other professional stakeholder groups for their review/endorsement of the foundational strategy, ensuring it reflects operational realities and local priorities. This combined impact assessment was undertaken to record information relating to the TPCFS 2026-28 for different protected characteristic groups and will be used to inform ongoing strategy development and the development of the longer term Tayside Primary Care Strategy to ensure compliance with Angus HSCP's legal obligation in respect of their Public Sector Duty.
What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)	The TPCFS sets out the vision and direction of travel for Primary Care across Tayside; stabilising services in the short term, strengthening the conditions for effective multidisciplinary working and preparing the system for the transformational change that will follow. The strategy also sets out the strategic commitments and priorities that will guide all subsequent planning and delivery. These commitments will enable the conditions within which the underpinning delivery plans will operate, ensuring focus, realism and sustainability. Strategic commitments: • Stabilising general practice – focus will be on consolidation and sustainability, with strong system governance to prevent incremental workload growth and to ensure that any new expectations are balanced by clear decisions on capacity, prioritisation and support. This is critical

to restoring stability and enabling safe, high-quality, relationship-based care.

- Workforce principles – will be adopted based on; stabilisation before expansion of roles or services, sequencing workforce changes based on capacity, safety and readiness, ensuring supervision time, capability and safety requirements are in place before introducing new roles, acknowledging and planning for the supervision burden associated with advanced and independent practice.
- Governance and accountability – delivery responsibilities will be clearly defined across NHS Tayside, HSCP/Integration Joint Boards (IJB), contractor groups and professional advisory structures.
- Financial framework – co-design with contractor groups when considering new service models or shifts in activity, ensuring any new expectations are recurrently funded, protecting core primary care capacity and providing transparency around investment decisions, protecting the stability of core General Medical Services provision as a strategic priority.

Strategic priorities:

- Prevention and proactive care,
- Integrated multidisciplinary teams in every community,
- General Practice,
- Community Pharmacy,
- Community Optometry,
- Community Dentistry,
- NHS/GP premises and community infrastructure,
- Data and digital,
- Workforce, leadership and culture,
- Finance and sustainability.

The strategy aims to benefit all those who are accessing any of the Primary Care Services encompassed by the strategy; General Practice, Community Pharmacy, Community Optometry, Community Dentistry, including all staff working within these services and the wider Tayside health and social care system.

4. EQIA PROTECTED CHARACTERISTICS SCREENING

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

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

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

5. EQIA - SCREENING DECISION

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

FULL EQUALITY IMPACT ASSESSMENT (EQIA)

6. EVIDENCE

Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the evidence process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
Quantitative evidence (numerical/statistical)	The population of Tayside is approximately 420, 000 (2024), with 51.3% female and 48.7% male. 22.9% of the population are aged 65 and over, higher than the Scottish average of 20.5%, indicating an ageing population which requires more tailored services, focussed on prevention, early identification of risk, proactive management and anticipatory care, to support complex health needs that develop as people age. Considering the future state, the number of individuals aged over 75 in Tayside is projected to increase by 24% between 2018 and 2028. The current life expectancy in Tayside for males is 77 years and 81 years for females, this is similar to the Scottish average of 76.5 and 80.7 years respectively, however this varies across localities with males and females who live in Dundee City having the lowest life expectancy. Males born in the most deprived areas of Dundee are likely to live 12.8 years fewer than those in the least deprived areas. This gap is less in Angus and Perth and Kinross, 8.2 and 9.2 years respectively. Healthy life expectancy (HLE) also shows similar trends, with the HLE for males (61.8 years) and females (60.7) in Tayside similar to Scotland. This again varies by locality, with those living in Dundee City having the lowest HLE across the three localities, males 55.9 years and females 59.5 years (Tayside HLE for males is 61.8 years and 60.7 years for females). Premature mortality (< 75 years of age) in Tayside also provides an indicator in terms of health outcomes, with premature mortality in Tayside three times higher in the most deprived areas compared to the least deprived area. The top five main causes of death in the most deprived areas in Tayside is lung cancer, substance use (drugs), chronic obstructive pulmonary disease (COPD) related, coronary heart disease (CHD) and heart attack. Premature mortality rate in the 15 – 44 years age group has also been increasing in Tayside compared to the national average since 2014. A

	substantial proportion of these premature mortalities could be perceived as avoidable deaths as were due to suicide, alcohol and drug-related mortality. In terms of wider determinants of health for Tayside, this again varies across Tayside localities with 73 (28) % of Angus, 70 (36) % of Dundee City and 76 (18) % of Perth and Kinross working-age populations in employment. The numbers in brackets represent those who are in lower paid occupations in each of the localities. Homelessness continues to be a national challenge which is relatively unchanged over the last 10 years, both within Tayside and across Scotland. Approximately 2% of all households in Dundee City submit a homelessness application per year, compared to 1% in Angus and Perth and Kinross. Almost one in every three households in Dundee City is in fuel poverty, with one in every four households evident in Angus and Perth and Kinross. Children (under 16 years) in poverty in Tayside see a similar increasing trend over the last 10 years that has been seen across Scotland. Dundee City has the highest percentage (26%) of children living in poverty in Tayside, compared to 22% in Angus and 18% in Perth and Kinross. At any given time in Scotland, approximately one in four adults (over 16 years of age) will be experiencing a long-term condition (LTC), health problem or disability. By the age of 65 it is estimated that approximately two thirds of adults will have developed an LTC. The prevalence of LTC is increasing and the greatest increase is being experienced by people living in greatest deprivation. The evidence demonstrates that Tayside faces challenges linked to an ageing population, high levels of long-term conditions, mental health needs, and inequalities between localities. This has informed the assessment of potential impacts across protected characteristics. National Records of Scotland, Mid-year population estimates for Scotland: Time series data (2024) NHS Tayside Director of Public Health Annual Report 2024/25
Qualitative evidence (narrative/exploratory)	Under the Patient Rights Act (Scotland), independent contractors are responsible for monitoring, managing and responding to feedback about their services directly with individual practice arrangements to consider feedback received, action any improvements required and share themes and/or learning from these. This limits the availability of Tayside wide qualitative evidence in relation to the vast scope of Primary Care services.

	Anecdotal feedback indicates some negative experiences reported by patients in relation to accessing timely GP appointments, fluid navigation through the health and care system and securing NHS dental provision, with variances across localities and communities.
Other evidence (please detail)	The below publications and national directions/initiatives have been key drivers to the development of the TPCFS: • Health and Social Care Service Renewal Framework 2025 – 2035 – a strategic, long-term plan to transform Scotland's health and social care services, focussing on sustainability, efficiency, quality and accessibility. • Population Health Framework 2025 – 2035 – a 10 year strategy to improve health outcomes and reduce health inequalities through prevention, early intervention and cross-sector collaboration. • First Port of Call responsibility for Optometrists – statutory duty placed on all listed optometrists and ophthalmic medical practitioners under General Ophthalmic Services (GOS) regulations. • Implementation of Community Glaucoma Service – designed to facilitate the discharge of lower risk glaucoma patients from the hospital eye service to receive care from accredited clinicians in the community. • Accessible Pharmaceutical Care - Planning for pharmaceutical care services across Tayside aligning with the Scottish Government's Place Principle and the ambition for Local Living and 20-Minute Neighbourhoods, which promote equitable access to essential services within communities. • Oral Health Improvement Plan – aims to enhance oral health through preventative care, addressing inequalities and supporting an ageing population.
What gaps in evidence/research were identified?	Input from diverse individuals, particularly those from underrepresented demographics, is essential for informing the ongoing and future development of the strategy.
Is any further evidence required? Yes or No (please provide reasoning)	Engagement with a broad spectrum of internal and external stakeholders will continue during the ongoing and future development of the longer-term strategy. Publication of incoming national strategies and directions will also inform the longer-term future strategy.

Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	Yes. The decision regarding the development of a foundational strategy in place of a longer term strategy was made by the Director of Adult Health and Social Care, Angus HSCP, who has responsibility for the delivery of Primary Care services across Tayside, in collaboration with the short life working group (SLWG) that was established to support the development of strategy. The SLWG included key stakeholders from across NHS Tayside, the three Health and Social Care Partnerships (HSCP) and representatives of all four independent contractor groups (Medical, Dental, Ophthalmic and Pharmaceutical). The Director of Adult Health and Social Care and other members of the SLWG also engaged via strategic leadership meetings across Tayside to ensure the decision was supported strategically as the preferred way forward while awaiting the incoming national Primary Care Route map and other emergent national directions. The decision was informed by the SLWG memberships' extensive experience in managing primary care services and comprehensive understanding of the local population's healthcare needs. The process prioritised the development of a two-year bridge to stabilise the current landscape and lay the foundations for a longer-term strategy.

7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project. For strategic decisions which may impact 'consumers' e.g. service users and patients, there are example scrutiny questions to consider during the engagement process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
Has engagement taken place? Yes or No	Yes
If No, why not?	N/A
If Yes, please answer the following questions:	
Who was the engagement with?	Public partners
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	No, due to the short-term, foundational nature of the strategy. Wider engagement will be undertaken when development of the longer-term strategy commences.

How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	Focus group undertaken on 02 March 2026.
What were the results from the engagement?	Feedback was received to understand what worked well with the strategy and identified any gaps or areas for enhancement within the strategy.
How did the engagement consider the protected characteristics of its intended cohort?	Due to the short-term, foundational nature of the strategy and the potential positive impact it will have on all groups, specific engagement was not undertaken to consider each protected characteristic in isolation. A longer-term primary care strategy will be developed to succeed the foundational strategy. During its development, further engagement will be undertaken to ensure full consideration of all protected characteristic groups.
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	Yes. All comments were considered, and amendments were made where appropriate. Comments not resulting in changes were deemed more applicable to implementation and delivery planning and will be incorporated into those plans during their development.
Is further engagement required? Yes or No (please provide reasoning)	No, due to the short-term, foundational nature of the strategy.

8. PROTECTED CHARACTERISTICS

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

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age		X		The Tayside Primary Care Foundational Strategy (TPCFS) should have a positive impact on all age groups across Tayside because it is focused on delivering excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population while also aiming to reduce inequalities. The high-level priorities of the strategy are focussed on prevention and proactive care, reducing inequalities and unequal health outcomes, delivering care closer to home and dynamic models of care. These priorities have the potential to ensure services are delivered around the needs of the person and care is delivered as close to home as possible. This will result in: • Improved access for older adults, who may require care closer to home and who often face mobility issues. • Streamlined service delivery for all ages, ensuring the right care is delivered at the right time, in the right place and by the right people. • Clearer communication and service pathways for all ages, to support easier navigation of Primary Care services and ensure multidisciplinary teams work together effectively.
Sex		X		The population of Tayside is approximately 420, 000 (2024), with 51.3% female and 48.7% male. The Tayside Primary Care Foundational Strategy (TPCFS) should have a positive impact on all people across Tayside, regardless of sex as it is focused on delivering excellent, high quality, accessible primary care in a sustainable and integrated way, improving the health and wellbeing of the population while also aiming to reduce inequalities.

Service Users, Public or Unpaid Carers with Protected Characteristics					
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.	
				This strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to both men and women, evidencing equality in opportunity and access.	
Disability		X		The Scottish Census 2022 shows that 24% of residents in Tayside reported as being limited by a long-term health problem or disability in their day to day life activities either a little or a lot. The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of disability, evidencing equality in opportunity and access.	
Race		X		The Scottish Census 2022 shows that the Tayside population identifies themselves as below in terms of race:	
				White – Scottish	79.2%
				White – Other British	9.5%
				White – Other	3.0%
				Asian, Asian Scottish, Asian British	3.0%
				White – Polish	1.9%
				Mixed or multiple ethnic group	1.0%
				White – Irish	0.8%
				Other Ethnic groups	0.8%
				African	0.6%
				White – Gypsy Traveller	0.1%
				Caribbean or Black	0.1%

Service Users, Public or Unpaid Carers with Protected Characteristics																		
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.														
				The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of race, evidencing equality in opportunity and access.														
Sexual Orientation		X		The Scottish Census 2022 shows that the Tayside population aged over 16 years identifies their sexual orientation as below: <table><tr><td>Heterosexual/Straight</td><td>87.7%</td></tr><tr><td>Bisexual</td><td>1.8%</td></tr><tr><td>Gay or Lesbian</td><td>1.6%</td></tr><tr><td>Other sexual orientation</td><td>0.6%</td></tr><tr><td>Not disclosed</td><td>8.3%</td></tr></table> The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of sexual orientation, evidencing equality in opportunity and access.	Heterosexual/Straight	87.7%	Bisexual	1.8%	Gay or Lesbian	1.6%	Other sexual orientation	0.6%	Not disclosed	8.3%				
Heterosexual/Straight	87.7%																	
Bisexual	1.8%																	
Gay or Lesbian	1.6%																	
Other sexual orientation	0.6%																	
Not disclosed	8.3%																	
Religion or Belief		X		The Scottish Census 2022 shows that the Tayside population identifies themselves as the following faiths: <table><tr><td>No Religion</td><td>54.5%</td></tr><tr><td>Church of Scotland</td><td>21.4%</td></tr><tr><td>Roman Catholic</td><td>9.4%</td></tr><tr><td>Other Christian</td><td>5.4%</td></tr><tr><td>Muslim</td><td>1.9%</td></tr><tr><td>Other Religions</td><td>1.3%</td></tr><tr><td>Not disclosed</td><td>6.1%</td></tr></table>	No Religion	54.5%	Church of Scotland	21.4%	Roman Catholic	9.4%	Other Christian	5.4%	Muslim	1.9%	Other Religions	1.3%	Not disclosed	6.1%
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Not disclosed	6.1%																	

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of their religion or belief, evidencing equality in opportunity and access.
Gender Reassignment		X		Of the protected characteristics, transgender people are one of the most marginalised in society. Scottish Government has committed to improving access to, and delivery of, gender identity services in Scotland, set out in the NHS gender identity services: strategic action framework 2022-2024. From this, Healthcare Improvement Scotland was commissioned to develop national standards for adult and young people's gender identity healthcare. These standards are in line with many of the priorities and commitments contained within the TPCFS; person-centred care and shared decision making, reducing inequalities, collaborative leadership and governance, staff training, education and support, assessment and care planning, intended to ensure improved and collaborative services to all Tayside residents regardless of their gender identity, evidencing equality in opportunity and access.
Pregnancy and Maternity		X		The TPCFS strategy, the priorities and commitments contained within and detailed above, intends to ensure improved and collaborative services to all Tayside residents regardless of pregnancy status, evidencing equality in opportunity and access.
Marriage and Civil Partnership	X			The TPCFS should not directly impact on marriage and civil partnership alone. The priorities and commitments contained within and detailed above, intends to ensure improved, collaborative services that are inclusive to all Tayside residents regardless of marital status, evidencing equality in opportunity and access.
Additional Groups/Areas for Consideration				

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Any other relevant groups i.e. care experienced, unpaid carers, current & former Armed Forces personnel (please specify)	X			All groups are covered in the detail above.
Human Rights (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections).		X		All services encompassed by the foundational strategy are built on the premise that ensures their human rights and people are treated with dignity and respect.

Employees or Volunteers with Protected Characteristics																																								
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.																																				
Age		X		The NHS Tayside Workforce Monitoring Report 2025 shows workforce composition by age as:																																				
				<table><tr><th>Age (years)</th><th>Headcount (2024)</th><th>Percentage (%)</th></tr><tr><td>16 – 19</td><td>36</td><td>0.25</td></tr><tr><td>20 – 24</td><td>622</td><td>4.32</td></tr><tr><td>25 – 29</td><td>1394</td><td>9.69</td></tr><tr><td>30 – 34</td><td>1578</td><td>10.97</td></tr><tr><td>35 – 39</td><td>1736</td><td>12.07</td></tr><tr><td>40 – 44</td><td>1803</td><td>12.53</td></tr><tr><td>45 – 49</td><td>1587</td><td>11.03</td></tr><tr><td>50 – 54</td><td>1872</td><td>13.01</td></tr><tr><td>55 – 59</td><td>1985</td><td>13.80</td></tr><tr><td>60 +</td><td>1771</td><td>12.31</td></tr><tr><td>TOTAL</td><td>14384</td><td>100</td></tr></table>	Age (years)	Headcount (2024)	Percentage (%)	16 – 19	36	0.25	20 – 24	622	4.32	25 – 29	1394	9.69	30 – 34	1578	10.97	35 – 39	1736	12.07	40 – 44	1803	12.53	45 – 49	1587	11.03	50 – 54	1872	13.01	55 – 59	1985	13.80	60 +	1771	12.31	TOTAL	14384	100
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				30 – 34	1578	10.97																																		
				35 – 39	1736	12.07																																		
				40 – 44	1803	12.53																																		
				45 – 49	1587	11.03																																		
				50 – 54	1872	13.01																																		
				55 – 59	1985	13.80																																		
				60 +	1771	12.31																																		
				TOTAL	14384	100																																		
The Tayside Primary Care Foundational Strategy (TPCFS) should have a positive impact on all age groups across Tayside as one of the strategic commitments of the strategy is to adopt a clear workforce approach based on:																																								
• Stabilisation before expansion of roles or services. • Sequencing workforce changes based on capacity, safety and readiness.																																								

Employees or Volunteers with Protected Characteristics																
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.												
				- Ensuring supervision time, capability and safety requirements are in place before introducing new roles. - Acknowledging and planning for the supervision burden associated with advanced and independent practice. These principles will ensure any changes are deliverable, safe and sustainable for all, regardless of age.												
Sex		X		The NHS Tayside Workforce Monitoring Report 2025 shows workforce composition by sex as: <table><tr><th>Sex</th><th>Headcount (2024)</th><th>Percentage (%)</th></tr><tr><td>Female</td><td>11483</td><td>79.83</td></tr><tr><td>Male</td><td>2901</td><td>20.17</td></tr><tr><td>TOTAL</td><td>14384</td><td>100</td></tr></table> The TPCFS strategy, the priorities and commitments contained within and specifically detailed above regarding workforce, intends to ensure the workforce is supported during this foundational period and onward, to stabilise the workforce and provide them with the time for training, personal development and ensuring confidence and competencies are developed and maintained regardless of sex.	Sex	Headcount (2024)	Percentage (%)	Female	11483	79.83	Male	2901	20.17	TOTAL	14384	100
Sex	Headcount (2024)	Percentage (%)														
Female	11483	79.83														
Male	2901	20.17														
TOTAL	14384	100														
Disability		X		The NHS Tayside Workforce Monitoring Report 2025 shows workforce composition by disability as: <table><tr><th>Disability</th><th>Headcount (2024)</th><th>Percentage (%)</th></tr><tr><td>Yes</td><td>278</td><td>1.93</td></tr></table>	Disability	Headcount (2024)	Percentage (%)	Yes	278	1.93						
Disability	Headcount (2024)	Percentage (%)														
Yes	278	1.93														

Employees or Volunteers with Protected Characteristics						
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.		
				No	10175	70.74
				Don't know	3112	21.64
				Prefer not to say	819	5.69
				TOTAL	14384	100
				There are a relatively low number of people within NHS Tayside who identify themselves as having a disability. However, it remains important to consider the needs of all and ensure any changes to service models or tasks are monitored to ensure they do not inadvertently disadvantage this group. To support inclusion and minimise any potential disruption, clear communication, flexible working arrangements, and reasonable adjustments will continue to be made available and work in tandem with the commitments made within the TPCFS.		
Race	X			It is unlikely the foundational strategy will have any impact on staff or volunteers holding this protected characteristic.		
Sexual Orientation	X			It is unlikely the foundational strategy will have any impact on staff or volunteers holding this protected characteristic.		
Religion or Belief	X			It is unlikely the foundational strategy will have any impact on staff or volunteers holding this protected characteristic.		
Gender Reassignment	X			It is unlikely the foundational strategy will have any impact on staff or volunteers holding this protected characteristic.		
Pregnancy and Maternity		X		Given the majority of staff within NHS Tayside are female, it remains important to consider the needs of those who are pregnant or on maternity leave. Any changes to service models or tasks will be monitored to ensure they do not inadvertently		

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				disadvantage this group. To support inclusion and minimise any potential disruption, clear communication, flexible working arrangements, and reasonable adjustments will continue to be made available and work in tandem with the commitments made within the TPCFS.
Marriage and Civil Partnership	X			It is unlikely the foundational strategy will have any impact on staff or volunteers holding this protected characteristic.
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. care experienced, unpaid carers, current & former Armed Forces personnel (please specify)	X			All groups are covered in the detail above.
<u>Human Rights</u> (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the		X		All services encompassed by the foundational strategy are built on the premise that ensures their human rights and people are treated with dignity and respect.

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
right to education, the right to respect for private and family life, and the right to free elections).				

9. EQIA FINDINGS AND ACTIONS

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)	This EQIA has established that any impact the TPCFS 2026-29 may have on protected characteristic groups is either positive or neutral. Communication and engagement activities with key stakeholders will continue during the final refinement and approval of the foundational strategy to the longer-term strategy that will follow to ensure the inclusion of all stakeholders, including the voice of seldom heard groups.
Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)	
Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.

Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	Date for Completion	Who is responsible (initials)
N/A		

10. EVIDENCE OF DUE REGARD - EQUALITY ACT

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

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

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

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

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

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

12. FSDA - SCREENING DECISION

12 a) Is your policy, practice or project strategically important? Yes or No?	YES - Proceed to question 12 b)	NO – FSDA not required, please provide reasoning below and proceed to sections 14 onwards to conclude.
	Yes	
12 b) Is it likely that your strategic policy, practice or project will have socio-economic impact? Yes or No?	YES - Proceed to section 13. Full Fairer Scotland Duty Assessment (FSDA) below	NO – FSDA not required, please provide reasoning below and proceed to sections 14 onwards to conclude.
	Yes	

13. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence	
What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?	Deprivation varies across Tayside. More than one in three people (37%) who live in Dundee City are living in areas of greatest deprivation in Scotland, compared to only one in 14 people (7%) in Angus and one in 17 people (6%) in Perth & Kinross. Almost one in every three households in Dundee City are in fuel poverty with around one in every four households in Angus and Perth & Kinross. 22% of Angus, 26% of Dundee City and 18% of Perth & Kinross children live in poverty. Males born in the most deprived areas in Dundee City are anticipated to live on average 12.8 years fewer than males in the least

deprived areas. The equivalent gap in Angus and Perth & Kinross is 8.2 and 9.2 years respectively. While the inequality gap in females is less prominent, it has widened slightly. The current difference in life expectancy for females is 10.4 years, 6.0 years and 6.5 years in Dundee City, Angus and Perth & Kinross respectively.

Fewer than one third of the Tayside population are of a healthy weight, with this proportion being lower in males and in people living in more deprived areas.

People in the most deprived areas in Tayside are 1.8 times more likely to have repeat hospital admissions within 365 days, be hospitalised with asthma (2.3 times), coronary heart disease (1.7 times) or mental illness (4.1 times) and be diagnosed with cancer (1.2 times) than people in the least deprived areas.

Comparing the premature mortality rate in Tayside over the last nine years, the gap between people dying prematurely in the most and least deprived quintiles has been widening in general. Lung cancer and heart attack were the most common cause of death for people living in the least deprived areas, lung cancer followed by substance use (drugs) were the most common drivers of premature mortality for people living in the most deprived areas. When deaths from suicide across Scotland are considered by SIMD quintile, rates in the most deprived areas are three times higher than for people living in the least deprived areas.

Mental health and wellbeing is strongly influenced by social, environmental and economic conditions. Poverty and deprivation are key determinants of children's development and subsequent adult mental health. Symptoms of anxiety and depression are over twice as common and self-harm and suicide over four times as common in the most deprived quintile compared to the least. Hospitalisations for psychiatric illness have decreased but are higher in Tayside, and Dundee in particular, than Scotland. Psychiatric patient hospitalisations show a clear inequality gradient with people living in the most deprived areas of Tayside three times more likely than people living in the least deprived areas to be admitted to hospital with a psychiatric illness. Children from socio-economically deprived backgrounds are two – three times more likely to develop mental health issues. These children are also more likely to encounter adverse life circumstances which, in turn, will affect their mental health.

Poverty is a significant driver for ill health and a key factor in health inequalities. The negative impacts of rising costs are being felt across Scotland including in Tayside. Poverty is set to worsen as high inflation makes the cost of living unaffordable for many, both increasing the level of poverty for people already living in deprived areas but also bringing more people living in Tayside into poverty. Alongside this, health inequalities

have also increased with the gap between the least deprived and the most deprived widening across Scotland. There is a strong association between screening uptake and deprivation, with women from more deprived areas less likely to attend for breast screening. The target uptake rate of 80% has been surpassed in least deprived areas but the minimum standard of 70% has not been met in the most deprived areas. This pattern is also seen in other screening programmes. The bowel screening uptake rate varies with deprivation, with 78% of people in the least deprived areas being screened compared to 53% in the most deprived areas of Tayside. This gap has continued to widen slightly when compared to the previous period.

The TPCFS is underpinned by principles of person-centredness, partnership working and equity to achieve its vision of a sustainable, clinically led, person-centred, digitally enabled, prevention focused primary care system that remains at the heart of healthcare and reduces inequalities, where integrated care is delivered by multidisciplinary teams working in every community. Measuring success is also detailed within the strategy, this includes monitoring improvements in access and ensuring people receive timely support from the right professional in the right setting along with reducing inequalities, with a focus on variation in access, outcomes and experience across localities, socioeconomic groups and rural and urban communities. By weaving these throughout the strategy, the strategy has the potential to positively impact those who are in greatest need, face the largest inequalities and require support from integrated, multidisciplinary teams which the strategy aims to deliver.

The learning from the implementation of this foundational strategy and wider engagement that will occur to develop the longer term strategy will continue to ensure that equality is considered, how this differs in different socio-economic groups and what is required to close the gap in inequalities.

[NHS Tayside Director of Public Health Annual Report 2024/25](#)

Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:

	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence on your selection
Low and/or no income (those living in relative poverty.)		X		The high-level priorities of the strategy are focussed on prevention and proactive care, reducing inequalities and unequal health outcomes, delivering care closer to home and dynamic models of care.

				These priorities have the potential to ensure services are delivered around the needs of the person and care is delivered as close to home as possible. The priorities and commitments contained within the strategy, intends to ensure improved and collaborative services to all Tayside residents regardless of socio-economic status or level of deprivation, evidencing equality in opportunity and access.
Low and/or no wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.)		X		As above.
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.)		X		As above.
Area Deprivation (where people live e.g. rural areas, or where they work e.g. accessibility of transport. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.)		X		As above.
Socio-economic Background (social class including parents' education, people's employment and income)		X		As above.
Unpaid Carers		X		As above.
Homelessness, Addictions and Substance Use		X		As above.
Children, Family and Justice		X		As above.

Other e.g. current & former Armed Forces personnel (please specify)	N/A	All groups are covered in the detail above.

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

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

Duty to have regard to consumer interests

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

(a) the impact of those decisions on consumers in Scotland, and

(b) the desirability of reducing harm to consumers in Scotland.

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

There are also the seven consumer principles which must be taken into consideration:

Access, Choice, Safety, Information, Fairness, Representation and Redress.

15. CONSUMER DUTY– SCREENING DECISION

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

16. EVIDENCE OF DUE REGARD – CONSUMER DUTY

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

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

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

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

*Please Note: There is a new requirement in 2024 to carry out a children's rights assessment under the United Nations Convention on the Rights of the Child for young people aged up to 18. There are four articles in the [United Nations Convention on the Rights of the Child](#) (UNCRC) that are seen as special. They're known as the "General Principles". They help to interpret all the other articles and play a fundamental role in realising all the rights in the Convention for all children. Please answer the following questions below:

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

1. Non-discrimination (Article 2)	X	2. Best interest of the child (Article 3)	X
3. Right to life, survival and development (Article 6)	X	4. Right to be heard (Article 12)	
None			

What impact will your proposal have on children's rights, i.e. positive, negative or neutral?	Positive
How will the proposal give better effect to the UNCRC in Scotland?	The TPCFS aligns with and has the potential to enhance children's rights under the UNCRC by improving access to healthcare, protecting children from harm and ensuring equitable access to Primary Care services across Tayside.
How will the impact be monitored?	Impact will be monitored over the next two-years during this foundational period, looking at service outputs and performance through a combination of system-wide performance metrics, qualitative insights and evidence of progress against key priorities. Measurement will look at activity and also outcomes for patients and patient and population experience of care and equity. These measures and feedback will include the whole population, ensuring the impact on children's rights can be understood and monitored.
How will you communicate to children and young people the impact of the proposal on their rights?	Children and young people will be included within the communication plan that will be used during the implementation of the strategy.

	Communication will be adapted to ensure age-appropriate information is provided in different mediums.

18. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	No

19. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	Stephanie Stewart
Designation:	Primary Care Team Manager
Date:	17 March 2026

Lead Equalities Officer Responsible	Service Leader Responsible
I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.	I confirm that the EQIA demonstrated the use of data, appropriate engagement, identified mitigating actions as well as ownership and appropriate review of actions to confidently demonstrate compliance with the general and public sector equality duties.
Name:	Morgan Low
Designation:	Service Leader Improvement and Development Service
Date:	25 March 2026
Name:	
Designation:	
Date:	

For further information on this Combined Assessment, or if you require this assessment in an alternative format, please email: tay.angushscp@nhs.scot

20. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	September 2026

21. EQIA 6 MONTHLY REVIEW SHEET

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

Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.	Status of action (with reasoning) • Complete • Outstanding • New • Discontinued etc.
Action 1 -	
Action 2 -	
Action 3 etc. -	



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 JUNE 2026

REPORT ON: OUT OF HOURS MODEL OF CARE OPTION APPRAISAL

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB33-2026

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide Dundee Integration Joint Board with the outcome of the structured options appraisal process, lead by Angus Integration Joint Board as lead partner as part of the NHS Tayside GP Out of Hours Reform Programme and note the progress to implement the preferred future service model.

2.0 RECOMMENDATIONS

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

- 2.1 Supports the preferred GP Out of Hours service model identified through the options appraisal process
- 2.2 Notes the robustness of the appraisal methodology, workforce modelling, engagement activity;
- 2.3 Supports progression to detailed implementation planning, workforce transition arrangements, and associated governance processes;
- 2.4 Notes that the proposed model can be delivered within the current financial envelope and will support the development of a more sustainable and resilient model for Out of Hours provision across Tayside;
- 2.5 Notes the wider strategic alignment with the Urgent and Unscheduled Care Optimising Access Workstream, Care Closer to Home agenda, and Sub-National Planning programme;

3.0 FINANCIAL IMPLICATIONS

- 3.1 The preferred model recognises the increasing demand for services and proposes to retain all Out of Hours services in-house, thereby removing the requirement to continue payments to NHS Fife for external service provision. The model is designed to deliver a more sustainable and efficient approach through improved workforce utilisation, multidisciplinary working and integration with the urgent and unscheduled care system.
- 3.2 The cost profile of the proposed model is c£13.5 million. Comparison with the current expenditure profile indicates that the proposed model can be delivered within existing financial resources and is expected to deliver a small cash-releasing saving.
- 3.3 The proposed model is also expected to help prevent further financial pressures through the implementation of a more effective workforce model, supporting timely and appropriate patient care and reducing avoidable escalation across the wider health and care system.
- 3.4 The financial model has been developed collaboratively with partner organisations and reflects a shared commitment to delivering sustainable, high-quality Out of Hours services across Tayside.

- 3.5 It is recognised that a transitional period will be required to support implementation of the proposed model. Appropriate financial bridging arrangements will therefore be identified to support any non-recurring costs associated with implementation and workforce transition arrangements.

4.0 BACKGROUND INFORMATION

- 4.1 Angus Integration Joint Board acts as Lead Partner for the NHS Tayside GP Out of Hours (OOH) Service on behalf of NHS Tayside and the three Tayside Health and Social Care Partnerships. The service provides urgent primary care across Angus, Dundee and Perth & Kinross when GP practices are closed.
- 4.2 In December 2025, all three Tayside Integration Joint Boards approved the Tayside GP Out of Hours Strategic Framework 2026–2036. The Strategic Framework established the overarching vision and strategic direction for reform of the service in response to increasing demand, workforce sustainability challenges, demographic change, and the need to strengthen integration across urgent and unscheduled care pathways.
- 4.3 Following approval of the Strategic Framework, significant work has been undertaken to progress the next phase of reform, including:
- A structured options appraisal process;
 - Workforce and financial modelling;
 - Tests of Change examining alternative workforce models;
 - Application of DCAQ-informed analysis and Six Steps workforce planning methodology;
 - Stakeholder and public participation activity;
 - Independent analytical review and professional judgement validation.
- 4.4 The options appraisal process involved approximately 30 participants including clinical, operational, managerial, partner organisation and public representatives.
- 4.5 An initial long list of seven options was considered, with four options discounted following initial appraisal due to consistently lower performance against agreed criteria. Three shortlisted options were subsequently subject to detailed evaluation:
1. Status Quo
 2. Three Fully Operational Bases
 3. Current Model with Extended Weekend Opening in Angus
- 4.6 This work should be considered within the wider context of ongoing Urgent and Unscheduled Care transformation and the need to continually evolve services in response to changing population need, workforce pressures, and patterns of demand.
- 4.7 The work forms part of the wider Urgent and Unscheduled Care Optimising Access workstream and reflects a broader whole-system approach to strengthening integration between primary care, Out of Hours services, and wider urgent care pathways.
- 4.8 The proposals have also been informed by the Whole-System Urgent and Unscheduled Care Demand Analysis previously presented to the Executive Team, which identified that current pressures represent a sustained structural change rather than a short-term or seasonal challenge. The analysis reinforced the importance of the Out of Hours service as a critical component of the wider system of care.
- 4.9 The preferred option therefore represents an important iterative step within a longer-term programme of service optimisation and integration across primary care and urgent care services, rather than a fixed end-state.
- 4.10 The appraisal criteria were weighted to reflect system priorities, with Quality and Safety carrying the highest weighting at 25%, followed by care closer to home, equity of access and sustainability.

- 4.11 The appraisal identified that the “Current Model with Extended Weekend Opening in Angus” represented the strongest overall balance across:
- Quality and safety;
 - Equity of access;
 - Workforce sustainability;
 - Deliverability;
 - Affordability;
 - Operational resilience.
- 4.12 The preferred option is a revised hybrid service model designed to balance local access, workforce sustainability and operational resilience across Tayside.
- 4.13 The proposed operating arrangements are:
- Dundee Base
- Monday–Thursday: 6.00 pm – 8.00 am
 - Friday–Monday: 6.00 pm Friday – 8.00 am Monday
- Perth Base
- Monday–Thursday: 6.00 pm – 8.00 am
 - Friday–Monday: 6.00 pm Friday – 8.00 am Monday
- Angus Base
- Weekend operating hours extended from the current 1.00 pm – 6.00 pm model to 8.00 am – 11.30 pm
- 4.14 Home visiting arrangements would continue pan-Tayside.
- 4.15 The appraisal concluded that whilst a fully operational three-base model would provide enhanced local access, it would also introduce significantly greater workforce, recruitment and operational resilience risks, alongside increased fixed staffing requirements.

5.0 PROPOSALS

- 5.1 It is proposed that Dundee Integration Joint Board support the preferred GP Out of Hours service model identified through the options appraisal process.
- 5.2 The preferred option supports:
- Improved access to urgent primary care in Angus at weekends;
 - Reduced unnecessary Emergency Department attendance;
 - Greater consistency across the Tayside system;
 - Maintenance of safe overnight clinical staffing models;
 - Improved multidisciplinary utilisation and resilience;
 - Enhanced Advanced Nurse Practitioner (ANP) utilisation and workforce modernisation.
- 5.3 The proposed model recognises the increasing demand for urgent and unscheduled care services and supports a more sustainable and resilient service model through improved workforce utilisation, multidisciplinary working, and greater integration across urgent and unscheduled care pathways.
- 5.4 The model also supports wider strategic priorities relating to:
- Care Closer to Home;
 - Urgent and Unscheduled Care Optimising Access workstream;
 - Workforce modernisation;
 - Digital enablement;
 - Sustainability and value;
 - NHS Tayside Corporate Objective on Shifting the Balance of Care.
- 5.5 The proposed model delivers a financially sustainable solution that can be accommodated within the existing spend envelope. Furthermore, this creates a credible pathway to recurring cash-releasing savings through ongoing service optimisation and continuous improvement.

- 5.6 Restricting the service to the current Out of Hours resource allocation without reform would necessitate an immediate reduction in expenditure of approximately 20%. Given that pay costs constitute much of the cost base, this would result in a material reduction in workforce capacity and render the current service model operationally and financially unsustainable.
- 5.7 Failure to approve the preferred option would significantly increase the risk of reduced service provision, reduced patient access, increased patient safety risks associated with delays in assessment and treatment, increased attendance at Emergency Departments, avoidable hospital admissions, and additional pressure across the wider urgent and unscheduled care system.
- 5.8 Detailed implementation planning, workforce transition arrangements, engagement activity and governance oversight arrangements will be progressed following approval.

6.0 POLICY IMPLICATIONS

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

7.0 RISK ASSESSMENT

- 7.1 The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	11IJB – Whole System Collaboration – There is a risk of the co-ordination of whole system planning and commissioning being insufficient to enable integration of health and social care services and improve outcomes for people.
Risk Level	12 – High
Risk Appetite	Within appetite
The report demonstrates:	
	An increase in risk level
	A reduction in risk level
	The effectiveness of current controls
	The identification and implementation of additional controls
X	The agreement of the preferred GP Out of Hours service model represents a significant additional control, given the shared priorities between this approach and the IJB's strategic commissioning framework and connection with wider urgent and unscheduled care transformation programme.
	The presence of a new / emerging risk

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Chief Officer

DATE: 11 June 2026

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Appendix 2: GP Out of Hours Service – Options Appraisal Report NHS Tayside | March 2026

This report reflects the outcomes of options appraisal workshops held on 29 January 2026 and 3 March 2026.

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Introduction

This paper provides the background and context underpinning the options appraisal undertaken for the NHS Tayside GP Out of Hours (OOH) Service.

The NHS Tayside GP OOH Service delivers urgent medical care when GP practices are closed, including evenings, overnight, weekends, and public holidays. It operates as a Tayside-wide, GP-led service supporting people across Angus, Dundee, and Perth & Kinross who require clinical assessment and treatment for urgent health issues that cannot safely wait until their own GP practice reopens.

Services are delivered from a combination of Primary Care Emergency Centre bases across the region, supported by a home visiting service. The number and location of these sites vary by locality and reflect historical service models, workforce availability, and patterns of demand.

As part of the wider Urgent and Unscheduled Care Programme, a comprehensive programme of engagement, service reform, and operational improvement has been undertaken to review GP OOH service provision across Tayside.

While the service operates as a single Tayside-wide system, the challenges and pressures experienced vary across the region. These include higher levels of urban demand and deprivation-related need in Dundee; predominantly rural and semi-rural geography and travel challenges in Angus; and a combination of rurality, distance, and seasonal population variation across Perth & Kinross.

In recent years, GP OOH services have faced rising and increasingly complex demand, alongside ongoing workforce challenges and variation in access across communities. Demand modelling and projections indicate that these pressures are expected to continue. Maintaining the current service model without review would present a significant risk to long-term sustainability, equity of access, and service resilience.

In response, a programme of engagement, service reform, and operational improvement has been undertaken. This has included engagement with staff, professional stakeholders, partners, and service users, supported by detailed analysis of activity, demand, and workforce data, alongside ongoing operational learning.

Purpose of this Paper

This paper summarises:

- The options appraisal process undertaken
- The criteria used to assess options
- The outcome of the appraisal
- The identification of a preferred option

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Current Service (Context)

OOH GP care in Tayside is currently provided from the following sites when GP surgeries are closed:

- Kings Cross Hospital, Dundee – open weekdays from 6pm to 8am, and 24 hours on weekends and public holidays (8am to 8am)
- Perth Royal Infirmary – open weekdays from 6pm to 8am, and 24 hours on weekends and public holidays (8am to 8am)
- Whitehills Hospital, Forfar (Angus) – a smaller clinic open on Saturdays and Sundays from 1pm to 6pm

At present, patients registered with the two GP practices in Kinross are cared for by NHS Fife's OOH service, including areas such as Abernethy, Aberargie, Glenfarg and Crook of Devon.

As part of the OOH Reform Programme, NHS Tayside aims to provide care for all patients who live within Tayside, including those currently served through Kinross. Any future service model would therefore need to be staffed to reflect this change.

Staffing Model and Skill Mix (Assumptions)

For the purposes of the options appraisal, it was assumed that each service model would be staffed with an appropriate, safe and clinically effective mix of staff.

Staffing levels and skill mix were assumed to reflect clinical need and vary by time of day and location. For example, daytime provision may involve GP-led clinics, while overnight care may be delivered by Advanced Nurse Practitioners or other suitably trained practitioners.

This approach enabled all options to be compared on a like-for-like basis at the initial stage of the appraisal.

Strategic Vision and Objectives

The purpose of the options appraisal was to inform the development of a safe, sustainable, and effective future delivery model for the NHS Tayside GP OOH Service.

This work followed approval of the GP OOH Strategic Framework 2026–2036, which set out a shared, Tayside-wide ambition for reform and transformation.

The agreed vision is:

“A safe, sustainable, and person-centred OOH service that brings together a skilled multidisciplinary team to provide high-quality, compassionate care close to home.”

The options appraisal assessed potential service models against agreed criteria to determine alignment with this vision, including:

- Equity of access
- Quality and safety
- Workforce sustainability
- Affordability

- Integration across the system
- IT and technological enablement

Options Appraisal Process

An options appraisal is a structured and systematic process used to assess a range of potential service delivery models against agreed criteria. It enables a transparent, evidence-based comparison of options to support informed decision-making.

The options appraisal for the NHS Tayside GP Out of Hours (OOH) Service was undertaken through a structured, multi-stage approach.

An initial options appraisal workshop was held on **29 January 2026**, followed by a reconvened session on **3 March 2026**, following the completion of additional workforce and financial modelling.

The appraisal process involved:

- Identifying a long list of potential service delivery options
- Agreeing a set of evaluation criteria aligned to the Strategic Framework
- Applying weightings to reflect the relative importance of each criterion
- Assessing each option against the agreed criteria
- Calculating weighted scores to enable comparison across options

Each option was assessed using a scoring scale ranging from **-3 (significantly negative impact)** to **+3 (significantly positive impact)**.

The appraisal was undertaken by a multi-disciplinary group comprising clinical, operational, managerial, and partner representatives, alongside public participants. In total, approximately **30** participants contributed to the appraisal process.

The long list of options was informed by stakeholder engagement, operational insight, and analysis of activity and demand data.

At the initial workshop, seven options were assessed against the agreed criteria. During this process, it was identified that sufficiently robust financial and workforce modelling was not yet available to support informed scoring against the **Affordability** and **Sustainability** criteria. In order to maintain the integrity and credibility of the appraisal, scoring for these criteria was deferred pending completion of further analysis.

The initial scoring demonstrated a clear differential in performance between options, with four options scoring consistently lower across multiple criteria and three options performing more strongly overall. On this basis, four options were not taken forward for further consideration.

Following the workshop, detailed workforce and financial modelling was undertaken to strengthen the evidence base. This modelling drew on activity and demand analysis, capacity and workload review, learning from Tests of Change, and the application of DCAQ and the Professional Judgement Tool, alongside proportionate application of Six Steps workforce planning methodology. The outputs of this work were reviewed by senior clinical, operational, and financial leadership, and supported by external Out of Hours advisers, providing additional assurance of robustness.

Who Was Involved

The appraisal involved a multi-disciplinary group, including:

- Clinical, operational and managerial representatives
- Health and Social Care Partnerships
- NHS 24 and Scottish Ambulance Service
- Senior nursing and medical staff
- Finance and service management representatives
- Public participants **(3) from Angus, Dundee and Perth & Kinross**

In total, approximately **30** participants contributed to the appraisal process

Initial Workshop and Identification of Options

The long list of options was informed by engagement, operational learning, and data analysis.

At the initial workshop, seven options were assessed. During this session, it became clear that robust financial and workforce modelling was not yet available to support scoring against Affordability and Sustainability.

To maintain the integrity of the process, scoring for these criteria was deferred.

The results demonstrated a clear differential in performance, with four options scoring consistently lower and three options performing more strongly. Based on this, four options were not taken forward.

Detailed scoring from the initial workshop is available for review

Workforce and Financial Modelling

Following the workshop, detailed modelling was undertaken using:

- Activity and demand data
- Capacity and workload analysis
- Learning from Tests of Change
- Application of DCAQ and Professional Judgement Tool
- Proportionate application of Six Steps workforce planning

This work was reviewed by senior leadership and external advisers, providing assurance of robustness.

Revised Approach to Completion of the Appraisal

Following completion of workforce and financial modelling, the appraisal process was reconvened on 3 March 2026 to complete the assessment of the remaining criteria and finalise the appraisal.

During the reconvened session, clarification was sought regarding the basis on which the Affordability criterion should be assessed, specifically whether options should be evaluated against the allocated budget or current levels of expenditure.

It was recognised that the service has operated above its baseline budget for a number of years, reflecting sustained demand and workforce pressures. On this basis, the group agreed that affordability should be assessed with reference to current levels of expenditure, as this provides a more accurate and evidence-based representation of the cost of delivering a safe and sustainable service.

This approach ensured that options were assessed on a consistent and realistic basis, supporting a fair and meaningful comparison of financial viability across all options.

Following this clarification, the three higher-performing options identified in the initial workshop were assessed against the previously unscored criteria of Affordability and Sustainability, with all other scores carried forward unchanged from the initial session.

This approach ensured continuity of methodology, avoided duplication of scoring, and enabled the appraisal to be completed using strengthened evidence base while maintaining transparency and proportionality.

In line with this approach, the three higher-performing options were taken forward for final appraisal. Detailed scoring from both the initial and reconvened sessions is available for review.

Option	Summary
1.	Option 1 - Status Quo Care is provided from bases in Dundee and Perth (from 6pm to 8am, and 24 hours on weekends and public holidays from 8am to 8am), with limited weekend opening in Angus (Saturdays and Sundays from 1pm to 6pm). This option is included as a baseline for comparison with the other options. Home visiting will remain available pan Tayside. Please Note: Current opening times and locations, with staffing adjusted to meet current demand.
2.	Option 2 – Three Fully Operational Bases Out-of-hours care would be provided from three main bases in Dundee, Perth and Angus (from 6pm to 8am, and 24 hours on weekends and public holidays from 8am to 8am) All care would be delivered from these bases, with no additional local or satellite sites. Home visiting will remain available pan Tayside.
3.	Option 3 – Current Model with Extended Weekend Opening in Angus Out-of-hours care would continue to be provided from bases in Dundee and Perth. The Angus base would open at weekends, extending opening hours from the current 1pm to 6.00 pm to 8am–11.30pm. Weekday and overnight service arrangements would remain unchanged. Home visiting will remain available pan Tayside.

Criteria

The appraisal has assessed each of the options against the following agreed criteria:

	Criteria	Weighting
1	Impact on care closer to home	15%
	This criterion assesses how well the service model supports the delivery of GP OOH care as close to people's homes as appropriate. While improving local access to urgent care is an important aim, models must also take account of practical considerations such as workforce availability, service sustainability, and the need to deliver safe, high-quality care. Guiding Principles: Services should be flexible and responsive to changing health needs, supporting dignity, respect, and personal choice, while recognising that equity of access does not always mean the same service model in every location. Key Considerations:	

	- Does the model support timely access to GP OOH care within local communities, including through home visiting where appropriate? - Does it reduce avoidable attendances at Emergency Departments and unnecessary hospital admissions? Is it financially and operationally viable to provide services across all communities?	
2	Impact on equity of access	15%
	Fair access means people receive high-quality GP OOH care based on clinical need, delivered in ways that reflect local circumstances and support equitable outcomes for all communities. This criterion considers how well a service model provides fair and timely access to GP OOH care across Tayside, regardless of location or personal circumstances. It recognises that a single service model may not suit every area, and that services should be designed in proportion to local need. Guiding Principles: Equity of access means ensuring that people receive high-quality GP OOH care based on clinical need, delivered in a way that recognises differing local contexts and supports fair outcomes for all. Key considerations: - Does the model support fair access to GP OOH care in urban, rural and remote communities? - How does it respond to health inequalities, including areas of higher deprivation or unmet need? - Does it reduce barriers to access, such as travel distance, digital exclusion, or lack of awareness of how to access care?	
3	Quality and Safety	25%
	This criterion emphasises the importance of maintaining high standards of care and ensuring patient safety within the GP OOH service. Given the complexity and risk associated with out-of-hours care, it is essential that any proposed model supports safe clinical decision-making, robust governance, and consistently high-quality care. Guiding Principles: The service model should prioritise quality and safety at all times, using evidence-based practice and strong clinical governance to ensure the best possible outcomes for people accessing GP OOH care. Key Considerations: Does the model maintain or improve patient safety and clinical effectiveness within the OOH setting?	

	• How does the model support compliance with clinical governance and safety standards? • Does the model minimise risk to patients and staff, including through appropriate skill mix, supervision, and escalation arrangements?	
4	Sustainability	15%
	Considers the long-term workforce sustainability and operational resilience of the GP OOH Service, ensuring the model can be delivered safely and effectively over time. Guiding Principles: Services should be resilient and adaptable, supporting a confident, capable, and multidisciplinary workforce, and enabling safe, high-quality care now and in the future. Key Considerations: • Does the model support a sustainable workforce, with the right mix of professional roles and skills to meet demand? • Is the model deliverable given workforce availability, recruitment, retention, and training requirements? • Does it support staff wellbeing, resilience, and safe working patterns? • Can the model adapt to future changes in demand, population need, and service expectations?	
5	Affordability	15%
	Assesses whether the GP OOH Service model is financially viable and affordable within available resources, without compromising safety, quality, or equity. Guiding Principles: Public resources should be used responsibly, ensuring services are affordable, deliver value for money, and remain financially viable in the context of wider system pressures. Key Considerations: • Can the model be delivered within available budgets and financial constraints? • Does it represent efficient use of financial resources and infrastructure? • Are costs proportionate to the benefits delivered for patients and the wider system? • Does the model support value for money and financial sustainability over time?	
6	Impact on Interfaces with Other Services	10%

	This criterion assesses how effectively the service model integrates GP OOH services with the wider health, social care, and community system. Seamless coordination between services is essential to support continuity of care, improve patient outcomes, and ensure people are directed to the right service at the right time. Guiding Principles: Strong integration and collaboration across services to improve efficiency, continuity, and patient outcomes, ensuring that care is coordinated and delivered seamlessly across the urgent and unscheduled care system. Key Considerations: • How does the model support effective communication and collaboration between GP OOH, NHS 24, the Scottish Ambulance Service, Emergency Departments, in-hours general practice, and community services? • Does the model promote smoother transitions and handovers for patients across services? Is the model well aligned with existing urgent and unscheduled care pathways and local services?	
7.	IT and Technological enablement	5%
	This criterion assesses how well the service model is supported by digital and technological systems that enable the safe, effective, and efficient delivery of GP OOH care. Technology is considered an enabler of high-quality care, supporting, rather than driving, clinical practice and service delivery. Robust IT infrastructure is essential to support clinical decision-making, information sharing, service coordination, and integration across the wider urgent and unscheduled care system. Guiding Principles: Technology should enable safe, person-centred care, support integration and efficiency, and remain accessible, reliable, and proportionate to need. Key Considerations: • Does the model support safe clinical practice and real-time decision-making through appropriate digital systems? • Does it enable effective information sharing and interoperability across services? • Does it support workforce efficiency, service resilience, and digital inclusion? Each objective was assessed on a scale from -3 (significantly negative impact), 0 (neutral impact), to +3 (significantly positive impact). For qualitative objectives, scoring will be based on a comparative assessment across options and graded according to the scale of impact. For quantitative objectives, impacts will be assessed primarily in relation to sustainability and affordability.	

	Total Weight	100%

Each option was assessed against the criteria described above, taking into account the information on OOH Service made available for the option appraisal process, including data on activity and demand.

Each criteria was assessed between -3 (significantly negative impact); 0 (neutral impact); +3 (significantly positive impact).

Significant negative impact	Moderate negative impact	Low negative impact	Neutral impact	Low positive impact	Moderate positive impact	Significant positive impact
-3	-2	-1	0	+1	+2	+3

Outcome of options appraisal

Following completion of the appraisal, Option 3 was identified as the preferred option, demonstrating the strongest overall performance across the agreed criteria.

The weighted scores were as follows:

	Description	Total weighted score
1	Option 1 - Status Quo Care is provided from bases in Dundee and Perth (from 6pm to 8am, and 24 hours on weekends and public holidays from 8am to 8am), with limited weekend opening in Angus (Saturdays and Sundays from 1pm to 6pm). This option is included as a baseline for comparison with the other options. Home visiting will remain available pan Tayside. Please Note: Current opening times and locations, with staffing adjusted to meet current demand.	110
2	Option 2 – Three Fully Operational Bases Out-of-hours care would be provided from three main bases in Dundee, Perth and Angus (from 6pm to 8am, and 24 hours on weekends and public holidays from 8am to 8am) All care would be delivered from these bases, with no additional local or satellite sites. Home visiting will remain available pan Tayside	105
3	Option 3 – Current Model with Extended Weekend Opening in Angus Out-of-hours care would continue to be provided from bases in Dundee and Perth. The	118

	Angus base would open at weekends, extending opening hours from the current 1pm to 6.00 pm to 8am–11.30pm. Weekday and overnight service arrangements would remain unchanged. Home visiting will remain available pan Tayside	

Conclusion and Next Steps

The options appraisal has been undertaken through a structured, transparent, and evidence-based process, informed by engagement, operational insight, and detailed analysis of demand, capacity, workforce, and financial considerations.

The process has demonstrated a clear and consistent differential in performance between the options assessed, enabling the identification of a preferred service model.

Option 3 has been identified as the preferred option, demonstrating the strongest overall performance against the agreed criteria, including equity of access, quality and safety, workforce sustainability, affordability, and integration across the urgent and unscheduled care system.

The appraisal process has been designed to ensure robustness and credibility, with a clear audit trail from the initial long list of options through to the final assessment. The application of agreed criteria, weighted scoring, and a multi-disciplinary approach has supported a balanced and informed evaluation.

Subject to final approval, the Programme will move into the next phase of implementation.

This phase will include continued engagement with staff, professional stakeholders, and partners, alongside the ongoing application of Quality Improvement (QI) methodology. This will ensure that the service continues to be tested, refined, and improved in response to emerging evidence, operational learning, and stakeholder feedback.

This approach reflects NHS Tayside's commitment to delivering a safe, sustainable, and person-centred Out of Hours service that is responsive to the needs of the population and capable of adapting to future demand and system pressures.

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Workforce Modelling to Support Options Appraisal in Tayside Out of Hours Services: A Hybrid DCAQ-Informed and Six Steps–Guided Approach

Angus HSCP
February 2026

Abstract

The NHS Tayside Out of Hours (OOH) Reform Programme has adopted a structured and evidence-informed approach to workforce modelling to support the current options appraisal process.

The methodology combines detailed workload analysis incorporating real-time and retrospective independent review (Appendix B), structured Tests of Change examining Advanced Nurse Practitioner (ANP) deployment (Appendix C), DCAQ informed system assessment, proportionate use of the Six Steps Workforce Planning framework, and structured application of the Professional Judgement Tool.

These components have been applied in a layered and triangulated manner. Workload analysis provides the quantitative foundation. DCAQ offers a systems perspective on operational flow and pressure. Tests of Change validate workforce substitution assumptions in live settings. The Professional Judgement Tool has been used throughout to sense-check modelling assumptions and ensure alignment with safe staffing principles. Six Steps provides structure for consistent comparison across shortlisted options.

The recognised frameworks referenced have been applied proportionately within an options appraisal context. They have informed analysis and strengthened comparability; they have not been followed mechanistically as template-completion exercises.

This paper outlines the approach taken, how it has been adapted to the realities of OOH delivery, and how workforce modelling has been applied consistently across three potential service configurations. It provides assurance regarding methodological robustness, transparency and sustainability.

1. Introduction

Out of Hours services provide urgent primary care outside core working hours. In Tayside, they operate as continuous, safety-critical systems managing unscheduled demand across varied geography and population need.

Workforce planning in this setting must account for time-dependent demand, operational pressure, recruitment constraints and clinical risk. It cannot rely solely on numerical modelling or averaged activity data.

The Reform Programme has therefore adopted a structured but proportionate approach. Workload analysis, service testing, system modelling, workforce planning methodology and professional judgement have been brought together to strengthen the evidence base underpinning options appraisal.

This is not the implementation of a predefined model. It is a disciplined and transparent evaluation of alternatives.

2. DCAQ Adapted to the OOH Environment

DCAQ considers the interaction between demand, capacity, activity and queue. In elective pathways it is often used to address backlog. In OOH, backlog in the traditional sense does not exist.

Instead, “queue” manifests as delay in response times, extended triage intervals or pressure on face-to-face capacity. Within Tayside OOH, DCAQ has therefore been used as an interpretive framework to understand system behaviour under pressure.

It has helped structure understanding of:

- peak demand patterns,
- interaction between parallel care streams,
- time-of-day workforce deployment,
- limits of safe capacity flex.

DCAQ has informed analysis but has not been applied as a standalone improvement methodology. Its use has been proportionate to the needs of options appraisal.

3. Evidence Base Underpinning Workforce Modelling

3.1 Workload Analysis (Appendix B)

A detailed workload analysis was undertaken and is attached as:

Appendix B - Workload Analysis: Real-Time and Retrospective Analytical Report.

The analysis was conducted in two phases.

An initial period of structured real-time data capture allowed observation of service activity as it occurred, including consultation duration, escalation patterns and diurnal demand distribution.

This was followed by retrospective analysis of a defined historical dataset. The retrospective element was analysed by staff independent of the core modelling team, enabling comparison between live findings and historical trends and strengthening objectivity.

The combined prospective and retrospective approach provides a balanced and defensible basis for workforce translation within this options appraisal.

3.2 Tests of Change (Appendix C)

In parallel with quantitative analysis, structured Tests of Change were undertaken using PDSA methodology to examine alternative skill mix utilisation.

These included:

- ANP-led management of all 1- and 2-hour face-to-face appointments,
- ANPs delivering overnight home visits,
- ANP-led triage of Nursing Home calls.

Results are provided in:

Appendix C – Tests of Change: ANP Deployment Outcomes and Data

These tests examined patient flow, response standards, escalation patterns and clinical safety. The findings have informed workforce modelling assumptions, particularly regarding substitution capability and workload redistribution.

This ensures that modelling assumptions reflect observed operational performance rather than theoretical redistribution.

3.3 Workforce Model and Costing (Appendices D and E)

Capacity has been modelled in WTE terms and disaggregated by time of day and service configuration. This is available on request.

Current modelling indicates a requirement in the region of 94.83 WTE.

Detailed outputs are provided in:

- **Appendix D** – Workforce Modelling Outputs (Including Financial Impact Analysis)

The modelling integrates workload translation (Appendix B), validated substitution learning (Appendix C), time-based variation and workforce productivity assumptions.

3.4 Application of the Professional Judgement Tool

Alongside quantitative modelling, the Professional Judgement Tool has been applied throughout the process.

It has been used to:

- sense-check consultation duration assumptions
- review substitution capability between medical staff and ANPs
- assess escalation patterns observed during Tests of Change
- consider safe staffing tolerances under sustained operational pressure
- validate assumptions relating to overnight cover and surge resilience

This has provided an essential counterbalance to numerical modelling. Workforce planning in OOH cannot rely solely on activity translation; it must also reflect clinical risk, practitioner capability and operational reality.

The Professional Judgement Tool has therefore informed interpretation of modelling outputs rather than being used as a standalone scoring exercise.

4. Application of the Six Steps Framework

The Six Steps Workforce Planning methodology has been used to structure comparative analysis across three shortlisted options:

- Status Quo
- Three Fully Operational Bases
- Extended Weekend Model

Steps 1–5 have been undertaken for each option to ensure consistency in:

- service definition,
- baseline workforce mapping,
- demand translation,
- workforce supply assessment,
- gap identification.

Step 6 (implementation planning) will follow once a preferred configuration is agreed.

Six Steps has been applied proportionately and appropriately within the context of options appraisal. It has provided structure and comparability rather than functioning as a prescriptive checklist requiring full documentary completion at this stage.

5. Workforce Sustainability and Strategic Risk

Workforce modelling has assessed not only staffing requirement but deliverability.

Consideration has been given to:

- recruitment feasibility within current labour market conditions,
- structural staffing floors associated with multi-base models,
- resilience under winter surge conditions,
- absence sensitivity,
- wellbeing and retention risk.

Professional judgement has been particularly important in assessing fatigue risk, escalation tolerance and the practical limits of skill mix substitution beyond which safety margins narrow.

The Three Base model introduces the highest fixed staffing requirement and therefore the greatest recruitment exposure. Sustainability considerations are central to evaluating this option.

The modelling does not predetermine the decision. It provides structured evidence to support informed judgement.

6. Advanced Practitioner Workforce Development

Tests of Change and modelling outputs indicate an expanded role for Advanced Nurse Practitioners within OOH under several options.

If the advanced practitioner workforce grows, this must be accompanied by a structured OOH-specific training and competency framework.

The OOH environment requires high levels of autonomy, risk management and decision-making under uncertainty. A formalised framework would:

- strengthen patient safety,
- enhance governance assurance,
- improve consistency across sites,
- support practitioner confidence and retention.

Workforce development should progress in parallel with service redesign. Embedding governance and competency arrangements at the point of expansion reduces clinical and organisational risk.

7. Discussion

This analysis has been deliberately triangulated.

Workload analysis provides quantitative grounding.

Tests of Change validate operational feasibility.

DCAQ offers system-level interpretation.

The Professional Judgement Tool ensures clinical credibility.

Six Steps ensures structured comparison across options.

Recognised methodologies have been applied thoughtfully and proportionately within an options appraisal context. They have informed professional judgement rather than replaced it.

This strengthens assurance while acknowledging the inherent uncertainty and workforce constraints within urgent care delivery.

8. Conclusion

The Tayside OOH Reform Programme has adopted a hybrid, DCAQ-informed and Six Steps–guided approach to workforce modelling within an options appraisal context.

The approach integrates:

- Hybrid DCAQ Model Diagram - **Appendix A**
- Workload Analysis: Real-Time and Retrospective Analytical Report – **Appendix B**
- Tests of Change: ANP Deployment Outcomes and Data -**Appendix C**
- Workforce Modelling Outputs (Including Financial Impact Analysis) - **Appendix D**
- Governance and Oversight Arrangements – **Appendix E**

Taken together, this provides a robust and proportionate basis for decision-making within a complex and safety-critical service environment.

Appendices

Appendix A – Hybrid DCAQ Model Diagram

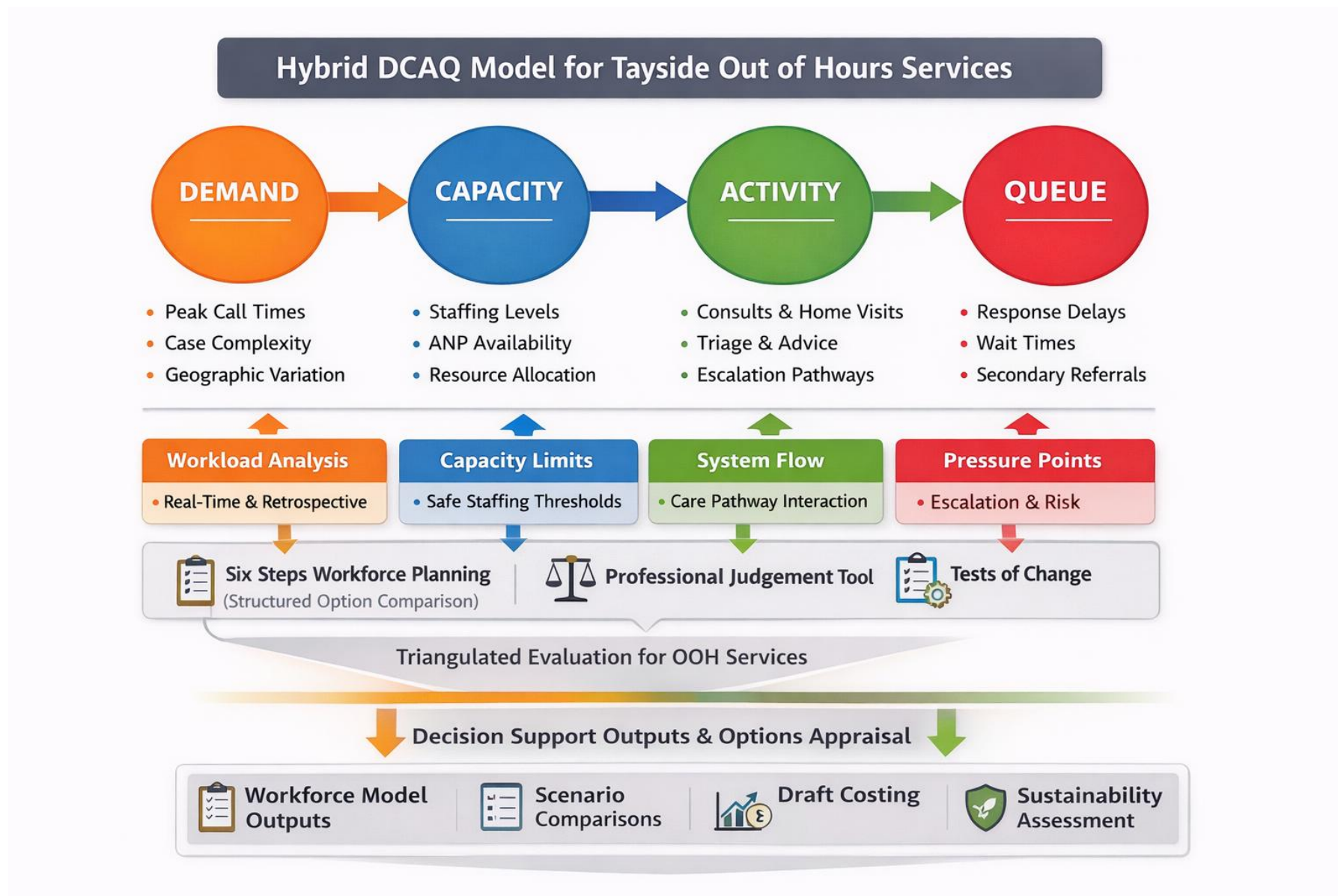
Appendix B – Workload Analysis: Real-Time and Retrospective Analytical
Report Dec 25-Jan 26

Appendix C – Tests of Change: ANP Deployment Outcomes and Data

Appendix D- Workforce Modelling Outputs (Including Financial Impact
Analysis)

Appendix E - Governance and Oversight Arrangements

Appendix A - Hybrid DCAQ Model Diagram



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Appendix B – Workload Analysis: Real-Time and Retrospective Analytical Report Dec 25-Jan 26

OOH Workload
Analysis.pdf



OOH Workload
Analysis(1-1377).xlsx

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Appendix C - Tests of Change: ANP Deployment Outcomes and Data

PDSA1 – Improve proportion of 1- and 2-hour weekend cases seen within NHS 24 target

Test of Change: 9-10 August – all 1- and 2-hour F2F appointments managed by ANPs at OOH base.

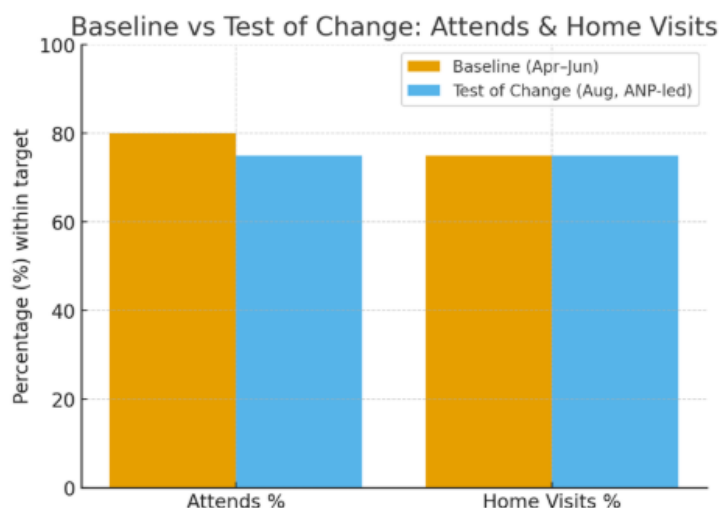
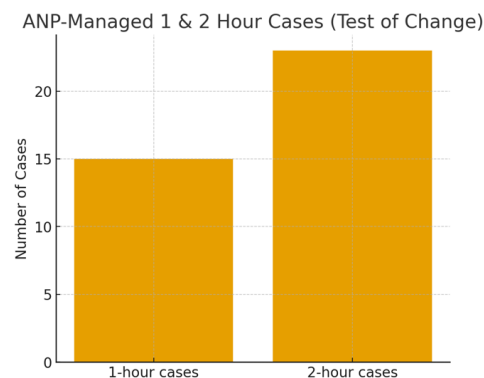
Total cases: 15 (1-hour) and 23 (2-hour).

Admissions: 5 patients.

GP follow-up advised: 5 patients.

Feedback from ANPs: positive, well-organised, safe and effective workload management.

Case Distribution (1-hour vs 2-hour)



PDSA 1: Improving Tests of Change GP Out of Hours Reform

Aim: Increase the proportion of weekend cases seen within NHS 24's 1- and 2-hour targets

Outcome: Significant improvement in 1-hour and 2-hour compliance
More efficient allocation between attendances and home visits
Better coordination between call handlers and clinicians

Impact: Enhanced responsiveness and improved patient experience

PDSA2 – ANP delivering Overnight Home Visits

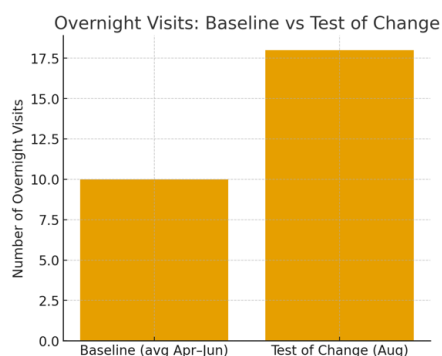
Summary of Results

18 overnight visits (above baseline average of 7–14).

Mon 11 Aug: 9 visits; Tues 12 Aug: 2 visits;
Wed 13 Aug: 2 visits; Thurs 14 Aug: 5 visits.

Majority of visits not re-triaged.

Additional workload: 18 advice calls + 4 patients seen in base.



PDSA 2: ANPs Delivering Overnight Home Visits

Aim: Test whether Advanced Nurse Practitioners (ANPs) could safely deliver overnight home visits

Outcome: ANPs successfully completed visits with no safety incidents
Reduced response times and improved staff utilisation

Impact: Improved out-of-hours care through greater responsiveness, safety, and efficiency by better using ANPs and pharmacy technicians

Key Findings

Time stratification: mostly within NHS 24 targets, some breaches when passed from evening.

Clinical presentations: frail elderly, respiratory, urinary, pain, abdominal, DVT, PR bleeding.

Handover: effective with daytime DN teams.

ANPs confident and visits within scope.

Workforce: most OOH ANPs still need training for this role.

GP engagement: Perth supportive; Dundee less engaged (felt uncomfortable for ANP).

One admission – appropriate (6-day stay).

PDSA 3 – ANP Led Triage for Nursing Home Calls

Aim: Improve triage and allocation of care home calls to ensure timely, appropriate care.

23 calls managed on 3rd August (slightly above average of 18.3 per Sunday).

All calls triaged by ANPs/paramedic – none required escalation to GP.

ANP triage ensured all calls were directed appropriately to community or OOH response.

Staff feedback: confident, supported, safe, and appropriate workload.

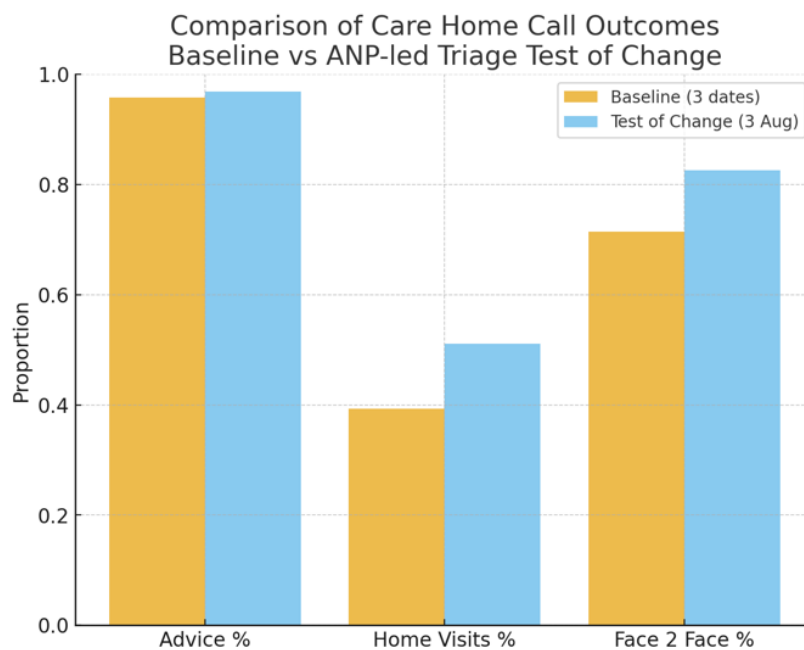
Opportunity: strengthen care home pathways (Pharmacy First, Community Nursing).

PDSA 3: ANP-Led Triage for Nursing Home Calls

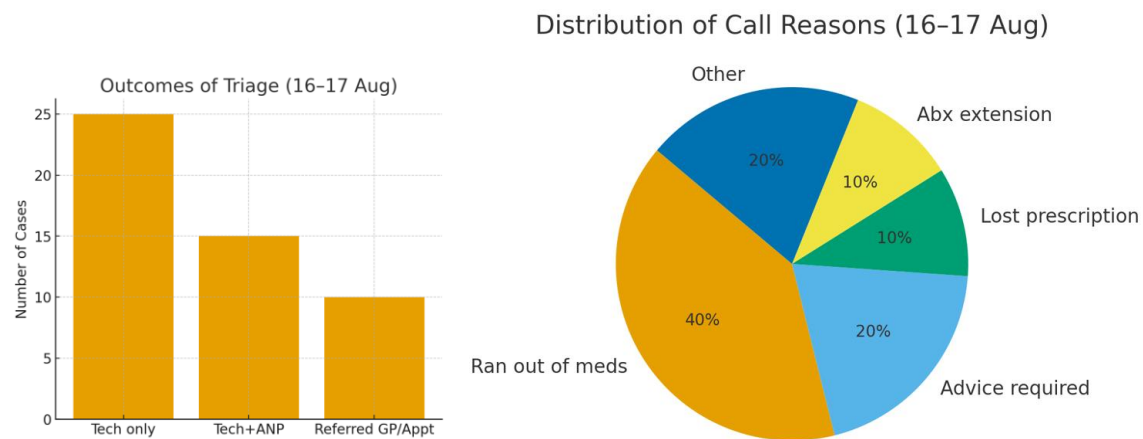
Aim: Improve management of nursing home calls through ANP-led triage

Outcome: ANPs managed most calls without requiring GP escalation

Impact: Enhanced efficiency, better use of workforce skills, and improved continuity of care for residents



PDSA 4 – Pharmacy Technician Triage and Activity



50 triaged calls across 2 days; 30 recorded pharmacy activities.

Most medication queries resolved by pharmacy team; reduced escalation to ANPs/GPs.

Average resolution time 10–40 mins.

Themes: repeat prescriptions, lost/left meds, abx extensions, stock management.

Summary of Findings

Appendix D - Workforce Modelling Outputs (Including Financial Impact Analysis)

OOH Reform Option Appraisal - Final Options - Staffing Groups Breakdown Summary

	2025/26 Outturn		Option 3		Outturn vs Option 3	
Pay/Non-Pay	wte	£'s	wte	£'s	wte	£'s
Medical	28.19	7,999,627	26.45	6,867,267	1.74	1,132,360
Nursing	23.44	1,729,063	41.67	3,148,243	(18.23)	(1,419,180)
Operational	39.32	2,224,961	35.76	2,000,105	3.56	224,856
Management	3.88	503,452	6.00	705,547	(2.12)	(202,095)
Non-Pay		707,269		432,285		274,984
Total	94.83	13,164,372	109.88	13,153,447	(15.05)	10,925

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Appendix E – Governance and Oversight Arrangements

1. Governance Context

The workforce modelling and associated analytical work have been developed within the governance structure of the Tayside Out of Hours Reform Programme.

Oversight has been provided through:

- Reform Co-Chairs
- Clinical and Professional leadership representation
- Operational management review
- Finance engagement
- Reporting through the Collaborative Group
- Escalation route to the Chief Officer where required

This ensures alignment with organisational governance, financial planning and service redesign processes.

2. Clinical and Operational Validation

The modelling has been informed and reviewed through:

- Application of the Professional Judgement Tool with senior clinicians
- Operational review of workload assumptions
- Review of rota templates and staffing patterns
- Review of Tests of Change outcomes (PDSA cycles)

The methodologies referenced (DCAQ-informed analysis and Six Steps workforce planning) have been applied proportionately and as guiding frameworks within an options appraisal context, rather than as a template-driven compliance exercise.

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3. Data Integrity and Analytical Assurance

Data inputs have been:

- Drawn from routinely collected operational datasets
- Subject to real-time workload analysis
- Subject to retrospective comparative analysis
- Reviewed by independent staff to support objectivity
- Cross-checked against HR establishment and rota records
- Reviewed with Finance Business Partner colleagues

This layered review process provides reasonable assurance regarding the robustness of assumptions and outputs.

4. Tests of Change Governance

The PDSA cycles undertaken (ANP 1- and 2-hour face-to-face activity, ANP overnight home visits, and ANP-led triage for nursing home calls) were:

- Time-limited and clearly defined
- Operationally supervised
- Subject to safety monitoring
- Documented with outcome reporting

Findings from these Tests of Change have informed workforce modelling assumptions and skill-mix considerations.

5. Audit Trail

The following documentation is retained and available for review:

- Workload Analysis Report (Appendix B)
- Tests of Change Outcome Reports (Appendix C)

- Workforce Modelling Outputs and Financial Impact Analysis (Appendix D)
- Version-controlled modelling spreadsheets
- Meeting records evidencing review and discussion

6. Proportionality Statement

The analytical approaches referenced within this paper, including DCAQ principles, Six Steps workforce planning and the Professional Judgement Tool, have been applied proportionately within an options appraisal context.

They have been used as structured guidance frameworks to support comparison across options and to strengthen assurance. Full implementation-level documentation will follow should a preferred service configuration be formally agreed.

COMBINED IMPACT ASSESSMENT

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



1. INTRODUCTION

Title of policy, practice or project being assessed	NHS Tayside GP Out-of-Hours (OOH) Service: Extension of Weekend Opening Hours, Angus

Type of policy, practice or project being assessed: (please mark with a (x) as appropriate)					
	New	Existing		New	Existing
Strategy			Policy		
Guidance			Procedure		
Operational Instruction			Budget Saving Proposal		
Service Development Proposal			Other (Please specify)		Operational adjustment to existing OOH service opening hours

2. GOVERNANCE

Lead Officer Responsible for assessment (Name, designation)	Vittoria Faraldi, Programme Manager
Date Assessment Started	July 25

3. BACKGROUND INFORMATION

Provide a brief description of the policy, practice or project being assessed. (Include rationale, aims, objectives, actions, and processes)	Description of the Policy, Practice or Project Being Assessed This Equality Impact Assessment relates to the preferred option identified through the NHS Tayside GP Out-of-Hours (OOH) Service Reform Programme options appraisal. The programme seeks to support the continued delivery of safe, sustainable and person-centred urgent primary care when GP practices are closed. The work has

	considered demographic change, increasing complexity of care, and the need to ensure services remain accessible and resilient across both urban and rural communities. The preferred option (Option 3 – Current Model with Extended Weekend Opening in Angus) proposes retaining the current service model while extending weekend opening hours at the Angus base. Under this option, out-of-hours care would continue to be delivered from the existing bases in Dundee and Perth. The Angus base would open at weekends from 8.00am–11.30pm, extending the current opening hours of 1.00pm–6.00pm. Weekday and overnight service arrangements would remain unchanged, and home visiting would continue to be provided across Tayside. The aim of this approach is to better align weekend service availability with patterns of demand while maintaining service stability and supporting workforce sustainability. The proposal builds on existing service arrangements and has been informed by service activity data, workforce modelling, engagement with staff and system partners, and the options appraisal process.
What are the intended outcomes and who does this impact? (E.g. service users, unpaid carers or family, public, staff, partner agencies)	The OOH Service Reform Programme aims to support the continued delivery of safe, accessible and sustainable urgent primary care across NHS Tayside. As part of this work, the proposed extension of weekend opening hours at the Angus OOH base is intended to better align service availability with patterns of demand and improve local access to face-to-face care during weekend daytime and evening periods. The intended outcomes are to: • improve timely access to urgent primary care • make effective use of available clinical and multi-disciplinary skills • ensure services continue to respond to the needs of local communities across both urban and rural areas The proposal builds on existing service arrangements and does not change the overall service model, service locations or access pathways.

4. EQIA PROTECTED CHARACTERISTICS SCREENING

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

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

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

5. EQIA - SCREENING DECISION

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

FULL EQUALITY IMPACT ASSESSMENT (EQIA)

6. EVIDENCE

Evidence: Please provide detailed evidence (e.g. statistics, research, literature, consultation results, legislative requirements etc.) or any other relevant information that has influenced the policy, practice or project that this EQIA relates to. For strategic decisions which may impact ‘consumers’ e.g. service users and patients, there are example scrutiny questions to consider during the evidence process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
Quantitative evidence (numerical/statistical)	The NHS Tayside GP OOH service supports a population of approximately 418,000 people across a geographically large and diverse area of around 7,500 km² (National Records of Scotland, Mid-2023 Population Estimates). The region includes a mix of urban and rural communities, which presents differing challenges in relation to access, workforce deployment and service delivery. Demographic trends indicate that the population is ageing, with the proportion of people aged 65 and over projected to increase (National Records of Scotland, 2022-based projections). Older populations are more likely to experience frailty and long-term conditions, which are associated with increased demand for urgent and unscheduled care. National data indicate that around half of adults in Scotland live with at least one long-term condition (Scottish Health Survey 2023). Across Tayside, patterns of demand vary. Dundee includes areas of significant deprivation, with around 37% of residents living in areas within the 20% most deprived nationally (Scottish Government, SIMD 2020). Perth & Kinross includes large rural areas where travel time, workforce recruitment and seasonal access challenges affect service delivery. Angus is largely rural and dispersed, where distance to service bases and transport availability can influence access to care. Service activity data demonstrate sustained demand for urgent primary care. Between 2021–2022 and 2023–2024 the OOH service managed between 64,000 and 71,000 contacts annually (NHS Tayside OOH internal service data). While COVID-related consultations have reduced significantly since 2021–2022, face-to-face consultations and home visits have remained consistently high. Partial data for 2024–2025 show 12,378 attendances and 2,620 home visits in the first seven months, indicating continued reliance on in-person care. This evidence informed the options appraisal process and the identification of the preferred option to retain the existing service model while extending weekend opening hours at the Angus base.

	Extending weekend availability aims to better align service provision with patterns of demand while maintaining stability across the wider Tayside OOH service. The proposal does not change service locations or access pathways, and home visiting will continue to be available across the region. Relevant national legislation and policy frameworks also inform the assessment, including the Equality Act 2010, the Fairer Scotland Duty, the Patient Rights (Scotland) Act 2011 and the Consumer Scotland Act 2020. These frameworks require public bodies to consider the impact of decisions on different population groups and ensure equitable access to health and care services.
Qualitative evidence (narrative/exploratory)	Engagement with staff, system partners and members of the public across NHS Tayside indicates that the OOH service is highly valued, particularly for the quality of care provided once patients are seen. Feedback consistently emphasised the importance of maintaining safe and timely access to urgent care while ensuring the service remains sustainable in the context of an ageing population and increasing complexity of need. From a service user perspective, key priorities include being seen promptly and, where possible, as close to home as possible, particularly for those who may experience challenges with transport, distance, or caring responsibilities. Staff and partners highlighted the importance of maintaining service stability while ensuring that service availability reflects local patterns of demand. These themes informed the options appraisal process and support the preferred option of retaining the current service model while extending weekend opening hours at the Angus base. The qualitative evidence therefore indicates support for an approach that maintains existing service arrangements while improving local availability of care during periods of higher demand. No feedback received through engagement suggested that the proposed extension of weekend hours would negatively affect access to services for patients across Tayside.
Other evidence (please detail)	The assessment has also been informed by a range of wider evidence, including relevant national policy frameworks, service reviews, and ongoing performance and governance monitoring within NHS Tayside. National guidance, such as the National Workforce Strategy for Health and Social Care in Scotland (2022), the Primary Care Improvement Plan (2018), and the wider Urgent and Unscheduled Care Collaborative Programme, emphasises the importance of sustainable services, person-centred access, and effective use of the available workforce.

	Locally, insights from operational activity data, clinical governance processes, and collaboration with NHS 24, the Scottish Ambulance Service and community partners have supported understanding of current service pressures and patterns of demand across the OOH system. This evidence has informed the options appraisal process and supported the preferred option of retaining the current service model while extending weekend opening hours at the Angus base. Together, this evidence supports the aim of ensuring the OOH service continues to operate safely and sustainably while responding to patterns of demand and maintaining equitable access to urgent care across NHS Tayside.
What gaps in evidence/research were identified?	The options appraisal process was informed by a range of evidence, including service activity data, workforce modelling, operational insights and engagement with staff, system partners and public representatives. This evidence has supported the identification of a preferred option that retains the current OOH service model while extending weekend opening hours at the Angus base. No significant gaps in evidence have been identified that would affect the assessment of the proposal at this stage. As with all service developments, ongoing monitoring of service activity, access patterns and patient experience will continue as the extended weekend hours are implemented. This will ensure that any unintended barriers to access for particular groups are identified and addressed through routine service governance and engagement with staff, communities and partner organisations.
Is any further evidence required? Yes or No (please provide reasoning)	No The options appraisal process has been informed by a range of evidence, including service activity data, workforce modelling, operational insights and engagement with staff, system partners and public representatives. This evidence has supported the identification of a preferred option that retains the current OOH service model while extending weekend opening hours at the Angus base. As the proposal represents an extension of existing service availability rather than a change to service location, pathways or access arrangements, no additional evidence is required at this stage. Ongoing monitoring of service activity, access patterns and patient experience will continue through routine service governance to ensure that the extended weekend hours operate effectively and equitably.

Has best judgement been used in place of evidence/research? Yes or No (If yes, please state who made this judgement and what was this based on?)	Yes, in part. Where direct research or published evidence is limited, professional judgement has been applied alongside available service activity data, workforce modelling, and stakeholder engagement to inform the options appraisal and identification of the preferred option. This judgement was provided collectively by the OOH Reform Programme team, including clinical leads, operational managers, workforce planning colleagues and representatives from partner organisations. It was informed by analysis of current service demand, workforce sustainability considerations, patient access patterns and learning from local tests of change within the OOH service. Professional judgement was therefore used to complement the available evidence in assessing how the proposed extension of weekend opening hours at the Angus base would support alignment of service availability with patterns of demand while maintaining the existing service model.

7. ENGAGEMENT

Engagement: Please provide details on any engagement that has been conducted during the policy/practice or project. For strategic decisions which may impact ‘consumers’ e.g. service users and patients, there are example scrutiny questions to consider during the engagement process to ensure the Consumer Duty is met. These can be located on the AHSCP Equalities SharePoint page.	
Has engagement taken place? Yes or No	yes

If No, why not?	
If Yes, please answer the following questions:	
Who was the engagement with?	The development of the OOH proposals and the appraisal of potential service options were informed by engagement with a range of stakeholders across Tayside. This included clinical and operational staff working within the OOH service, representatives from NHS 24 and Emergency Departments, and colleagues from the three Health and Social Care Partnerships. These discussions explored current service pressures, workforce challenges and opportunities to improve access while maintaining service sustainability. Engagement also included Tayside public partners, senior leadership across the three Partnerships, and members of the public through a Tayside-wide survey gathering views from service users and carers. Feedback from this engagement informed the development and assessment of service options and supported the identification of the preferred option: Option 3 – retaining the current service model while extending weekend opening hours at the Angus base. Key themes highlighted through engagement included the importance of timely access to care, maintaining local availability of services where possible, and ensuring that the service remains sustainable for the workforce while continuing to provide high-quality, person-centred care. The engagement approach has been undertaken with regard to the requirements of the Equality Act 2010, the Fairer Scotland Duty and the Consumer Scotland Act 2020.
Have other relevant groups i.e. unpaid carers been included in the engagement? If No, why not?	Yes. Engagement activity included a Tayside-wide public survey which was promoted through established NHS Tayside communication channels to support open and inclusive participation. Information about the survey was shared via the NHS Tayside website and social media, and posters with QR codes were distributed to GP practices and community pharmacies across Tayside to encourage broad public engagement. The survey was open to all members of the public, including patients, families, unpaid carers and community members, providing an opportunity for a wide range of perspectives to be shared. Contact

	details were also provided for individuals requiring the survey in an alternative format or additional support to participate, helping to ensure accessibility for those with additional needs. This approach enabled unpaid carers and other relevant groups to contribute their views alongside other members of the public during the development of the proposals.
How was it carried out? (Survey, focus group, public event, Interviews, other (please specify) etc.)	Engagement was undertaken using a combination of methods to reach both professional stakeholders and members of the public. A Tayside-wide public survey was promoted through NHS Tayside communication channels, including the website and social media, and through posters with QR codes distributed to GP practices and community pharmacies across Tayside to encourage broad participation. Contact details were also provided for individuals requiring the survey in alternative formats or additional support to participate. In addition, a series of engagement sessions were held with professional stakeholders, including clinical and operational staff within the OOH service, representatives from NHS 24 and Emergency Departments, colleagues from the three Health and Social Care Partnerships, and Tayside Public Partners. This mixed-method approach ensured that both professional and public perspectives informed the development and assessment of service options.
What were the results from the engagement?	Engagement activities provided a range of perspectives from staff, partners and members of the public that informed the development and assessment of service options. Across a series of engagement meetings with internal stakeholder groups and professional forums within NHS Tayside, staff and partners highlighted the importance of maintaining a stable and sustainable Out-of-Hours OOH service while ensuring that service availability reflects patterns of demand across different areas. Feedback from the public survey and engagement with Tayside public partners indicated that the OOH service is generally highly valued, particularly for the quality of care provided once patients are seen. Key themes included the importance of timely access to care, maintaining local availability where possible, and ensuring services remain accessible for people who may face challenges with transport or distance.

	These insights informed the options appraisal process and supported the preferred option of retaining the current service model while extending weekend opening hours at the Angus base to improve local access during periods of higher demand. No feedback from engagement suggested that extending weekend opening hours would negatively affect access to services for patients across Tayside
How did the engagement consider the protected characteristics of its intended cohort?	Engagement was designed to be inclusive and accessible to people across NHS Tayside. The public survey was promoted through a range of communication channels, including the NHS Tayside website and social media, to encourage participation from a broad cross-section of the population. Posters with QR codes were distributed to GP practices and community pharmacies across Tayside, and contact details were provided for individuals who required the survey in an alternative format or additional support to participate. This approach aimed to reduce barriers to participation and ensure that people with different needs were able to contribute their views. Making the survey widely available and providing accessible formats supported participation from a range of groups, including older people, people with disabilities, unpaid carers and others who may experience barriers to accessing services. This engagement approach was undertaken with regard to the requirements of the Equality Act 2010 and the Fairer Scotland Duty, ensuring that the perspectives of different population groups could be considered as part of the options appraisal process.
Has the policy, practice or project been reviewed/changed as a result of the engagement? If YES, please explain.	Yes. Feedback from engagement with staff, system partners and members of the public informed the development and appraisal of service options for the OOH service. Engagement highlighted the importance of maintaining timely access to care, ensuring services remain locally accessible where possible, and supporting a sustainable workforce. These insights informed the design principles used in the options appraisal and supported the identification of the preferred option to retain the current service model while extending weekend opening hours at the Angus base. This approach responds to feedback on the importance of improving access during periods of higher demand while maintaining service stability across the wider Tayside OOH service.

Is further engagement required? Yes or No (please provide reasoning)	No Engagement undertaken as part of the OOH service reform and options appraisal included staff, system partners and members of the public through stakeholder engagement sessions and a Tayside-wide public survey. This engagement informed the development and assessment of service options and supported the identification of the preferred option to retain the current service model while extending weekend opening hours at the Angus base. As the proposal represents an extension of existing service availability rather than a change to service locations, service pathways or the overall model of care, no additional engagement is considered necessary at this stage. Ongoing monitoring of service activity, patient experience and operational feedback will continue through routine governance processes to ensure that the extended weekend hours operate effectively and equitably.

8. PROTECTED CHARACTERISTICS

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

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age	x	x		Evidence: Older people are more likely to require urgent and unscheduled care due to higher

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				levels of frailty and long-term conditions. National data indicate that around half of adults in Scotland live with at least one long-term condition (Scottish Health Survey 2023), and demographic projections show that the proportion of people aged 65 and over in Scotland is increasing (National Records of Scotland population projections). Locally, the NHS Tayside population includes a significant proportion of older adults, particularly in rural areas such as Angus. Extending weekend opening hours at the Angus OOH base from 1:00pm–6:00pm to 8:00am–11:30pm may improve local access to face-to-face care for older people who may require timely assessment or who may find travelling longer distances later in the evening more challenging. Younger age groups may also benefit from improved access to urgent care during weekend daytime periods. As the proposal does not change service locations, access pathways, or home visiting arrangements across Tayside, no negative impacts related to age have been identified. Mitigation / Actions: • Home visiting will continue to be available across Tayside for patients who cannot for clinical reason travel to a base. • Existing referral pathways through NHS 24 and the OOH triage system will remain unchanged. • Service activity and patient experience will continue to be monitored through routine governance processes to ensure equitable access across age groups.
Sex	X			The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm. The change does not alter the overall service model, service locations, referral pathways, or eligibility for care. OOH services continue to be accessed through the same triage process (primarily via NHS 24), and home visiting remains available across Tayside.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				Service activity data for OOH services indicate that urgent primary care is accessed by people of all sexes, with no evidence that the proposed extension of weekend hours would disadvantage one group over another. As the proposal increases the availability of face-to-face consultations during weekend daytime and evening periods, it may offer greater flexibility for individuals balancing work, caring responsibilities, or family commitments. Mitigation / Actions: • Access to the OOH service will continue to be based on clinical need through existing triage arrangements. • Home visiting will remain available across Tayside for patients unable to attend a base. • Routine monitoring of service activity and patient feedback will continue to ensure equitable access for all service users.
Disability	x	x		People with disabilities are more likely to require urgent and unscheduled care due to higher rates of long-term conditions and complex health needs. The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations, and access pathways. This extension may improve access to face-to-face care for people with disabilities who require urgent clinical assessment during weekend daytime or evening periods. For individuals who experience mobility challenges, transport barriers, or other accessibility needs, the continued availability of home visiting across Tayside ensures that care can still be delivered where patients are unable to attend a base. Access to the OOH service will continue to be managed through existing triage arrangements, primarily via NHS 24, ensuring patients are directed to the most appropriate care. Mitigation / Actions:

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				- Home visiting will continue to be available across Tayside for patients who are unable to travel for medical reason to an OOH base. - Existing triage and referral pathways will remain unchanged, ensuring patients with additional needs are assessed and directed appropriately. - Patient experience and service activity will continue to be monitored through routine governance processes to ensure that the extended weekend opening hours do not create unintended barriers for people with disabilities.
Race	X			The proposed change involves extending weekend opening hours at the OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while retaining the current service model, service locations, and access pathways. The change does not alter eligibility for care or the way in which patients access the service. Access to OOH services will continue to be primarily through NHS 24 triage, ensuring that all patients are assessed based on clinical need. There is no evidence to suggest that the proposed extension of opening hours would disproportionately affect people from different racial or ethnic backgrounds. The change may provide greater flexibility in accessing urgent care during weekend daytime and evening periods for all communities across Tayside. Mitigation / Actions: - NHS Tayside will continue to provide access to interpretation and translation services where required to support patients whose first language is not English. - Information about accessing the OOH service will continue to be communicated through existing channels, including NHS 24 and NHS Tayside resources. - Routine monitoring of service activity and patient feedback will continue to ensure equitable access to urgent care services for people from all racial and ethnic backgrounds.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Sexual Orientation	x			The proposed change extends weekend opening hours at the Angus Out-of-Hours (OOH) base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while retaining the current service model, service locations and access pathways. The proposal does not alter eligibility for care or how patients access the service. Access to OOH services will continue to be through the existing triage process, primarily via NHS 24, with patients assessed on the basis of clinical need. There is no evidence to suggest that the extension of weekend opening hours would disproportionately affect people based on sexual orientation. As the change increases the availability of face-to-face consultations during weekend daytime and evening periods, it may offer greater flexibility in accessing urgent care for all service users. Mitigation / Actions: • NHS Tayside will continue to provide services in line with equality and inclusion policies that ensure respectful, person-centred care for all patients regardless of sexual orientation. • Existing access pathways and patient rights protections remain unchanged. • Routine monitoring of service use and patient feedback will continue to support equitable access to urgent care services for all individuals.
Religion or Belief	x	x		The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. The extension increases the availability of face-to-face urgent care during weekend daytime and evening periods without altering how patients access the service. There is no evidence to suggest that the proposed change would disproportionately affect people based on religion or belief. Increased availability of services at weekends may provide greater flexibility for individuals whose religious practices or observances influence when they are able to seek care. As the service continues to be accessed

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				primarily through NHS 24 triage and based on clinical need, equitable access will be maintained. Mitigation / Actions: - NHS Tayside will continue to provide care in line with equality and diversity policies that respect religious and cultural needs. - Staff will continue to provide culturally sensitive care where possible and appropriate. - Routine monitoring of patient experience and feedback will continue to ensure services remain accessible and respectful of different religious and cultural needs.
Gender Reassignment	X			The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. The proposal does not change eligibility for care, referral routes, or the way patients access the service. Access to the OOH service will continue to be through existing triage arrangements, primarily via NHS 24, with patients assessed based on clinical need. There is no evidence to suggest that the proposed extension of weekend opening hours would disproportionately affect people who are undergoing or have undergone gender reassignment. The increased availability of face-to-face urgent care during weekend daytime and evening periods may provide greater flexibility for all service users accessing urgent care. Mitigation / Actions: NHS Tayside will continue to deliver care in line with equality and inclusion policies, ensuring respectful and person-centred care for individuals of all gender identities.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				- Staff will continue to follow existing guidance on inclusive communication and confidentiality when supporting transgender and non-binary patients. - Routine monitoring of service use and patient feedback will continue to ensure equitable access to urgent care services.
Pregnancy and Maternity	x	x		The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. Pregnant individuals or those in the postnatal period may require urgent clinical advice or assessment outside normal GP practice hours. Extending weekend opening hours may improve the availability of face-to-face urgent primary care during daytime and evening periods, supporting more timely access to care where required. Access to the OOH service will continue to be managed through existing triage arrangements, primarily via NHS 24, ensuring that patients are directed to the most appropriate service, including maternity services where clinically indicated. There is no evidence that the proposed change would negatively impact individuals who are pregnant or in the maternity period. Mitigation / Actions: - Existing triage pathways through NHS 24 will remain in place to ensure patients are directed to the most appropriate urgent or maternity care services. - Home visiting will continue to be available across Tayside for patients who for medical reasons are unable to travel to an OOH base. - Routine monitoring of service activity and patient experience will continue through established governance processes to ensure equitable access to care.
Marriage and Civil Partnership	x			The proposed change extends weekend opening hours at the Angus Out-of-Hours (OOH) base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. The proposal does not change

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				eligibility for care, referral routes, or how patients access the service. Access to the OOH service will continue to be through existing triage arrangements, primarily via NHS 24, with patients assessed based on clinical need. There is no evidence to suggest that the proposed extension of weekend opening hours would have a differential impact on individuals based on marital or civil partnership status. Mitigation / Actions: - Services will continue to be provided based on clinical need and in line with NHS Tayside equality and inclusion policies. - Routine monitoring of service use and patient feedback will continue through established governance processes to ensure equitable access for all service users.
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current & former Armed Forces personnel (please specify)	x	x		The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. Unpaid carers often balance caring responsibilities alongside employment and other commitments and may benefit from greater flexibility in accessing urgent care services during weekend daytime and evening periods. Extending the availability of face-to-face consultations may therefore improve access for carers who may otherwise find it difficult to attend during limited hours. For current and former Armed Forces personnel and their families, access to urgent primary care will continue through existing pathways, primarily via NHS 24 triage. The proposal does not change eligibility for care or the way services are accessed, and therefore no negative impacts have been identified.

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				Mitigation / Actions: • Home visiting will continue to be available across Tayside for patients who, for medical reasons, cannot travel to an OOH base. • Access to urgent care will continue to be based on clinical need through existing triage arrangements. • NHS Tayside will continue to recognise its commitments under the Armed Forces Covenant and support equitable access to healthcare services. • Routine monitoring of service activity and patient feedback will continue through established governance processes to ensure equitable access for carers, veterans and other groups.
Human Rights (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and	x	x		The proposed change extends weekend opening hours at the Angus OOH base from 1:00 pm–6:00 pm to 8:00 am–11:30 pm while maintaining the current service model, service locations and access pathways. The proposal does not reduce or restrict access to services and therefore does not negatively impact individuals' human rights. Instead, extending the availability of urgent primary care during weekend daytime and evening periods may support improved access to healthcare, which aligns with the right to respect for private and family life and the right to access appropriate healthcare services. Care will continue to be delivered in accordance with NHS Tayside policies that promote dignity, respect, confidentiality and person-centred care. Access to the OOH service will remain based on clinical need through existing triage arrangements, primarily via NHS 24. Mitigation / Actions:

Service Users, Public or Unpaid Carers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
the right to free elections).				- Services will continue to be delivered in line with NHS Scotland values and human rights principles, ensuring that patients are treated with dignity and respect. - Existing governance arrangements will continue to monitor patient experience and service delivery to ensure that care remains equitable, accessible and respectful of individuals' rights.

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Age	x			The proposed change involves extending weekend opening hours at the Angus OOH base while maintaining the existing service model and locations. The proposal does not change the overall workforce structure, roles, or employment conditions for staff or volunteers. Service delivery will continue to be supported through existing workforce arrangements and rota systems. Staff of different age groups are represented within the OOH workforce. Extending weekend opening hours may require adjustments to rotas; however, this will be managed through established workforce planning and rostering processes that take into account staff availability, wellbeing, and contractual arrangements. There is no evidence to suggest that the proposed change would disproportionately impact employees or volunteers based on age. Mitigation / Actions:

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				- Workforce planning and rota management will continue to consider staff wellbeing and fairness across all age groups. - Existing HR policies and flexible working arrangements will remain in place to support staff with different needs or circumstances. - Ongoing engagement with staff and workforce representatives will continue through routine operational and governance processes.
Sex	X			The proposed change involves extending weekend opening hours at the Angus OOH base while maintaining the existing service model, workforce roles, and employment arrangements. The proposal does not introduce changes to job roles, recruitment practices, or terms and conditions of employment for staff or volunteers. The OOH workforce includes staff of different sexes working across a range of clinical and operational roles. Extending weekend opening hours may require adjustments to existing rotas; however, these will continue to be managed through established workforce planning processes and in line with existing HR policies. There is no evidence to suggest that the proposed change would have a differential impact on employees or volunteers based on sex. Mitigation / Actions: - Workforce planning and rota management will continue to be undertaken in line with NHS Tayside HR policies, ensuring fairness and consistency for all staff. - Existing policies supporting equality, flexible working, and staff wellbeing will remain in place. - Ongoing engagement with staff and workforce representatives will continue through established operational and governance arrangements.
Disability	X			The proposed change extends weekend opening hours at the Angus Out-of-Hours (OOH) base while maintaining the existing service model, workforce roles, and

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				employment arrangements. The proposal does not introduce changes to job roles, recruitment practices, or terms and conditions for employees or volunteers. Staff and volunteers with disabilities are supported through existing NHS Tayside equality, diversity and inclusion policies and reasonable adjustment processes. While extending weekend opening hours may require adjustments to existing rotas, these will continue to be managed through established workforce planning processes that consider individual circumstances and support needs. There is no evidence to suggest that the proposed change would disproportionately impact employees or volunteers with disabilities. Mitigation / Actions: • Reasonable adjustments will continue to be made where required to support staff or volunteers with disabilities. • Workforce planning and rota management will take into account individual needs and wellbeing. • Existing HR policies, occupational health support, and staff engagement mechanisms will remain in place to ensure an inclusive working environment.
Race	x			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment, job roles, or employment conditions for staff or volunteers. The OOH workforce includes staff from a range of racial and ethnic backgrounds. Workforce planning and rota management will continue to be undertaken through established processes and in line with NHS Tayside equality, diversity and inclusion policies. There is no evidence to suggest that the proposed extension of weekend opening hours would have a differential impact on employees or volunteers based on race.

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				Mitigation / Actions: - NHS Tayside equality, diversity and inclusion policies will continue to support fair treatment of all staff and volunteers. - Workforce planning processes will ensure equitable rota arrangements and working conditions. - Ongoing staff engagement and governance arrangements will continue to monitor staff experience and ensure an inclusive working environment.
Sexual Orientation	X			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment, job roles, or terms and conditions of employment for staff or volunteers. There is no evidence to suggest that extending weekend opening hours would have a differential impact on employees or volunteers based on sexual orientation. Workforce arrangements, including rota management and working practices, will continue to operate through established processes that apply equally to all staff. Mitigation / Actions: - NHS Tayside equality, diversity and inclusion policies will continue to support an inclusive working environment for staff of all sexual orientations. - Existing HR policies and staff support mechanisms will remain in place to ensure fair treatment and wellbeing. - Ongoing staff engagement and governance processes will continue to monitor staff experience and ensure equitable working conditions.
Religion or Belief	X			The proposed change extends weekend opening hours at the Angus Out-of-Hours (OOH) base while maintaining the current service model, workforce roles, and

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				employment arrangements. The proposal does not introduce changes to recruitment practices, job roles, or employment conditions for staff or volunteers. There is no evidence to suggest that extending weekend opening hours would disproportionately affect employees or volunteers based on religion or belief. Workforce planning and rota management will continue to be managed through established processes that consider staff availability and operational requirements. Mitigation / Actions: - Existing NHS Tayside policies that support equality, diversity and inclusion will continue to be applied. - Where possible, workforce planning processes will continue to consider individual needs, including religious observance. - Ongoing staff engagement and governance processes will continue to monitor staff experience and support an inclusive working environment.
Gender Reassignment	X			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment practices, job roles, or employment conditions for staff or volunteers. There is no evidence to suggest that extending weekend opening hours would have a differential impact on employees or volunteers who are undergoing or have undergone gender reassignment. Workforce planning and rota management will continue to be undertaken through established processes that apply equally to all staff. Mitigation / Actions: NHS Tayside equality, diversity and inclusion policies will continue to support a respectful and inclusive working environment for all staff, including transgender and non-binary employees.

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				- Existing HR policies and staff support mechanisms will remain in place to ensure fair treatment and confidentiality. - Ongoing staff engagement and governance processes will continue to monitor staff experience and promote equality in the workplace.
Pregnancy and Maternity	X			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment practices, job roles, or employment conditions for staff or volunteers. Staff who are pregnant or returning from maternity leave are supported through existing NHS Tayside HR policies, including maternity leave provisions, risk assessments, and flexible working arrangements where appropriate. While extending weekend opening hours may require adjustments to existing rotas, these will continue to be managed through established workforce planning processes that consider individual circumstances and wellbeing. There is no evidence to suggest that the proposed change would disproportionately impact employees or volunteers in relation to pregnancy or maternity. Mitigation / Actions: - Existing maternity policies and risk assessment procedures will continue to support staff during pregnancy and maternity. - Workforce planning and rota management will consider individual needs and wellbeing in line with NHS Tayside HR policies. - Staff engagement and governance processes will continue to monitor staff experience and ensure fair and supportive working arrangements.

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
Marriage and Civil Partnership	X			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment practices, job roles, or employment conditions for staff or volunteers. There is no evidence to suggest that extending weekend opening hours would have a differential impact on employees or volunteers based on marital or civil partnership status. Workforce planning and rota management will continue to be managed through established processes that apply consistently to all staff. Mitigation / Actions: - NHS Tayside equality, diversity and inclusion policies will continue to support fair and consistent treatment of all employees and volunteers. - Workforce planning and rota management will be undertaken in line with existing HR policies and employment practices. - Ongoing staff engagement and governance arrangements will continue to monitor staff experience and support an inclusive working environment.
Additional Groups/Areas for Consideration				
Any other relevant groups i.e. unpaid carers, current & former Armed Forces personnel (please specify)	X			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to recruitment practices, job roles, or employment conditions for staff or volunteers. Some employees or volunteers may have additional responsibilities outside work, including caring responsibilities or commitments related to military service or veteran status. Extending weekend opening hours may require adjustments to existing rotas; however, these will continue to be managed through established workforce planning

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
				processes that consider staff availability and operational requirements. There is no evidence to suggest that the proposed change would have a differential impact on employees or volunteers who are unpaid carers or who are current or former Armed Forces personnel. Mitigation / Actions: - Existing HR policies, including flexible working arrangements and carers' support policies, will continue to support staff with caring responsibilities. - NHS Tayside will continue to recognise its commitments under the Armed Forces Covenant, supporting current and former Armed Forces personnel within the workforce. - Workforce planning and rota management will continue to be undertaken in line with existing HR policies to ensure fair and equitable working arrangements.
<u>Human Rights</u> (Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and	x			The proposed change extends weekend opening hours at the Angus OOH base while maintaining the current service model, workforce roles, and employment arrangements. The proposal does not introduce changes to employment terms, job roles, or organisational policies that would affect employees' or volunteers' human rights. NHS Tayside is committed to ensuring that staff and volunteers are treated with dignity and respect and that their rights are protected in line with relevant legislation and organisational policies. Extending weekend opening hours will be managed through established workforce planning and rota processes that respect staff wellbeing, confidentiality, and fair treatment. There is no evidence to suggest that the proposal would negatively impact the human rights of employees or volunteers. Mitigation / Actions:

Employees or Volunteers with Protected Characteristics				
Protected Characteristic	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence of the impact on this protected characteristic and any actions to mitigate against possible negative impact.
the right to free elections).				- NHS Tayside policies and governance arrangements will continue to promote dignity, respect, equality and fairness for all staff and volunteers. - Workforce planning and rota management will be undertaken in line with HR policies that support staff wellbeing and work-life balance where possible. - Existing mechanisms for staff engagement, feedback, and support will continue to ensure that any concerns relating to working conditions or rights are addressed appropriately.

9. EQIA FINDINGS AND ACTIONS

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.	
Option 1 - No major change required (where no impact or potential for improvement is found and no actions have been identified)	The Equality Impact Assessment has identified that the proposed change is unlikely to have a negative impact on individuals or groups with protected characteristics. The proposal retains the current OOH service model and access pathways while extending weekend opening hours at the Angus base. As the change represents an extension of existing service availability rather than a reduction or relocation of services, the potential impacts on service users, staff

Having completed the EQIA template, please select one option which best reflects the findings of the Equality Impact Assessment in relation to the impact on protected characteristic groups and provide reasoning.

	and other stakeholders are considered neutral or positive. Existing mitigation measures, including home visiting provision, NHS 24 triage pathways and NHS Tayside equality and workforce policies, remain in place. No additional actions have been identified through the EQIA process.
Option 2 - Adjust (where a potential negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)	
Option 3 - Continue (where it is not possible to remove all potential negative impact, but the policy, practice or project can continue without making changes)	
Option 4 - Stop and review (where a serious risk of negative impact is found, the policy, practice or project being assessed should be paused until these issues have been resolved)	

Actions – from the actions to mitigate against negative impact (section 8) and the findings option selected above in section 9 (options 2 or 4 only), please summarise the actions that will be taken forward.	Date for Completion	Who is responsible (initials)
Action 1 - Action 2 - Action 3 - etc.		

10. EVIDENCE OF DUE REGARD - EQUALITY ACT

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

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

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

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

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

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

12. FSDA - SCREENING DECISION

12 a) Is your policy, practice or project strategically important? Yes or No?	YES - Proceed to question 12 b)	NO – FSDA not required, please provide reasoning below and proceed to sections 14 onwards to conclude.
		X This is not a strategic policy or programme . It is an operational adjustment to opening hours within the existing OOH service model.
12 b) Is it likely that your strategic policy, practice or project will have socio-economic impact? Yes or No?	YES - Proceed to section 13. Full Fairer Scotland Duty Assessment (FSDA) below	NO – FSDA not required, please provide reasoning below and proceed to sections 14 onwards to conclude.
		X The proposal relates to an operational adjustment to existing OOH service opening hours at the Angus base. The current service model, locations and access pathways remain unchanged, and no services are being reduced or withdrawn. As the proposal does not represent a strategic policy decision and is not expected to create differential socio-economic impacts, a full Fairer Scotland Duty Assessment is not required.

13. FULL FAIRER SCOTLAND DUTY ASSESSMENT (FSDA)

Evidence				
What evidence do you have about socio-economic disadvantage and inequalities of outcome in relation to this strategic decision? Is it possible to gather new evidence, involving communities of interest?				
Please state if there is a potentially positive, negative, neutral impact for each of the below groupings:				
	Potential Neutral Impact (X)	Potential Positive Impact (X)	Potential Negative Impact (X)	Please provide evidence on your selection
Low and/or no income (those living in relative poverty.)				
Low and/or no wealth (those with enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.)				
Material Deprivation (those unable to access basic goods and services e.g. repair/replace broken electrical goods, warm home, life insurance, leisure and hobbies.)				
Area Deprivation (where people live e.g. rural areas, or where they work e.g. accessibility of transport. Living in a deprived area can exacerbate negative outcomes for individuals and households already affected by issues of low income.)				
Socio-economic Background (social class including parents' education, people's employment and income)				

Unpaid Carers				
Homelessness, Addictions and Substance Use				
Children, Family and Justice				
Other e.g. current & former Armed Forces personnel (please specify)				

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

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

Duty to have regard to consumer interests

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

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

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

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

15. CONSUMER DUTY– SCREENING DECISION

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

16. EVIDENCE OF DUE REGARD – CONSUMER DUTY

If this strategic decision impacts consumers e.g. service users and patients, you have a duty to give regard to consumer interests. Please confirm that throughout this combined impact assessment you considered and evidenced the following two requirements:	
	Please mark with an (X) in the relevant boxes.

The impact of the strategic decision on consumers and the desirability of reducing harm to consumers have been considered throughout the process.	X
An outcomes-based approach has been taken to achieve the best outcomes for consumers.	X The preferred option retains the current OOH service model while extending weekend opening hours at the Angus base to better align service availability with patterns of demand. This approach aims to improve timely access to urgent primary care for patients while maintaining service stability and equitable access across Tayside.

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

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

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

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

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

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

1. Non-discrimination (Article 2)		2. Best interest of the child (Article 3)	X
3. Right to life, survival and development (Article 6)	X	4. Right to be heard (Article 12)	
None			

What impact will your proposal have on children's rights, i.e. positive, negative or neutral?	The proposal extends weekend opening hours at the Angus OOH base while maintaining the current service model and access pathways. Increasing the availability of urgent primary care during weekend daytime and evening periods may support improved access to timely healthcare for children and young people when GP practices are closed. As the proposal does not reduce services, relocate facilities or change access pathways, no negative impacts on children's rights have been identified.
How will the proposal give better effect to the UNCRC in Scotland?	The proposal supports the principles of the UNCRC by improving access to urgent primary care for children and young people during weekend daytime and evening periods when GP practices are closed. Extending opening hours at the Angus OOH base may help ensure that children who require urgent clinical assessment are able to access appropriate care in a timely manner. The proposal maintains existing service locations, access pathways and home visiting arrangements across Tayside, ensuring that children and families continue to receive care based on clinical need. By improving availability of care while maintaining equitable access to services, the proposal supports the best interests, health and wellbeing of children and young people.
How will the impact be monitored?	The impact of the proposal will be monitored through existing service governance and performance monitoring arrangements within NHS Tayside. This will include ongoing review of OOH service activity data, patient access patterns, and patient experience feedback. Workforce feedback and operational performance will also be considered through routine service management and governance processes. Monitoring will help ensure that the extended weekend opening hours at the Angus base continue to support timely access to care for patients, including children and families, and that no unintended barriers to access arise.
How will you communicate to children and young people the impact of the proposal on their rights?	Information about the OOH service, including opening hours and how to access care, will continue to be communicated through existing NHS Tayside communication channels, including the NHS Tayside website and information provided through NHS 24. These channels are widely used by patients, families and carers seeking urgent healthcare advice. As the proposal maintains the current service model while extending weekend opening hours, communication will focus on ensuring that families and carers are

	aware of the availability of services and how to access appropriate care when required.

18. PUBLICATION

Is the corresponding IJB/Committee paper exempt from publication?	

19. SIGN OFF and CONTACT INFORMATION

Lead Officer Responsible	
Name:	
Designation:	
Date:	

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

For further information on this Combined Assessment, or if you require this assessment in an alternative format, please email: tay.angushscp@nhs.scot

20. EQIA REVIEW DATE

A review of the EQIA should be undertaken 6 months later to determine any changes. (Please state planned review date and Lead Reviewer Name)	

21. EQIA 6 MONTHLY REVIEW SHEET

Title of policy, practice or project being reviewed		
Lead Officer responsible for review		
Date of this review		
Please detail activity undertaken and progress on actions highlighted in the original EQIA under section 9.	Status of action (with reasoning)	
	• Complete • Outstanding • New • Discontinued etc.	
Action 1 -		
Action 2 -		
Action 3 etc. -		

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NHS Tayside GP Out of Hours Service Reform

Preliminary Statement of Engagement

November 2025

(This document is iterative in nature and will continue to be refined and updated as the next phase of engagement progresses).



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PRELIMINARY STATEMENT OF ENGAGEMENT

This statement outlines the engagement activity undertaken to inform the development of the Strategic Vision for the NHS Tayside GP Out of Hours (OOH) Service and the identification of a preferred service model.

It summarises the collaborative work to date, the Quality Improvement (QI) approach adopted, and the engagement undertaken with staff, professional stakeholders, and the public. Alongside emerging data and insights from test-of-change activity, this feedback has been central to shaping the future direction of the service.

The OOH service provides essential clinical support when GP practices are closed. However, the current model is under increasing pressure due to rising demand, greater complexity of patient need, and increasing costs. These challenges highlight the need for a more coordinated, efficient, and sustainable model that is better integrated with community and urgent care pathways.

Engagement and data analysis have reinforced the importance of improving access, ensuring consistency, and supporting a resilient and skilled workforce. Through the application of QI methodologies, the Programme continues to test and refine improvements that enhance safety, patient flow, and overall service effectiveness.

This context provides a clear opportunity to further develop GP Out of Hours care in Tayside. The ambition is to deliver a service that is person-centred, sustainable, and adaptable—capable of meeting current and future demand while maintaining high standards of safety, quality, and equity across all communities.

Methodology

1. Developing the Strategic Vision

The Strategic Vision for the NHS Tayside GP OOH Service was developed through a dedicated multi-disciplinary Working Group. This group brought together clinical, professional, managerial, and operational representatives to ensure a broad range of expertise informed the process.

The Programme is guided by a Quality Improvement (QI) approach, emphasising continuous improvement, evidence-based practice, and learning through testing. This includes understanding what works, adapting based on evidence, and embedding successful changes into routine practice. This iterative approach reflects NHS Tayside's ambition to develop a culture that is data-informed, collaborative, and focused on patient outcomes.

The Working Group has shaped a vision that:

- Integrates pathway improvements, strengthening coordination between urgent, primary, and community care
- Implements and evaluates tests of change to explore new models of access, triage, and workforce deployment
- Draws on detailed data analysis to understand demand, capacity, and equity of access, including geographic and demographic variation such as rurality

- Optimises resources through improved efficiency, workforce alignment, and system-wide collaboration
- Enhances whole-system working, ensuring the service operates as part of a cohesive and sustainable urgent care network

Feedback from staff, professional stakeholders, and the public has been central to shaping the Strategic Vision. Their experience and insight have provided valuable perspectives on local needs and opportunities for improvement and have directly influenced the refinement of service model options, particularly in relation to access, workforce configuration, and the balance between local and centralised provision.

Through this combined QI, data-driven, and co-productive approach, the Programme is developing a Strategic Vision and Framework to guide a future service model that is person-centred, sustainable, and capable of meeting both current and future demand while ensuring equity of access and high standards of care.

2. Project Team Composition and Evolution

The GP OOH Project Team is co-led by the Head of Service and the Angus Health and Social Care Partnership (HSCP) Associate Medical Director (AMD). The team includes a wide range of stakeholders to ensure the Strategic Vision is informed by clinical, operational, and improvement expertise.

Membership includes Improvement Advisers from Acute Services, the Lead Nurse, Senior Nurse, Lead Advanced Nurse Practitioner (ANP), OOH Clinical Leads, a Pharmacy Technician, the Operational Manager, Service Manager, Primary Care Team Manager, and Finance representatives. This breadth of expertise supports a balanced focus on clinical quality, operational effectiveness, and financial sustainability.

Oversight is provided by the OOH Collaborative Group, chaired by the Head of Service. This group ensures strategic alignment, assurance, and system-level coordination. It includes representation from Perth & Kinross and Dundee HSCTs, as well as partner organisations such as NHS 24 and the Scottish Ambulance Service.

The reform programme was initiated in response to a commissioning directive from the Chief Officer, mandating a comprehensive redesign of the GP OOH service. Foundational project documentation, including a project plan, driver diagram, stakeholder mapping, and engagement and communication plans, was developed to build on earlier discovery work that identified longstanding challenges and opportunities for improvement.

3. Tests of Change

A series of tests of change were undertaken to explore how to optimise resources, improve ways of working, and strengthen service resilience. Using the Plan–Do–Study–Act (PDSA) methodology, the Programme applied a structured QI approach to ensure changes were evidence-based, measurable, and adaptable.

The initial phase of testing produced encouraging results, providing valuable learning on access, patient flow, and workforce deployment. Across the four tests of change, measurable improvements were observed. Some approaches demonstrated readiness for wider adoption, while others identified areas for further refinement.

The Programme continues to apply a PDSA approach, ensuring ongoing evaluation and adaptation. Detailed analysis of outcomes, including demand, capacity, and equity of access, will inform the next phase of service design and implementation.

This structured and iterative approach supports NHS Tayside's commitment to continuous improvement, ensuring that future service developments are sustainable, person-centred, and responsive to geographic and population needs.

4. Staff and Stakeholder Engagement

Engagement has been central to the development of the Strategic Vision, ensuring that the direction of travel is informed by those who deliver and use the service. A structured engagement plan has been implemented, aligned with NHS Tayside's Communication and Engagement Strategy and Healthcare Improvement Scotland (HIS) guidance.

Staff Engagement

Seven engagement sessions were held with OOH staff, offering both in-person and virtual participation. These sessions included clinical, administrative, and managerial staff and were supported by Trade Union and HR representatives.

Sessions took place on:

- Wednesday 30 July – 10:30–11:30
- Thursday 31 July – 14:00–15:00
- Thursday 31 July – 17:00–18:00
- Thursday 31 July – 18:30–19:30
- Wednesday 6 August – 12:30–13:30
- Wednesday 6 August – 17:00–18:00
- Wednesday 6 August – 18:30–19:30

These sessions were attended by approximately 20 staff across a range of roles.

Discussions focused on workforce sustainability, service pressures, and opportunities to develop a more coordinated and flexible model.

Ongoing engagement is supported through an open feedback form and regular staff bulletins, ensuring continued input and transparency throughout the reform process.

Professional Stakeholder Engagement

Three structured engagement sessions were held with stakeholders from services interfacing with OOH, including NHS 24, the Scottish Ambulance Service, Emergency Departments, care homes, palliative care, and Allied Health Professionals.

Sessions took place on:

- Tuesday 26 August – 6:00–7:00 PM
- Tuesday 2 September – 6:00–7:00 PM
- Thursday 4 September – 6:00–7:00 PM

These sessions included approximately 30 participants, with multi-disciplinary representation from partner organisations across the system. This included colleagues from acute services, medicine for the elderly, care homes, pharmacy, Emergency Departments, NHS 24, the Scottish Ambulance Service, and clinical, operational, and finance teams from both Perth and Dundee.

In addition to these dedicated sessions, the reform programme has been shared and discussed across a wide range of established strategic and clinical forums (approximately 20 forums), providing further opportunities for engagement, reflection, and feedback.

These include:

- Partnership Groups
- Operational Leadership Meetings
- Senior Management Groups (Dundee and Perth & Kinross)
- Clinical Networks
- Urgent and Unscheduled Care Programme Board
- Angus Urgent and Unscheduled Care Steering Group
- GP Sub Committee
- Angus Strategic Planning Group (SPG)
- Out of Hours (OOH) Collaborative
- Area Medical Committee

Feedback gathered through these forums has informed both the emerging service model and the wider integration of urgent care pathways across Tayside.

Public and Community Engagement

Engagement with Tayside Public Partners provided insight from individuals with lived experience. A public survey was also undertaken **3 October 2025** to understand views on access, safety, and service priorities.

A total of **966 responses** were received, with a broad geographic spread across Tayside.

The survey was promoted widely through NHS Tayside communication channels, GP practices, and community pharmacies. Posters with QR codes were distributed, and alternative formats were made available to ensure accessibility.

Consideration was given to inclusion and accessibility, including rural communities, digital exclusion, and the provision of alternative formats and support to enable participation.

5. Approach and Governance

A comprehensive Engagement and Communication Plan was developed, informed by HIS guidance. This ensures that engagement remains structured, inclusive, and proportionate.

The project reports through the OOH Collaborative Group to the Urgent and Unscheduled Care Programme Board and Angus Strategic Planning Group. Oversight is provided by the Overarching OOH Review Group, ensuring alignment with governance, quality, and performance frameworks.

Overall, NHS Tayside is satisfied that engagement undertaken to date has been proportionate, inclusive, and aligned with national guidance.

6. Key Insights from Engagement to Date

Staff Feedback

- Strong support for a multidisciplinary model
- Importance of workforce sustainability and flexibility
- Positive feedback on inclusive engagement approach
- Recognition of the central role of GPs
- Emphasis on teamwork across the service

Professional Stakeholders

- Support for a flexible and responsive service model
- Need for improved communication and clearer pathways
- Support for greater use of data and digital tools

Public and Community Feedback

Feedback highlighted:

- Positive experiences once care was accessed
- Frustration with initial access, waiting times, and travel
- Preference for local, GP-led, face-to-face care

Key themes included:

- Waiting times and delays
- NHS 24 access challenges
- Travel and transport barriers
- Importance of local access
- Views on workforce roles
- Communication and compassion
- Need for better system coordination

7. Application of Feedback and Next Steps

Feedback has directly informed the Strategic Vision and the development of a preferred service model. A structured options appraisal process assessed models against safety, sustainability, equity, and workforce feasibility criteria.

8. Public and Staff Engagement – Next Phase

Following IJB approval and completion of the options appraisal, further staff engagement sessions were held:

- Monday 23 March – 5:30–6:30pm
- Wednesday 25 March – 5:30–6:30pm

Engagement has continued through key governance groups.

Healthcare Improvement Scotland confirmed that engagement to date has been appropriate and proportionate, and that no further formal public consultation is required at this stage.

The preferred service model has been identified through a structured options appraisal process. Subject to final approval, the Programme will move into the next phase of implementation.

This phase will include continued engagement with staff and professional stakeholders, alongside the ongoing application of Quality Improvement (QI) methodology. This will ensure that the service continues to be tested, refined, and improved in response to learning, emerging data, and stakeholder feedback, supporting a culture of continuous improvement.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 JUNE 2026

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

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB22-2026

1.0 PURPOSE OF REPORT

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

2.0 RECOMMENDATIONS

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

- 2.1 Note the requirement on Dundee Integration Joint Board to produce and publish an annual report under Section 3 (6) of the Health and Care (Staffing) (Scotland) Act 2019 by the 30 June 2026 (sections 4.2 and 4.3).
- 2.2 Consistent with arrangements implemented in 2025, approve the proposal that the Dundee Integration Joint Board and Dundee City Council produce and publish a joint annual report covering all aspects of social care and social work services (including early years services and housing support services) (section 4.4).
- 2.3 Approve the content of the draft annual report (attached as Appendix 1) as this relates to the functions of the IJB. Noting the content within the report that relates to the functions of Dundee City Council will be considered at their City Governance Committee on 22 June 2026.
- 2.4 Note the planned approach to publication of the report following its approval by both the IJB and Dundee City Council (section 4.6).

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 MAIN TEXT

- 4.1 The Health and Care (Staffing) (Scotland) Act 2019 (the 2019 Act) establishes a statutory framework for ensuring appropriate staffing levels in health and care services in Scotland. It aims to enable safe and high-quality care and improved outcomes for service users and to embed a culture of openness and transparency, ensuring staff are informed about decisions relating to staffing and able to raise concerns. The 2019 Act came into force on 1 April 2024. Further information about the 2019 Act is available at: [Health and Care \(Staffing\) \(Scotland\) Act 2019: overview - gov.scot](https://www.healthcare.scot/national/health-and-care-staffing-scotland-act-2019-overview)

- 4.2 Section 3 (2) of the 2019 Act focuses on the duties of integration authorities and local authorities in terms of “...planning or securing the provision of a care service from another person under a contract, agreement or other arrangements...” setting out that these public bodies must have regard to the guiding principles for health and care staffing (set out in Section 1 of the Act), the duty on care service providers to ensure appropriate staffing and appropriate training for staff and the duty to have regard to relevant guidance issued by Scottish Ministers. Section 3 (6) requires both integration authorities and local authorities to publish information on the steps they have taken to comply with Section 3(2) and ongoing risks affecting their ability to comply in an annual report at the end of each financial year. The second annual report must be published by 30 June 2026.
- 4.3 The Scottish Government has published statutory guidance to support the implementation of the 2019 Act ([Health and Care \(Staffing\) \(Scotland\) Act 2019: draft statutory guidance for consultation](#)). This clarifies that the reporting requirements applies only to:
- The planning or securing of services from a third party.
 - Only care services listed under section 47 (1) of the Public Services Reform (Scotland) Act 2010.
 - Relevant services planned for and secured only during the reporting period (for this year, 2024/25) – including all new, renewed or renegotiated agreements.
 - The planning and securing stages only; there is no requirement under the 2019 Act for ongoing monitoring or scrutiny of third-party providers.

No further guidance has been made available regarding the expected content or format of reports, other than a basic template issued by the Scottish Government for the 2025/26 reporting year. A desktop review of reports published by other authorities in 2024/25 has been undertaken to inform the drafting of the 2025/26 report. Officers from both the Dundee Health and Social Care Partnership and Dundee City Council will continue to advocate through national networks and professional bodies for enhanced guidance and a more detailed template for future years reports.

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

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

- a fostering service;
- an adult placement service;
- child minding;
- day care of children; and
- a housing support service.

In order to provide a coherent overview of activity to plan and secure services has been undertaken inline with the requirements of Section 3(2) of the 2019 Act, it is proposed that Dundee IJB and Dundee City Council publish a joint annual report covering all aspects of social care and social work services (including early years and housing support services). This is consistent with the arrangement approved and implemented for the first annual report in 2024/25. It is intended that this will allow stakeholders, including members of the public, to better understand the full process of planning and securing services within a single document. The draft report is attached as Appendix 1.

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

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

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

Arrangements to support the discharge of these legislative duties are kept under regular review to ensure they remain aligned with the wider national framework. As there have been no substantive changes to guidance, policy and good practice during the current reporting period, the annual report reflects continuity of the arrangements previously reported in 2024/25.

4.6 Following approval of the report by both the Dundee IJB and Dundee City Council it will be published on their respective websites and formally submitted to the Scottish Government by the deadline date of 30 June 2026.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

- 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, and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None

Dave Berry
Chief Officer

DATE: 26 May 2026

Kathryn Sharp
Acting Head of Service, Strategic Services

Louise Butchart
Head of Housing, Construction and Communities, Neighbourhood Services, Dundee City Council

Alison Penman

Interim Head of Children and Justice Social Work, Children and Families Services, Dundee City Council

Susan Krachan
Strategic Education Manager (ELC and Parenting), Children and Families Service, Dundee City Council

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Health and Care (Staffing) (Scotland) Act 2019

Annual Report 2025/26

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

Report authorised by: Dundee Integration Joint Board (24 June 2026) and Dundee City Council (City Governance Committee) (22 June 2026)

Name: Dave Berry / Glyn Lloyd

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

Date: 24 June 2026

Details of where the report will be published:

- [Publications | Dundee Health and Social Care Partnership](#)
- [Children's and Community Justice Social Work | Dundee City Council](#)

Services which have been taken into account in this report:

X	Support services
X	Care home services
	School care accommodation services
	Nurse agencies
X	Child care agencies
X	Secure accommodation services
X	Offender accommodation services
X	Adoption services
X	Fostering services
X	Adult placement services
X	Child minding
X	Day care of children
X	Housing support service

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1. Context

1.1 Local Governance Arrangements

The Dundee Integration Joint Board (IJB) was established on 1 April 2016. In Dundee, adult health and social care functions have been delegated to the IJB; a full list is set out in the Dundee Health And Social Care Integration Scheme 2022. Children's health and social care functions remain with NHS Tayside and Dundee City Council respectively.

The IJB is a separate legal body, independent of NHS Tayside and Dundee City Council. It is responsible for planning adult health and social care services, including services secured through contracts, agreements or other arrangements with third-party providers.

Dundee City Council is responsible for planning children's social care, social work and early years services, including those delivered by third-party providers. Both the IJB and the Council also have a role in planning housing support services.

The IJB cannot enter into contracts directly with third-party providers. Where it plans to commission a service, it directs Dundee City Council or NHS Tayside to procure it and put the necessary contractual arrangements in place.

In Dundee, a dedicated Social Care Contracts Team supports the commissioning and procurement of social care, social work, early years and housing support services planned by the IJB or Dundee City Council.

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

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

Section 3(6) of the *Health and Care (Staffing) (Scotland) Act 2019* requires each local authority and integration authority to publish an annual report on the steps taken to comply with the Act when planning and securing services, and on any ongoing risks to compliance. Dundee IJB and Dundee City Council have agreed to produce a single annual report covering all social care and social work services, including early years and housing support services.

1.2 Local Planning and Commissioning Arrangements

1.2.1 Adult Services

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

The framework is supported by a range of other planning documents, including strategic plans for specific care groups such as mental health and wellbeing and carers. Individual services within Dundee Health and Social Care Partnership also maintain service plans, setting out in more detail their delivery priorities and areas for improvement.

1.2.2 Children and Families Services (including Community Justice)

The Children and Families Service Improvement Plan 2023–27 has been developed in line with the priorities set out in the Tayside Plan for Children, Young People and Families and in the Council Plan and City Plan, alongside statutory requirements, policy drivers, best practice research, demographic trends, and a review of recent performance and improvement needs.

Implementation of the plan is monitored by the Children and Families Service Senior Leadership Team, working with early learning and childcare settings, primary, secondary and special schools, and social work teams. Where progress depends on partner services, including commissioned services, monitoring is carried out with the relevant organisations and formal partnership groups.

Individual services, including commissioned early learning and childcare services such as day care of children and childminding, must also develop and monitor their own annual improvement plans.

1.2.3 Neighbourhood Services

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

The Rapid Rehousing Transition Plan (RRTP) supports the strategic commissioning framework and involves collaboration with our Health and Social Care partnership and the third sector accommodation providers to ensure that individuals experiencing homelessness can access suitable accommodation with the appropriate support to suit their needs. In 2025/26, Dundee City Council also approved a new Local Housing Strategy and formally declared a housing

emergency, strengthening the strategic context for housing support and homelessness services across the city.

1.2.4 Commissioning and Procurement

All commissioning and procurement activity for social care services is supported by a specialist Social Care Contracts Team. As part of the Strategic Commissioning Cycle, the team contributes to strategic planning and advises on and supports all procurement activity. Procurement activity is carried out inline with:

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

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

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

- Competitive tender
- Flexible frameworks / mini competitions

- Outcome-based contract and monitoring
- Public Social Partnerships
- Alliance Contracts
- Participatory budgeting
- Direct awards

All procurement activity is carried out in line with the legislative framework and the relevant provisions of Dundee City Council's Standing Orders. A draft Social Care Procurement Policy has also been developed to reflect the requirements of the 2019 Act.

Once procurement is complete, the Social Care Contracts Team and Legal Services support the agreement of contracts and the associated contract monitoring arrangements. All services are covered by a contract, although the form this takes varies depending on the value of the award, the nature of the service, and the funding source. Most arrangements use a model social care contract, although frameworks and funding agreements may also be used where appropriate.

1.3 Planning and Procurement Activity – 01 April 2025 – 31 March 2026

All social care contracts with providers are reviewed on an annual basis and renewed where contract monitoring outcomes and strategic planning activity supports this. This annual cycle reflects the budgetary cycles followed by both the Dundee IJB and Dundee City Council. In summary for 2025/26 this included:

- 223 social care services with an anticipated total annual value of just over £78.5 million. Including:
 - 41 services purchased for children's social care, including awards made via the Education Support Services and Counselling in Schools Frameworks (valued at £5.5 million per annum).
 - 182 services purchased for adult social care.
- 38 Early Learning and Childcare Services (including childminders) contracted to offer funded ELC (valued at £6 million per annum).

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

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

2.1 Guiding Principles

2.1.1 Adult Social Care and Social Work

The Guiding Principles of the 2019 Act¹ closely reflect the principles that already underpin a wide range of legislation, national standards and outcomes, and regulation and scrutiny frameworks for adult social care and social work services, including:

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

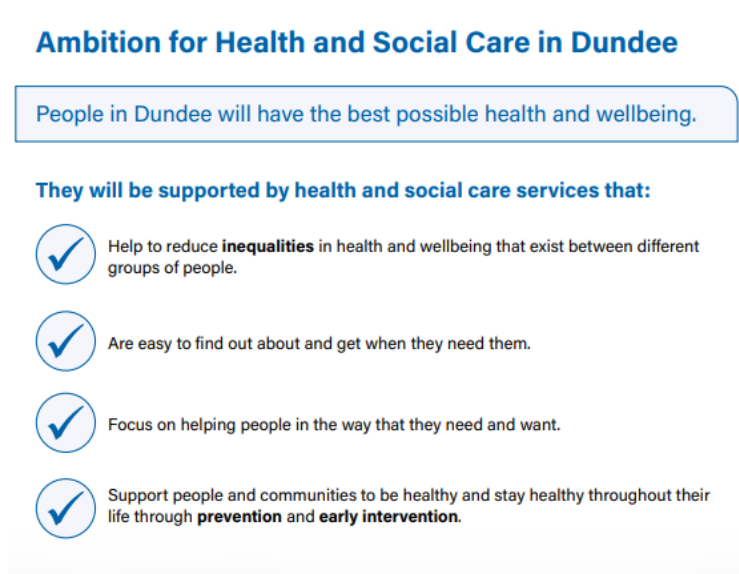


Figure 1 IJB Ambition for Health and Social Care in Dundee

¹ The Guiding Principles are:

1. Improving standards and outcomes for service users; 2. Taking account of the particular needs, abilities, characteristics and circumstances of different service users; 3. Respecting the dignity and rights of service users; 4. Taking account of the views of staff and service users; 5. Ensuring the wellbeing of staff; 6. Being open with staff and service users about decisions on staffing; 7. Allocating staff efficiently and effectively; and, 8. Promoting multi-disciplinary services as appropriate.

Subsequently these Guiding Principles have also been incorporated into the IJB's Strategic Commissioning Framework and are reflected both in the IJB's ambition for health and social care in Dundee, in the IJB's values and in their Strategic Priorities (and related strategic shifts). This means that the Guiding Principle are central to all Strategic Commissioning activity led by the IJB, including planning for the procurement of services from third party providers.

The Integration Joint Board's Values	
Human rights	Making sure that everything we do promotes and protects the human rights of everyone in Dundee.
Equality and fairness	Working in a way that understands the differences between people and communities so that everyone gets the help that they need to have good health and wellbeing.
Whole life	Contributing to good health and wellbeing from birth to death, including supporting people to have a good death. Supporting other public services in their leadership of work to promote good health and wellbeing in the early years and throughout childhood.
Collaborative	Making sure that we listen to and work together with people who use health and social care services, unpaid carers and the workforce.
Innovative	Testing new, improved and better approaches to promoting health and wellbeing.
Compassionate	Making sure that we treat everyone with kindness, compassion and dignity. This includes people who use health and social care services, unpaid carers and the health and social care workforce.
Transparent	Making sure that we communicate clearly with the public about the decisions we make, why we have made them and the impact they have had on health and wellbeing.
Empowering	Working with people and communities to share power, make decisions and support them to access the things they need to meet their own health, wellbeing and social care needs.
Sustainability	Investing in services and supports that make the best use of the money and other resources that the IJB has just now to reduce the future demand on health and social care services. Using evidence about 'what works' to help the IJB to do this. Working in a way that helps to reduce the impact of climate change on the future health and social care needs of people.

Figure 2 IJB Values



Figure 3 IJB Strategic Priorities

Guiding Principles 2 and 3 - All IJB decisions about planning health and social care services, including those involving services purchased from third-party providers, are subject to Equality Impact Assessment in line with the Equality Act 2010. These assessments are published in an accessible format.

Guiding Principle 4 - As required by the Public Bodies (Joint Working) (Scotland) Act 2014 and related guidance, the IJB's Strategic Commissioning Framework was developed through engagement with people who use health and social care services, unpaid carers, local communities, and the workforce. The statutory review of the framework carried out in 2025/26 also included engagement with these groups. Further information is available in the: [Strategic Commissioning Framework 2023-2033 - Statutory Review](#) (from page 13).

Guiding Principle 4 - In 2025/26, the IJB also carried out a public consultation to inform the 2026/27 budget-setting process. This included proposals relating to social care and social work services, including services purchased from the third and independent sectors. Changes were made to the consultation process in response to feedback from the previous year, including in-person and online sessions for providers, the workforce and the public. Further information is available in the: [Dundee IJB Budget Consultation - Results Report](#)

Guiding Principle 5 – Dundee IJB and Dundee Health and Social Care Partnership have adopted a whole-system approach to staff wellbeing, regardless of employer. This means staff employed by Dundee City Council, NHS Tayside, and third and independent sector organisations can access workforce wellbeing resources developed for the Partnership. These include learning and development opportunities, self-care resources, signposting and referral information, and tailored team support from Learning and Organisational Development colleagues.

Guiding Principles 4 -8 - In June 2025, the Dundee IJB approved a fully updated version of the *Dundee Health and Social Care Partnership Integrated Workforce Plan 2025–2028*. The revised plan reflects the requirements of the 2019 Act and its Guiding Principles, with stronger focus on workforce arrangements within third and independent sector providers. It identifies several key challenges, including an ageing workforce, gaps in workforce data, high absence levels, workforce communication and engagement, workforce availability, succession planning, access to shared staffing tools, capacity for change and transformation, and access to learning and development resources. Further information is available in the [DHSCP Integrated Workforce Plan 2025-2028](#)

Guiding Principles 5 and 7 – The IJB's Strategic Risk Register was also fully updated in 2025/26 (see page 111 at: [DIJB February 2026](#)). It now includes three risks directly relevant to the 2019 Act: workforce capacity, external provider sustainability, and engagement. These reflect ongoing challenges linked to recruitment, retention and staff wellbeing identified through the review of the Integrated Workforce Plan. The IJB, through its Performance and Audit Committee, monitors strategic risks quarterly and uses this information to inform strategic planning and commissioning.

2.1.2 Children and Families Services (including Community Justice)

The Guiding Principles of the 2019 Act² closely reflect the principles that already underpin a wide range of legislation, national standards and outcomes, and regulation and scrutiny frameworks for Children and Families services (including Community Justice), including:

- The Children (Scotland) Act 1995
- Children and Young People (Scotland) Act 2014
- Children (Care and Justice) (Scotland) Act 2024
- Adoption and Children (Scotland) Act 2007
- Community Justice (Scotland) Act 2016
- Working with children in conflict with the law 2021: standards
- Secure care: pathway and standards
- National Care Standards: Foster Care and Family Placement Services
- Social work services in the criminal justice system: National Outcomes and standards
- Care Inspectorate Quality Frameworks for children and young people in need of care and protection, childcare agencies introducing and supplying childcare staff, secure accommodation services, care homes for children and young people and school care accommodation (special residential schools), support services (not care at home), fostering, adoption and adult placement services, (available at: [Quality frameworks and KQ7s](#))

The Guiding Principles are built into all aspects of commissioning within Children and Families Services, including Community Justice. This is supported through regular engagement and discussion with commissioned services to ensure support and interventions meet the assessed needs of children, young people and their families. Monitoring of commissioned services focuses on outcomes and identifying unmet need, helping to inform future service development. The Guiding Principles also support Dundee City Council's aim of making sure children, young people and families get the right support at the right time, with a whole-family and place-based approach.

The guiding principles are evidenced throughout Dundee City Councils strategic plans, including:

- [Dundee City Plan](#)
- [Dundee Council Plan](#)
- Protecting People Delivery Plans
- [Community Justice Outcome Improvement Plan](#)

²The Guiding Principles are:

1. Improving standards and outcomes for service users; 2. Taking account of the particular needs, abilities, characteristics and circumstances of different service users; 3. Respecting the dignity and rights of service users; 4. Taking account of the views of staff and service users; 5. Ensuring the wellbeing of staff; 6. Being open with staff and service users about decisions on staffing; 7. Allocating staff efficiently and effectively; and, 8. Promoting multi-disciplinary services as appropriate.

- Children's Services Partnership Plan 2026-2029

Guiding Principle 1 - We improve standards and outcomes for service users by ensuring compliance with service-specific regulations and standards, which are central to our commissioning and monitoring discussions with partner providers. The impact of support is reviewed for each child through Child's Plan Meetings, and this informs ongoing monitoring. Outcomes are also measured through regular audit and self-evaluation.

Guiding Principle 2 - We take account of the different needs, abilities, characteristics and circumstances of service users through regular analysis of data, helping us identify emerging patterns of need and vulnerability. Participation and engagement also help us better understand families' experiences of support. This informs future planning and discussions with partner providers about the type and level of services required.

Guiding Principle 3 - We respect the dignity and rights of service users by ensuring our own compliance, and that of partner providers, with data protection legislation and confidentiality requirements. We also make sure robust complaints processes are in place, clearly communicated to families, and used to capture and act on learning. Where appropriate, we support people to access legal advice. Families' experiences of services, including complaints, are reflected in monitoring discussions with providers.

Guiding Principle 4 – We gather the views of service users in ways that work best for them. Children and families are regularly involved in planning through Child Planning Meetings, including Team Around the Child, Looked After Child Reviews and Core Group Meetings. Their views are gathered through direct contact, advocacy and a range of approaches designed to help children express themselves. We have also developed a framework to capture the views of children living in our residential houses and their families. This includes children who are non-verbal because of age or disability. Staff views are gathered through surveys, focus groups and annual conferences, and are used to inform the development and review of services.

Guiding Principle 6 – We are open with staff and service users about commissioning and staffing decisions, and aim to communicate these clearly through both regular and targeted engagement. Safer staffing is considered in all commissioning and monitoring arrangements, and is also proactively addressed when children are placed away from their family through placement-matching discussions.

Guiding Principle 7 – We work with commissioned providers to allocate staff efficiently and effectively, based on a clear understanding of the needs of children, young people and families. Providers are expected to have robust recruitment processes in place, with regular review of the skills required for each role and arrangements to identify ongoing development needs through supervision.

Guiding Principle 8 - We actively promote multi-agency working through partnership planning at both strategic and operational level. This begins at the first point of contact through the Multi-Agency Screening Hub and continues across the full continuum of support through GIRFEC

approaches, from Team Around the Child meetings to Child Protection, Looked After Children and Care and Risk Management processes. Multi-agency data is used to inform service delivery, supported by a range of partnership-led initiatives and policies that strengthen collaborative working, including:

- Chief Officers Group
- Chief Officer Group for Protecting People
- Children at Risk Committee
- Alcohol and Drugs Strategic Group
- Children, Families and Communities Committee
- Local Community Planning Partnership
- Risk and Assurance Board
- Child Poverty Executive Board
- Dundee's Young people Strategic Group
- Our Promise Partnership
- GIRFEC Leadership Group

2.1.3 Early Learning and Childcare

The Guiding Principles of the 2019 Act closely reflect the principles that already underpin a wide range of legislation, national standards and outcomes, and regulation and scrutiny frameworks for Early Learning and Childcare (ELC) services, including:

- [Funding follows the child and the national standard for early learning and childcare providers: operating guidance 2025](#)
- [Quality improvement framework for the early learning and childcare sectors](#)
- The Education (Scotland) Act 1980
- The Children and Young People (Scotland) Act 2014
- [Health and Social Care Standards: My support, my life](#)

All ELC providers including Local Authority Nurseries and Funded Providers are expected to give ongoing consideration to the guiding principles outlined in the Health and Care (Staffing) (Scotland) Act 2019 as exemplified below:

Improving standards and outcomes for service users. Sources of evidence:

- Meeting the ELC National Standard.
- Developing and implementing an annual Improvement Plan and Standards and Quality report.
- Ongoing, collaborative self-evaluation which seeks or takes account of the view of children, families and staff – regular consultation with families is encouraged.
- Regular and ongoing quality assurance processes/audits which reflects 'A quality improvement framework for the early learning and childcare sectors'.

Taking account of the needs, abilities, characteristics and circumstances of different service users. Sources of evidence:

- Adhering to Care Inspectorate Personal Planning Guidance.
- Having robust planning and evaluation processes in place that reflects
- A quality improvement framework for the early learning and childcare sectors’.
- Individual planning, where required / appropriate, taking account of Getting it Right for Every Child (GIRFEC) approach.
- Child protection training takes place annually and at the point of induction to ensure that children are safe and protected.

Respecting the dignity and rights of service users. Sources of evidence:

- Adhering to Care Inspectorate Personal Planning Guidance.
- Ongoing development, review and implementation of establishment level vision, values and aims.

Taking account of the views of staff and service users. Sources of evidence:

- Regular questionnaires, staff surveys and meeting with parents.
- Children’s voice is regularly sought in responsive planning, learning journals and Team Around the Child processes.
- Ongoing, collaborative self-evaluation which involves children, families and staff, taking account of ‘A quality improvement framework for the early learning and childcare sectors’.
- Families are involved in planning to meet their child’s needs through a GIRFEC approach, including Team Around the Child Meetings.
- Settings are encouraged to seek the views of families in a range of ways, including both formal and informal approaches.
- Regular staff meetings and staff development activity supports staff to share their voice and views in a range of ways.

Ensuring the wellbeing of staff. Sources of evidence:

- Staff are supported through an annual appraisals/Quality Conversations/ PRD approach.
- Staff development is relevant to the staff’s needs and the service improvement plan, building staff competence and capacity.
- Induction processes refer to the National Induction Resource.
- Ongoing quality assurance/auditing provides staff with feedback to support continuous improvement.
- A range of well-being resources are available for Local Authority staff.

Being open with staff and service users about decisions on staffing. Sources of evidence:

- Handbooks/ foyer displays reflect the staff team and are visible / available to families.
- Changes to the staff team are shared with families through appropriate forms of communication, including newsletters / updates.

Allocating staff efficiently and effectively. Sources of evidence

- Senior leadership teams deploy staff across the setting, taking account of children's needs and staff skills and knowledge.
- A range of posts ensures that children have access to suitably qualified staff.

Promoting multidisciplinary services as appropriate. Sources of evidence:

- Multi – disciplinary working is promoted and supported through a GIRFEC approach, including Team Around the Child Meetings.
- Any referral to another agency is with permission from families.
- Individual planning is in place where required.

2.1.4 Neighbourhood Services

The Health and Social Care Standards set out what is required for support services in Scotland and describe the standard of care a person can expect. The standards in conjunction with the 5 principles of dignity and respect, compassion, be included, responsive care and support and wellbeing align with the guiding principles in the act.

Support services for people experiencing homelessness are all registered services with the Care Inspectorate and the work they do is already reflected in the care inspectorate standards and inspections.

Where there is not complete alignment through Health and Social Care standards, support contracts incorporate and reflect the Guiding Principles of the 2019 Act both through service specifications constructed for individual services and standard contractual clauses that reflect both the expectations of Dundee City Council from the service provider and references to a range of legislative requirements relevant to the provision of social care.

2.2 Commissioning and Procurement

2.2.1 Social Care, Social Work and Housing Support

All social care services purchased by the Council (either on its own behalf or following direction by the IJB) are subject to a contractual arrangement. For the majority of services model contract specific to social care services is used³, which incorporates:

- **Section A** – Terms and conditions, governance arrangements, including requirement to report significant events, complaints etc.
- **Section B** – Service Specification, applicable to service, details expectations for service, aims and objectives and outcomes.

³ Where a framework or funding letter is used as an alternative to the model contract this will include terms and conditions and services specifications that are aligned to the content of the model contract.

- **Section C** – Monitoring – outlines roles and responsibilities of monitoring group members, monitoring format, reporting requirements and agreed timescales for monitoring.
- **Section D** – Finance – detailing contract values, payment schedule and financial monitoring template.

Overall, contracts reflect the Guiding Principles of the 2019 Act through both service specifications for individual services and standard contract clauses. These set out Dundee City Council's expectations of providers and refer to the legislative requirements relevant to social care, social work and early years services. In relation to specific Guiding Principles the 2024/25 model contract key clauses include:

Table 1:

Guiding Principle	Contract Clauses
1. Improving standards and outcomes	A requirement for providers to implement quality assurance systems to ensure effective working practices and required standards. A requirement for providers to have in place a recognised form of external accreditation, such as the Good Governance Award. A requirement to regularly review all policies and procedures in line with best practice. Detailed requirements for contract monitoring.
2. Taking account of individual needs, abilities and characteristics	A requirement on providers to have in place clear policy statements and procedures in relation to all aspects of public protection. Requirements to provide information to service users prior to the service commencing and to regularly review care and support plans.

Guiding Principle	Contract Clauses
	Requirements to ensure the provider complies with the Human Rights Act 1998 and Equality Act 2010.
3. Respecting dignity and rights	Requirements in relation to maintaining the confidentiality of people using the service and to comply with data protection legislation. A requirement on providers to have in place a robust complaints procedure. Requirements to ensure the provider complies with the Human Rights Act 1998 and Equality Act 2010.
4. Taking account of the views of staff and people	A requirement on providers to utilise advocacy and interpretation, or other communication supports, where required to enable service users to utilise the service.
5. Ensuring the wellbeing of staff	A requirement on providers to pay due regard to the Council's Fair Work Charter when employing staff. A requirement on providers to comply with the Scottish Social Services Council Employers' Code of Practice. A requirement on providers to have a clear policy statement and procedures to support them to be a Carer Positive employer. Requirements to have in place appropriate insurances.
6. Being open with staff, individuals and families about staffing	A requirement on providers to ensure compliance with Duty of Candour.
7. Allocating staff effectively and efficiently	Requirements in relation to employment of staff undertaking Regulated Work (PVG).

Guiding Principle	Contract Clauses
	A requirement on providers to ensure sufficient qualified, trained and experienced staffing is in place at all times, and in particular to meet staffing requirements agreed by the Care Inspectorate where applicable. A requirement to utilise agency staff only in exceptional circumstances, and not to utilise volunteers to substitute for employed staff in any circumstance. A requirement on providers to follow safer recruitment practices. A requirement on providers to comply with any requirement for staff to register with the Scottish Social Services Council. A requirement on providers to comply with the Health and Care (Staffing) (Scotland) Act 2019.

Service specifications for individual services also reflect a person-centred approach and the principles set out in the national *Health and Social Care Standards*. They describe the service being commissioned, including its purpose, scale, aims, service user group and level of need. They also set out staffing arrangements, including relevant staff roles and any expectations about the number of people supported or hours of service to be provided. Where services are registered with the Care Inspectorate, specifications also reflect the staffing ratios set for that service area. Alongside the contractual clauses set out in sections 5 and 7 of Table 1, this helps meet the requirements of section 7 of the 2019 Act.

Although the 2019 Act does not require Dundee IJB and Dundee City Council to evidence ongoing monitoring of safer staffing in contracted services, all services are subject to robust contract monitoring and to registration and scrutiny by the Care Inspectorate and the Scottish Social Services Council. The IJB, through the HSCP, and Dundee City Council work closely with both bodies and take assurance from their scrutiny and inspection activity.

Provider Forums are also in place for care home, care at home and learning disability services. These are independently chaired, include multi-agency representation, and provide a forum to discuss shared issues such as workforce planning, recruitment, retention and safer staffing. An all-provider email system is also in place to share national and local information, with a dedicated mailbox for providers to use. Providers are also given information about relevant learning and workforce development sessions that they can attend.

2.2.2 Early Learning and Childcare

Education authorities' duties to secure education for children under school age are set out in the *Education (Scotland) Act 1980*. Under section 47(1) of the 2014 Act, education authorities must ensure that the statutory funded early learning and childcare entitlement is available to every eligible child in their area. The Children and Families Service regularly monitors demand and capacity across public, private and third sector provision to make sure eligible children can access their entitlement.

To support high-quality delivery of funded ELC, the Scottish Government introduced the *Funding Follows the Child* approach alongside the expansion of entitlement. This is a provider-neutral approach, underpinned by a National Standard that all settings must meet to deliver funded ELC, regardless of whether they are in the public, private or third sector, including childminders.

This means families can access funded ELC with the provider of their choice, provided that the setting meets the National Standard, wishes to deliver the funded entitlement, has capacity, and has or is willing to enter into a contract with the local authority.

On a bi-annual basis the Children and Families Service opens an application process for eligible services who wish to deliver the funded entitlement. The framework remains in place for four years, after which a full re-tendering process is undertaken. Applicants must show how they meet, and will continue to meet, the National Standard for ELC for the duration of the contract. These requirements are aligned with the *Health and Care (Staffing) (Scotland) Act 2019*.

By entering into a commissioned agreement, funded providers agree to meet a number of requirements. These include delivering a high-quality ELC service in line with the National Standard, ensuring funded hours are free at the point of access, and paying the real Living Wage to staff delivering the funded entitlement.

At application stage, services must provide evidence of compliance, which is assessed by the Children and Families central team and the Social Care Contracts Team before contracts are awarded. This includes evidence of compliance with the 2019 Act. Relevant questions and sources of evidence are outlined below:

Table 2:

Questions	Evidence required
Care Inspectorate quality evaluations are good or better on key questions that relate to quality of staff teams and leadership.	Copy of most recent Care Inspection report
If you are a current provider in a Service Improvement Period	Copy of most recent Care Inspection report

Questions	Evidence required
If your service has not yet been inspected – please tick N/A in the Eligibility Questionnaire and continue to question 1.2	If grade below Good (4) - Copy of Service Improvement Plan including details of when you anticipate re-inspection
All staff included in the ratio and delivering funded provision for 3- and 4-year-olds, and eligible 2-year-olds, will hold the relevant benchmark qualification or be working towards it if within the first period of registration with SSSC	Provide details/ evidence that includes employee name, position held, age group working with, type of contract, SSSC number and registration category, qualification held, requirements to meet registration requirements and date of completion, number of years relevant experience Most recent Care Inspectorate Registration
Adult: child ratio for 3- and 4-year-olds is 1:8 as per CI requirements Adult: child ratio for 2-year-olds is 1:5 as per CI requirements	Care Inspectorate Registration Certificate Staffing Structure
All SSSC registered staff are achieving the continuous professional learning as set by the SSSC.	Staff training plan Copy of previous years CPD record for all staff working with funded children
That all new staff delivering the funded entitlement within the last year are familiar with the content of the most up-to-date version of the national induction resource	Confirm yes/ no Upload /provide details/ evidence e.g. Copy of Induction Plan
Care Inspectorate quality evaluations are good or better on the key question that relates to quality of care, play and learning. If you are a current provider in a Service Improvement Period If your service has not yet been inspected – please tick N/A in the Eligibility Questionnaire and continue to question 2.2	Copy of most recent Care Inspection report If grade below Good (4) - Copy of your Service Improvement Plan including details of when you anticipate re-inspection
Do you have a framework to support children's learning that is informed by national guidance and is appropriate to support individual children's development and learning through child centred play pedagogy?	Please upload/ provide details/ evidence of your framework that takes cognisance of national guidance and supports individual child development and learning through child-centred play pedagogy e.g. curriculum rationale, vision, values and aims, learning framework, curriculum guide, learning and teaching and assessment policy.

Questions	Evidence required
Care Inspectorate quality evaluations are good or better on the key question that relates to quality of the setting. If you are a current provider in a Service Improvement Period If your service has not yet been inspected – please tick N/A in the Eligibility Questionnaire and continue to question 2.2	Copy of most recent Care Inspection report If grade below Good (4) - Copy of your Service Improvement Plan including details of when you anticipate re-inspection
The setting uses relevant national self-evaluation frameworks to self-evaluate and systematically identify strengths and areas for improvement	Copy of latest self-evaluation or details/evidence of how you identify strengths and areas for improvement
The service has a service improvement plan developed in line with self - evaluation evidence, evidence from Education Scotland and Care Inspectorate scrutiny activities, research and national practice guidance, to continuously improve the quality of provision and outcomes for children and families	Copy of most recent service improvement plan and standards and quality report
The setting must comply with the duties under the Equality Act 2010 and related Health and Social Care Standards	Copy of your Equalities Policy and/ or Inclusion Policy and Admissions Policy
The setting will be willing to provide appropriate support, including making any reasonable changes to the care and learning environment, in order to meet the individual needs of the child.	Copy of your ASN Policy, including statements in relation to GIRFEC and Staged Intervention (Team Around the Child/Child`s Planning).
Children Occupancy Information	Children occupancy information Actual numbers for last 3 years Projected numbers for next year commencing August 2025
Fair work practices, including payment of the Real Living Wage	Please provide a statement regarding your approach to fair working practices including your agreement to paying at least the Real Living Wage to all staff who are delivering funded early learning and childcare. Documents may include: • Policy documents • Induction documentation • Ongoing training and development information

Questions	Evidence required
	• Statement on rates of pay • Terms and conditions of employment contracts • A qualitative statement on Fair Work Practices, including payment of the Real Living Wage • Appraisal plans • Employment contracts • Statements of vision, values and aims

2.3 Ensuring Appropriate Staffing

Information on how strategic commissioning plans and the model social care contract are used to help ensure third-party services have appropriate, suitably qualified and competent staff is set out in section 2.2 of this report, as required by section 7 of the 2019 Act.

Procurement processes assess both quality and cost, with significantly greater weight given to quality. Method statement templates are used so providers can show how they will meet the published service specification, including staffing requirements such as staffing levels, staff skills, and staff support and wellbeing. Method statements are evaluated against set scoring criteria, with a quality threshold to ensure all providers meet a minimum standard. Where available, providers are expected to use evidence from Care Inspectorate scrutiny and inspection activity in their submissions.

Where a provider is awarded a service or accepted onto a framework, due diligence checks are then carried out. This may include agreeing staffing levels where these have not already been confirmed. This is more common under an ethical commissioning approach, where there is a stronger focus on outcomes, innovation and flexibility, and staffing levels may need to be finalised once the preferred model of service delivery has been identified.

2.4 Ensuring Appropriate Training

The model contract requires providers to comply with Scottish Social Services Council (SSSC) registration requirements. This is important in ensuring staff have ongoing access to the training and qualifications needed to carry out their role, as required by section 8 of the 2019 Act.

In adult social care services, work has taken place with the Care at Home sector since 2022 to implement Fair Work Principles across all new and renewed contracts. Where providers meet these principles, including support for training and further qualifications, they are paid for the

full care shift. Evaluation of this approach shows that staff have greater financial security, feel more valued and respected, have higher motivation and morale, and experience less anxiety. Reported benefits for service users include more personalised support, better continuity of care, and quicker access to services, contributing to reduced inequalities in outcomes.

As the Care Inspectorate has not yet published staffing tools for the social care, social work or early years sectors, there was no activity in 2025/26 relating to training on staffing tools.

2.5 Implementation of National Guidance

As at 31 March 2026, the Care Inspectorate had not published any staffing tools for social care, social work or early years services, and the Scottish Government had not issued any additional guidance for these sectors. The statutory guidance has informed the revision of the HSCP Workforce Plan, the statutory review of the IJB Strategic Commissioning Framework 2023–2033, and the content of this annual report. Dundee IJB and Dundee City Council will continue to monitor any future guidance or staffing tools to support ongoing compliance with section 10 of the 2019 Act in planning and securing services under contract, agreement or other arrangements.

The Social Care Contracts Team and the Early Years Central Team work closely with the Care Inspectorate and maintain oversight of scrutiny and inspection outcomes for all contracted services. Where concerns are identified about service quality, including staffing arrangements, these are addressed through contract monitoring. This is done collaboratively with the Care Inspectorate and the provider to agree improvement actions, timescales and follow-up arrangements.

3. Risks and Challenges to Compliance

Having considered the requirements of the 2019 Act, Dundee City Council and Dundee IJB have identified a small number of current and potential future challenges in relation to compliance with the requirements of the Act.

Financial pressures and provider sustainability - The Council and the IJB recognise that social care, social work, and early learning and childcare providers are operating in a very difficult financial climate. These services rely heavily on staff, so most of their costs are linked to pay. At the same time, Councils and IJBs are working within reducing budgets while trying to protect the quality and availability of services for the public. This has a direct impact on front-line care. No extra funding has been provided to support the new duties introduced by the 2019 Act, including additional regulation and more specialist training for staff. Looking ahead, there is also concern that future staffing tools developed by the Care Inspectorate, if approved by Scottish Ministers, could increase the number of staff providers are expected to have, adding further financial pressure.

Workforce challenges – Recruitment and retention remain significant issues across social care, social work, and early learning and childcare. There are particular concerns about how attractive these roles are, especially where pay and wider financial incentives remain limited. This makes it harder to build and keep a stable workforce. Although there has been a stronger focus on staff wellbeing and workforce planning, providers are still likely to face ongoing difficulties in recruiting and retaining skilled staff. This in turn makes it more challenging to maintain safe and appropriate staffing levels.

Legislative clarity and expectations – Dundee IJB and Dundee City Council would welcome clearer and more detailed guidance from the Scottish Government on the requirements of the 2019 Act, including reporting expectations. Guidance tailored to social care, social work, and early learning and childcare would help services understand what is expected and support consistent compliance. It should also reflect the day-to-day governance arrangements within IJBs and HSCPs, which can make implementation more complex. More detailed sector-specific guidance on planning, securing, and reporting duties would be especially helpful.

Duplication of requirement and reporting – Many of the duties set out in the 2019 Act for social care, social work, and early learning and childcare are already covered by existing legislation, guidance, and scrutiny arrangements. For example, there is overlap with regulation and inspection by the Care Inspectorate and the Scottish Social Services Council. Reporting requirements also duplicate information already included in other key reports, such as the Care Inspectorate annual return for early learning and childcare services, the IJB's statutory Annual Performance Report, and the Chief Social Work Officer's Annual Report. Streamlining these requirements would support a more efficient approach to implementation and reporting, while also making information on compliance clearer and easier for the public to understand.

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

Document Title	Health and Care (Staffing) (Scotland) Act 2019 – Statutory Annual Report					
Type of document	Policy		Plan		Other- describe X annual report	
Date of this Pre-Integrated Impact Assessment Screening	26 May 2026					
Date of last IIA (if this is an update)						
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
To publish information, as required under Section 3(6) of the Health and Care (Staffing) (Scotland) Act 2019, regarding arrangements for planning and securing care services under a contract, agreement or other arrangements in a way that reflects the safer staffing requirements set out within the 2019 Act.						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Kathryn Sharp, Acting Head of Service, Strategic Services, kathryn.sharp@dundeecity.gov.uk						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Kathryn Sharp, Acting Head of Service, Strategic Services, kathryn.sharp@dundeecity.gov.uk						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
<u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					X	
A major Strategy/Plan, Policy or Action Plan						X
An area or partnership-wide Plan						X
A Plan/Programme/Strategy that sets the framework for future development consents						X
The setting up of a body such as a Commission or Working Group						X
An update to an existing Plan (when additional actions are described and planned)						X

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

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People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).		X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues		X	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		X	
Offenders and former offenders		X	
Effects of Climate Change or Resource Use			X
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.			X
Transport, Accessible transport provision; sustainable modes of transport.			X
Natural Environment			X
Air, land or water quality; biodiversity; open and green spaces.			X
Built Environment. Built heritage; housing.			X
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
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)		N	
Anticipated Date of IJB	24 June 2026	IJB Report Number	DIJB-2026
Date IIA completed	26 May 2026		

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STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

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

This report reflects the positive impact that Safer Staffing arrangements under the 2019 Act has on a number of protected equality groups and fairness groups. The application of the General Principles contained within the 2019 Act has a particularly positive impact on the quality and impact of services commissioned for vulnerable people within Dundee.

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

Date	Activity/Activities	People/groups	By whom
26/05/26	Consideration of available evidence regarding the use of commissioned services by protected and fairness groups, and of the impact of safer staffing policy on experiences of care and support.	n/a	Acting Head of Service

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

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made

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on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

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

Age		Explanation, assessment and potential mitigations
Positive	X	A large proportion of the planning, commissioning and procurement activity described in the report relates to either services for children and young people or services for older people. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive	X	People who have a disability often receive specialist support services from social work and social care services. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive	X	Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females. Please see section for age (above). Across Scotland 80% of adult social care staff are female and that over 90% of staff in early years childcare are female. Safer staffing requirements have a positive impact on staff working in social care and early years services in terms of both supporting improvements in quality of care, ensuring appropriate staffing levels and supporting access to training and wellbeing supports.
No impact		
Negative		
Not known		
Religion & Belief		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact		
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		

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

None identified at this time.

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

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

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

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

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

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

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive	X	The scope of the 2019 Act includes services and supports that directly related to meeting the needs of Care Experienced Children and Young People – both as children and young people and into adulthood. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	X	The application of the General Principles and other requirements within the Act supports the

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Parades Integration Joint Board Integrated Impact Assessment		
No Impact		delivery of good quality and safe care and support services for these groups within the population. Through their association with cared for people, this is likely to have a positive impact on the experiences of unpaid carers.
Negative		
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive	X	A large proportion of the planning, commissioning and procurement activity described in the report relates to either services for older people. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Serious & Enduring Mental Health Conditions		
Positive	X	A significant proportion of the planning, commissioning and procurement activity described in the report relates to services for people with mental health and wellbeing needs. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive	X	A proportion of the planning, commissioning and procurement activity described in the report relates to services for people who are homeless or at risk of homelessness. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Drug and/or Alcohol issues		
Positive	X	A proportion of the planning, commissioning and procurement activity described in the report relates to services for people who use drugs and alcohol. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		
Offenders and Former Offenders		
Positive	X	A proportion of the planning, commissioning and procurement activity described in the report relates to services for people who are being supported in relation to community justice needs. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact		
Negative		
Not Known		

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

Explanation, assessment and any potential mitigations

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

Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	X	
Negative		
Not Known		

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

Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	X	

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Negative	☐	
Not Known	☐	
Earnings & employment -including opportunities, education, training & skills, security of employment, under employment & unemployment		
Positive	☒	The requirements of the 2019 Act are likely to have a positive impact in terms of access to training and support for staff within commissioned services. They may also support improved job security and employee experience in terms of provisions in relation to the maintenance of staffing levels and access to wellbeing support.
No Impact	☐	
Negative	☐	
Not Known	☐	
Connectivity / Internet Access/ Digital Skills		
Positive	☐	None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	☒	
Negative	☐	
Not Known	☐	
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive	☒	A significant proportion of the planning, commissioning and procurement activity described in the report relates to services for people who also have physical or mental health needs. The application of the General Principles and other requirements within the Act supports the delivery of good quality and safe care and support services for these groups within the population.
No Impact	☐	
Negative	☐	
Not Known	☐	
Life expectancy		
Positive	☐	None of the proposals are considered to have any direct or indirect relevance to this fairness issue.
No Impact	☒	
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 issue.
No Impact	☒	
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 issue.
No Impact	☒	
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 issue.
No Impact	☒	
Negative	☐	
Not Known	☐	

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 issue.
No Impact	☒	
Negative	☐	
Not Known	☐	

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

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

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

End of Impact Assessment Record.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 26 JUNE 2026

REPORT ON: INFORMATION GOVERNANCE ANNUAL ASSURANCE REPORT

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB24-2026

1.0 PURPOSE OF REPORT

- 1.1 This report provides Dundee City Integration Joint Board with assurance regarding the effectiveness of Information Governance (IG) arrangements across Dundee Health and Social Care Partnership (HSCP). It outlines compliance with relevant legislation and clarifies the respective roles and responsibilities of Dundee City Council and NHS Tayside in relation to the management of personal and sensitive information.
- 1.2 Annual Information Governance reporting is an action within the Governance Action Plan.

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report.
- 2.2 Note the assurance that appropriate Information Governance arrangements are in place across Dundee HSCP.
- 2.3 Acknowledge the respective responsibilities of Dundee City Council and NHS Tayside as partner organisations
- 2.4 Note the improvement actions identified and support continued development of integrated Information Governance arrangements.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications.

4.0 MAIN TEXT

- 4.1 Background
- 4.2 Dundee Integration Joint Board is responsible for the strategic planning and oversight of integrated health and social care services under the Public Bodies (Joint Working) (Scotland) Act 2014. Within this context, effective Information Governance is essential to the safe, lawful and transparent delivery of services. It provides the framework through which personal and sensitive information is handled securely, individuals' rights are upheld in line with UK GDPR and the Data Protection Act 2018, and statutory duties relating to openness and access to information are met under the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004.

- 4.3 As Dundee IJB does not directly employ staff or operate its own information systems, it relies on Dundee City Council and NHS Tayside to undertake the operational Information Governance functions required to support these responsibilities.

5. Governance Arrangements

- 5.1 Information Governance within Dundee HSCP is delivered through the existing governance frameworks of Dundee City Council and NHS Tayside.

Key arrangements include:

- Oversight by the Dundee HSCP Senior Management Team
- Reporting through:
 - Clinical, Care and Professional Governance Group
 - Performance and Audit Committee (Dundee IJB)
- Professional leadership from:
 - Data Protection Officers (DPOs) – Council and NHS Tayside
 - Caldicott Guardian (NHS Tayside)
- Established policies covering:
 - Data protection
 - Records management
 - Information security
 - Data sharing protocols

Dundee HSCP operates within both parent organisations' governance systems, with coordination to support integrated working.

- 5.2 Lead Officers attend and contribute to Information Governance meetings in NHS Tayside and Dundee City Council.

6. Integration Joint Board

- 6.1 The IJB has strategic oversight of Information Governance and is responsible for seeking assurance that robust arrangements are in place within the Partnership, that information governance risks are identified and managed appropriately, and that a culture of compliance and transparency is promoted across Dundee HSCP. In undertaking this role, the IJB does not itself act as a Data Controller for personal records of patients and service users.

- 6.2 The IJB's Records Management Plan was submitted to the National Records of Scotland (NRS) in 2022. It was approved, demonstrating compliance with the Public Records (Scotland) Act 2011 and supporting the effective management of records for the partnership.

- 6.3 An Information Asset Register is being developed for the IJB. An Information Asset Register is a structured record that identifies and describes an organisation's information assets, including their ownership, location, security requirements, and how they are managed to support compliance and risk management. Dundee HSCP staff with a remit for Information Governance are being supported by NHS Tayside Information Governance team on this task.

7.0 Dundee City Council Responsibilities

Dundee City Council is the Data Controller for:

- Social care records and associated personal data
- Adult protection and social work services information

Responsibilities include:

- Compliance with UK GDPR and Data Protection Act 2018
- Responding to FOI requests and Subject Access Requests (SARs) for social care records
- Maintaining secure ICT and records systems
- Delivering IG training to Council-employed HSCP staff

7.1 NHS Tayside Responsibilities

NHS Tayside is the Data Controller for:

- Patient health records
- Community health and clinical systems

Responsibilities include:

- Compliance with NHS Scotland Information Governance standards
- Oversight from the Caldicott Guardian
- Management of clinical confidentiality and information sharing
- Responding to patient information requests and SARs
- Ensuring cyber security and information assurance standards are met

7.2 Shared / Joint Responsibilities

Dundee City Council and NHS Tayside share responsibility for:

- Data sharing in integrated services (e.g. community health and social care teams)
- Developing and maintaining Data Sharing Agreements (DSAs)
- Managing information incidents involving joint services
- Promoting consistent staff training and awareness
- Supporting integrated digital and information systems

8. Performance and Compliance

8.1 Staff mandatory learning.

E-learning modules are mandatory and are completed by staff in NHS Tayside and Dundee City Council. NHS Tayside's e-learning module is called Safe Information Handling and is part of the suite of e-learning modules called Once for Scotland. Dundee City Council's e-learning module is called GDPR.

Current performance completion rates are :

Data Protection Training Compliance:

- Dundee City Council (HSCP staff): 39% (April 2026)
- NHS Tayside (HSCP staff): 64% (May 2026)

- 8.2 Dundee City Council's GDPR e-learning module was refreshed in 2025 and completion rates for the previous module were significantly higher than for the new module. Management will communicate to all staff the importance of regularly checking their completion of mandatory e-learning modules.

8.3 Subject Access Requests

Both organisations continue to aim to meet statutory timescales, with occasional extensions in complex cases. NHS Tayside Subject Access Requests are processed by an NHS Tayside team. It is not possible to separate and report on NHS Subject Access Requests that contain information about DHSCP NHS services.

8.4 DHSCP Subject Access Requests that are about information held on Dundee City Council systems concerning Social Work and Social Care are processed by staff in Dundee Health and Social Care Partnership.

8.5 There has been an increase in the numbers and complexity of DHSCP Social work and Social Care SARs. In 2025/26 there were 20 SARs . 55% were completed within timescales.

8.6 Freedom of Information

Requests relating to HSCP services are managed through respective Council and NHS processes. DHSCP staff work to complete FOISAs within timescales. However the amount and complexity of Foisa requests have steadily increased. It has become evident that people are using AI to make Foisa requests that are becoming longer and more complex to answer.

8.7 Data Breaches

There has only been one data breach reported in 2025/26 for Council DHSCP services. This was an incident where an email was sent to the wrong email address. The email was destroyed by the recipient. We are aware that there is likely to be significant under reporting of near misses of data breaches.

NHS Tayside Data breaches.

BREACH OF CONFIDENTIALITY	27
COMPUTER/SYSTEM MISUSE	2
HARDWARE FAILURE	1
INFORMATION SECURITY - MALICIOUS ACT	1
INFORMATION SECURITY LOSS	2
SOFTWARE FAILURE	1
UNAUTHORISED ACCESS TO AREA	2
Grand Total	36

NHS data breaches are recorded through the Datix incident reporting system, which ensures that each incident is reviewed and that appropriate actions are identified and implemented to reduce the risk of recurrence.

8.8 Records Management Arrangements

Records management is supported by policies and procedures already in place across Dundee City Council and NHS Tayside, including retention and disposal schedules to make sure information is not kept longer than necessary and is disposed of securely. Information is classified and handled in line with organisational standards to protect confidentiality and security. Responsibility for records sits with local services, supported by guidance and training, although there can be some variation in how these are applied in practice.

9. Data Sharing and Integration

9.1 Information sharing is essential to delivering integrated care across Dundee HSCP.

Current arrangements for information sharing include formal Data Sharing Agreements between Dundee City Council and NHS Tayside, supported by information sharing protocols

that underpin key areas of integrated practice such as adult protection and integrated community teams. In addition, work continues to support greater digital integration and interoperability across services.

Challenges remain, particularly in relation to differences between systems and data standards, and in ensuring the consistent application of data sharing agreements across all services. Work is therefore continuing to strengthen governance arrangements and improve consistency in practice.

The implementation of MORSE within NHS Tayside represents a significant step in enhancing electronic records management, supporting more efficient, secure, and compliant handling of health records across services.

Staff received a combination of MORSE system training, including hands-on sessions and user guidance, alongside mandatory information governance and data protection training to support the secure and compliant management of electronic records. MORSE was introduced across NHS Tayside through a phased implementation, with initial go-live commencing in May 2025 and rollout continuing across community, mental health and learning disability services thereafter. Dundee HSCP plan to work with NHS Tayside on developing an interface between Mosaic and Morse to allow for sharing of information between systems.

10 Cyber Security

- 10.1 Cyber security is managed through the established governance frameworks of NHS Tayside and Dundee City Council, with each organisation responsible for maintaining secure systems, protecting information assets, and ensuring appropriate safeguards are in place to mitigate cyber risks.

All staff have a responsibility to remain vigilant to potential cyber threats, including phishing emails, and to follow organisational guidance on identifying, reporting, and preventing such risks to protect sensitive information.

11 IMPROVEMENT PRIORITIES

- 11.1 Opportunities for further strengthening Information Governance have been identified and are outlined below.

- Development of an Information asset register for IJB.
- Reinforcing the importance of data protection impact assessments for new processes
- Recruitment to Records Manager post for Dundee HSCP
- Refresh of data mapping across Dundee HSCP processes.

- 11.2 Nationally, Information Governance continues to develop as digital working across health and social care increases, including plans for a single shared health and social care record in Scotland to support more joined-up, person-centred care. This brings a greater focus on effective data sharing, better connections between systems, and clear responsibilities for protecting information, while still maintaining confidentiality and individuals' rights. As this work moves forward, Dundee HSCP will need to continue to adapt arrangements to support safe and effective information sharing across organisations.

12 CONSULTATIONS

12.1 The Chief (Finance) Officer and Clerk were consulted in the preparation of this report.

13 RISK ASSESSMENT

The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	9 IJB – Information Governance - There is a risk of information governance and security arrangements being inflexible to support the delivery of integrated health and social care priorities.
Risk Level	12 – High
Risk Appetite	Within appetite
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 planned recruitment of a Records Manager will add capacity to manage data protection workstreams.
	The presence of a new / emerging risk

14.0 DIRECTIONS

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	

15.0 BACKGROUND PAPERS

None

Dave Berry
Chief Officer

DATE: 12 June 2026

Clare Lewis-Robertson
Lead Officer



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 JUNE 2026

REPORT ON: ANNUAL COMPLAINTS AND FEEDBACK REPORT 2025/26

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB21-2026

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to provide an analysis of complaints and feedback received by the Dundee Health and Social Care Partnership over the past financial year, 2025/2026. This includes complaints handled using the Dundee Health and Social Care Partnership Social Work Complaint Handling Procedure, the NHS Complaint Procedure, and the Dundee City Integration Joint Board Complaint Handling Procedure.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the analysis of Dundee Health and Social Care Partnership's complaints performance and governance during 2025/26, improvement actions, service compliments and development of Care Opinion as outlined in this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 BACKGROUND INFORMATION

- 4.1 From the 01 April 2017 both NHS and social work complaints have been required to follow the Scottish Public Service Ombudsman Model Complaint Handling Procedure. Both NHS Tayside Complaint Procedure and the Dundee Health and Social Care Partnerships Social Work Complaint Handling Procedures have been assessed as complying with the model complaint handling procedure by the SPSO.
- 4.2 Complaints are categorised by 2 stages: Stage 1: Frontline Resolution and Stage 2: Investigation. If a complainant remains dissatisfied with the outcome of a Stage 1: Frontline Resolution complaint, it can be escalated to a Stage 2. Complex complaints are handled as a Stage 2: Investigation complaint. If a complainant remains dissatisfied with the outcome of Stage 2: Investigation complaint they can contact the Scottish Public Services Ombudsman who will investigate the complaint, including professional decisions made.

- 4.3 In 2025/26 a total of 266 complaints were received about services in the Dundee Health and Social Care Partnership. This is almost a 50% increase overall in complaints across Health and Social Care from 2024/25. Total number of complaints received by year for the last five years were:

	2021/22	2022/23	2023/24	2024/25	2025/26
Number of complaints received	217	202	193	179	266

5.0 Complaint Themes

- 5.1 In 2025/26, the highest proportion of complaints for Health continues to be regarding Mental Health Services at almost 34%.
- 5.2 Mental Health Services thoroughly investigate all complaints and meet weekly with the NHS Tayside Patient Experience Team as well as the Customer Care and Governance Officer to ensure that the complaints are being managed appropriately.
- 5.3 Due to the complexity of the Mental Health complaints these can be about service process issues or issues that are specific to the individual making the complaint. Where the complaints are about service process issues, improvements are identified then appropriate actions are taken to improve the service processes. Complaint investigation and service outcome should be treated and handled as separate processes.
- 5.4 For Social Work Complaints the most common complaint themes were Failure to provide a service with 26% of complaints followed by Treatment by, or attitude of, a staff member with 23% of complaints. Complaints received are about a range of services.

6.0 Number of Complaints closed at Stages

- 6.1 The number of complaints closed per stage:

	Stage 1	Stage 2	Escalated
Social Work	34	35	8
Health	36	144	9
Total	70	179	17

Complaints closed do not total 100% as some complaint data was missing or were closed as resolved / withdrawn / no consent / transferred.

- 6.2 Wherever possible Dundee Health and Social Care Partnership aim to handle complaints as a Stage 1 complaint where the complaint is handled close to where and when it is raised. Stage 2 complaints are used for more complex complaints that require a more thorough investigation.
- 6.3 The number of complaints closed per stage represent the results that would be expected given the spread of complexity of complaints received.

7.0 Complaint Outcomes at Stages

7.1 Complaint outcomes at stage 1 as % of all complaints closed in full at stage 1:

	Upheld- Movement	Not Upheld - Movement	Part Upheld – Movement
Social Work	9% ↓	44% ↓	35% ↑
Health	39% ↑	19% ↓	36% ↑
Total	24% ↑	31% ↓	36% ↑

Movement is based on the figures from 2024/25 compared to 2025/26.

Complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing.

7.2 The outcomes show that for social work complaints under half are upheld or partially upheld whereas Health complaints, around 3/4 of complaints are upheld or partly upheld.

7.3 Complaint outcomes at stage 2 as % of all complaints closed in full at stage 2:

	Upheld - Movement	Not Upheld - Movement	Partially Upheld - Movement
Social Work	14% ↓	43% ↓	34% ↑
Health	14% ↑	43% ↑	34% ↓
Total	14% ↑	31% ↓	40% ↓

Movement is based on the figures from 2024/25 compared to 2025/26.

Stage 2 complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / transferred / missing.

7.4 Similarly to stage 1 complaints, the total percentage of complaints upheld or partially upheld is around half of all stage 2 complaints received.

7.5 Complaint outcomes at stage 2 escalated as % of all escalated complaints closed in full at stage 2:

	Upheld - Movement	Not Upheld - Movement	Partially Upheld - Movement
Social Work	0% ↓	38% ↑	38% ↑
Health	11% ↑	22% ↓	56% ↓
Total	6% ↓	29% ↓	47% ↓

Movement is based on the figures from 2024/25 compared to 2025/26.

Stage 2 escalated complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / missing

For escalated stage 2 complaints the total percentage of complaints upheld or partially upheld is around half of all stage 2 escalated complaints.

7.6 Where complainants remain dissatisfied with the outcome of a Stage 2 complaint, they have the option to refer the complaint to the Scottish Public Services Ombudsman.

7.7 During 2025/26 Dundee Health and Social Care Partnership had six complaints referred to the SPSO. Half were Social Work complaints, and half were Health Complaints. The majority of these complaints have not been taken forward for further investigation by the SPSO, however, we are still awaiting further communication regarding two where the Partnership has provided further documentation regarding the investigation.

8.0 Complaints closed within timescale

8.1 Number of complaints closed within timescales as a % of total complaints by stage:

	Stage 1 within 5 working days	Stage 2 within 20 working days	Escalation
Social Work	59% ↑	60% ↑	50% ↑
Health	69% ↓	33% ↓	33% ↓
Total	64% ↓	39% ↑	41% ↑

Movement is based on the figures from 2024/25 compared to 2025/26.

Stage 2 escalated complaints do not total 100% as some complaints were closed as resolved / withdrawn / no consent / missing

- 8.2 Complaints not being closed within timescales is having a significant impact on the volume of repeat communication from complainants who are chasing up responses.
- 8.3 Overall, across the Partnership more responses are being provided within timescales however, an increase of around 50% has been noted in complaints being received. Partnership staff continue to be regularly reminded that a stage 1 complaint being closed in a timeous manner, can prevent it being escalated unnecessarily.
- 8.4 Dundee Health and Social Care Partnership complaints co-ordinators for services meet weekly with the NHS Tayside Patient Experience Team to discuss ongoing complaints.
- 8.5 Senior Management team are provided with regular updates on outstanding complaints and the reasons for the delays.

9.0 Governance around Complaints

- 9.1 Currently complaint reporting happens quarterly however across Health and Social Care however as the partnership has received an increase in complaints of around 50% within 2025/26 so monitoring may be required more often to identify trends/ increases and to respond to the reasons for these quickly.
- 9.2 Complaint increases have been noted across many services with the highest being District Nursing with an 89% increase followed by Older People Services and DDARS at 57% and 50% respectively. AHP has seen an overall increase of 30% in complaints and Mental Health only 12% although the number of Mental Health complaints were much higher to begin with.

The table below details the complaints received per service area over the last year along with the percentage change and whether this has been an increase, decrease or stayed level.

Health	AHP	MH	DN	CBIR	LD	Corporate	DDARS	GP	OP Services	Palliative Care	Stroke & Neuro	TSRH	Primary Care
202425	20	81	9	1	1	3	4	16	7	4	2	7	0
202526	26	91	17	0	0	3	6	16	11	5	1	5	4
% Change	30%	12%	89%	-100%	-100%	0%	50%	0%	57%	25%	-50%	-29%	400%
Movement	↑	↑	↑	↓	↓	↔	↑	↔	↑	↑	↓	↓	↑

- 9.3 While Health complaints can be easily broken down into service category, the same cannot be said for Social Work complaints as this data has only just begun being collated with the introduction of the new complaints system. However, overall, Social Work partnership complaints have experienced a 175% increase in 2025/26 which has a significant impact on workloads / service capacity.
- 9.4 While complaints have increased generally, there has also been a significant increase of complaints made from repeat complainants. We are also seeing complainants using AI (such

as Chat GPT) leading to lengthier and more complex complaints. A similar pattern has been observed in relation to Freedom of Information Requests and Subject Access Requests and the cumulative impact of this on workforce capacity is also a significant challenge.

10.0 Planned Service Improvements

- 10.1 Where a complaint is upheld or partially upheld, services identify planned service improvements to reduce the likelihood of similar issues arising again for patients and service users.
- 10.2 A selection of Planned Service Improvements for Social Work complaints include prompts for address checks; all POA's to be updated regarding Service Users; and, new multi-agency pathways now developed due to feedback received in the form of complaints.

11.0 Compliments

- 11.1 Dundee Health & Social Care Partnership's compliments are held locally by teams. However, one social work compliment about Adult Care Management was passed along for inclusion within the 2025/26 annual report:

"I just wanted to send a quick email to thank you for allocating XX case for assessment and review.

We had a very positive meeting yesterday and I have also emailed XX to thank XX for his understanding and compassion. He listened to our views and concerns and demonstrated genuine empathy which was so very reassuring for us after such a stressful time.

I know how stretched and demanding your jobs are at times but think it's really important to recognise when things are handled sensitively and positively as in our situation.

XX has settled so well in XXX which is down to the approach of the staff team, they have been such a great support. Although we see a marked decline in her cognitive ability we know that she's safe and being very well cared for."

12.0 Care Opinion

- 12.1 Care Opinion has now been launched with the Partnership and we are developing the full functions available in Care Opinion such as QR codes and further feedback options for questionnaires. The team regularly attend network meetings with Care Opinion and other Local Authorities to discuss best practice.
- 12.2 Across the 2025/26 financial year, Dundee HSCP received 55 stories shared by members of the public on Care Opinion. 84% of these stories were completely positive, with 16% containing some level of criticality. These stories were responded to 37 times by staff and have been read more than 3,628 times.
- 12.3 Here are three 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. “

- 12.4 The Partnership is preparing for Care Opinion Week which is due to begin 8th June. Promotional items will be handed into areas where required.

13.0 POLICY IMPLICATIONS

- 13.1 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.

14.0 RISK ASSESSMENT

Risk Ref	Risk Title	Risk Score No Controls	Risk Score Controls	Appetite	Risk Level	Movement
9 IJB	Information Governance	16	12	Cautious		same

Risk	Information Governance
Risk Level	12
Risk Appetite	Outwith appetite
The report demonstrates:	
x	An increase in risk level
	A reduction in risk level
	The effectiveness of current controls
	The identification and implementation of additional controls
x	The presence of a new / emerging risk

15.0 CONSULTATIONS

15.1 The Chief Finance Officer, Heads of Service, Health and Community Care, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

16.0 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	

17.0 BACKGROUND PAPERS

17.1 None

Dave Berry
Chief Officer

DATE: 29 May 2026

Clare Lewis-Robertson
Lead Officer



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 JUNE 2026

REPORT ON: CATEGORY 1 RESPONDER – ANNUAL REPORT 2025/26

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB30-2026

1.0 PURPOSE OF REPORT

To present to the IJB an annual report of activity related to its status as a Category One Responder under the Civil Contingencies Act 2004.

2.0 RECOMMENDATIONS

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

- 2.1 Note the contents of this report.
- 2.2 Instruct the Chief Officer to bring forward a further annual report, for the period 2026/27, in twelve-months in addition to any relevant reporting on Category 1 Responder activity made during the year.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Civil Contingencies Act 2004 (the Act) provides the legal basis for emergency preparedness and response across the UK, supplemented by the Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005 that provide further detail to support the application of the Act in Scotland. The regulations contain details regarding the roles and duties of responders.

The Act pre-dates the creation of Integration Joint Boards. Following a consultation exercise in late 2020 (Article XII of the minute of the Dundee Integration Joint Board held on 27 October 2020 refers) the Scottish Government has now amended the Civil Contingencies Act 2004 to add Integration Joint Boards to the list of Category 1 responders (Part 2, Schedule 1). This amendment came into effect of 17 March 2021.

- 4.1.2 The Act (section 2) sets out the following list of duties for Category 1 responders:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place business continuity management arrangements.

- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency.

The duties listed apply to the functions that have been delegated to the IJB under the Public Bodies (Joint Working) (Scotland) Act 2014, as well as to any other powers and duties placed on the IJB by other legislative instruments.

- 4.1.3 In October 2022, the IJB approved a Category 1 Responder Action Plan, which included the requirement to provide an annual assurance report to the IJB detailing arrangements for fulfilling Category 1 Responder duties and activity throughout the year (article XVII of the minute if the meeting of the Dundee Integration Joint Board held on 26 October 2022 refers).
- 4.1.4 Given the nature of the duties placed on Category 1 Responders, the majority of activity to fulfil these duties is carried out by Dundee City Council and NHS Tayside working both individually and in co-operation via the Dundee Health and Social Care Partnership. Many of the functions that are critical to fulfilling duties, such as Resilience Planning, Communications, and Workforce Learning and Development are not delegated to the IJB and therefore resources have not been deployed to the Health and Social Care Partnership to support this activity. This annual report therefore reflects the activity undertaken within Dundee City Council, NHS Tayside and jointly through the Health and Social Care Partnership over the last year that contributes to the IJB's fulfilment of their duties as a Category 1 Responder. NHS Tayside Resilience Planning Governance Group and DCC Senior Officer Resilience Group information is included in this report.

4.2 Assessing Risk, Information Sharing and Co-operation

- 4.2.1 During 2025/26 the following arrangements and activities have supported the fulfilment of duties relating to the assessment of risk, information sharing and co-operation:
- Officers from the Health and Social Care Partnership have continued to work with Resilience Officers in NHS Tayside and Dundee City Council and the Tayside Local Resilience Partnership to progress implementation of the IJB's Category 1 Responder duties.
 - The Chief Officer and Head of Service, Health and Community Care have continued to play an active role as members of the Tayside Local Resilience Partnership and associated sub-groups. The current Chair of the Group is the Dundee City Council Chief Executive.
 - The Tayside Local Resilience Partnership Working Group continues to progress the broader resilience agenda. This group is co-chaired through NHS Tayside and Dundee City Council and includes Dundee Health and Social Care Partnership representation. The working group reports to the Tayside Local Resilience Partnership and updates against their workplan on a regular basis.
 - The Head of Health and Community Care for Angus is Chair of the Tayside Local Resilience Partnership Caring for People Group with the Dundee Head of Health and Community Care as co-chair.
 - The Chair of the LRP participated in the North of Scotland Resilience Planning Group and contributed to their workplan 2024-26 which focuses on the regional implications for transport, public and animal health, failure of utilities and severe weather.

- The Head of Health and Community Care continues as a member of NHS Tayside Senior Officer Resilience Group (NHST SORG). The purpose of this group is to ensure that NHS Tayside has robust arrangements in place to provide an integrated response in the event of a major incident, internal emergency or business continuity issue, in order to protect the health of and ensure continued provision of healthcare to the population in Tayside. The group has an annual workplan covering work carried out by divisions, including the Health and Social Care Partnerships.
- Dundee City Council Senior Officer Resilience Group (DCC SORG) also includes Health and Social Care Partnership representation, working in partnership with the Service Manager and Resilience Officer within Neighbourhood Services.
- Dundee Health and Social Care Partnership has embedded resilience within our Governance and Health & Safety meetings. Short life working groups will be arranged as appropriate for specific areas of planning.
- Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group reporting arrangements include matters of operational resilience within primary governance reporting and onwards to corporate governance forums. The Partnership also continued to participate the Tayside Care Home Collaborative Board and maintains the related local Dundee Forum and weekly huddle. Action is taken to address any concerns raised using both the supportive visits and specialist inputs, working alongside the Care Inspectorate and utilising the Adult Support and Protection Act to instigate large scale enquiries where appropriate.
- Training and exercising continues to be progressed by partners on both a multi and single agency basis. Some examples of particular relevance to the IJB are:
 - DCC tabletop exercise relating to potential IT outage held in May 2026.
 - North Region Resilience Planning workshops are held on a range of issues but have not run any in 2025/26.
 - Tayside workstream considering the impact of National Power Outage is ongoing both at an LRP and Caring for People level.
 - Debrief sessions and learning events following significant incidents.
 - Tayside Local Resilience Partnership has extended funding of a Resilience Training Officer who has delivered a program of training for senior managers and staff involved in the delivery of support centres and volunteers.
- Through NHS Tayside and Dundee City Council key information has been made available to the Health and Social Care Partnership workforce regarding resilience matters, for example:
 - NHS Tayside Business Continuity Plans are available on Staffnet. Dundee City Council Business Continuity Plans are also held centrally online for management purposes as well as locally for operational purposes.
 - NHS Tayside Business Continuity and Major Incident e-learning modules have been in place since July 2021.
 - NHS Tayside continue to publish a Resilience Planning newsletter via Staffnet on a quarterly basis.

4.2.2 Future plans in these areas of work during 2026/27 include:

- Work to undertake a comprehensive, integrated readiness assessment for the Health and Social Care Partnership covering both emergency planning and business continuity risks will continue to be a priority area of work for the Partnership in 2026/27.
- Development of local awareness training and rest centre walkarounds for managers who may be required to support during an incident.

4.3 Emergency Plans and Business Continuity Arrangements

4.3.1 During 2025/26 the following arrangements and activities have supported the fulfillment of duties relating emergency plans and business continuity arrangements:

- Care Home Evacuation Guidance updated to reflect learning from the South Grange evacuation.
- Tayside Joint Support Centre Plan updated with clear guidance for initiating, setting up and managing a Support Centre.
- The Social Care Contracts Team continues to oversee contractual arrangements that include a requirement on all providers to develop and maintain processes and procedures for business continuity, including undertaking regular risk assessments to identify any threats or risks to service provision.
- Work has continued to progress to ensure emergency plans and business continuity plans are up to date and comprehensive:
 - For services carrying out functions delegated by NHS Tayside a structured approach is in place. Reminders of review dates are issued automatically through electronic systems, with monthly manual monitoring by the Risk and Resilience Planning Team with progress against Key Performance Indicators reported to the NHS Tayside.
 - Dundee City Council SORG Senior Officer Resilience Group have a central store for BCPs and Emergency Plans and systems in place to monitor them, but an electronic system is now being considered so that reminders can be issued automatically.
 - Each service has an individual service level Business Continuity Plan held locally. Currently there are 15 wider service area BCPs held centrally for DHSCP services, and 12 remain up to date with 3 in progress. 8 are recorded as having been tested in the last 12 months although all services BCPs were tested by both storm Floris and the Digital outages noted. Three services have carried out tabletop exercises over and above the live testing.
- NHS Tayside has continued to carry out regular tests of the NHS Tayside Alert system throughout the year.
- In 2025/26 Dundee City Council continued to operate the volunteer direct list, where staff volunteering to support an emergency or planned resilience response can be called to action through an app. Health and Social Care Partnership staff (Dundee City Council employees) are included and have been placed on 1 hour standby for emergency incidents throughout the year.
- Dundee HSCP have supported the development of an Angus PARD Persons at Risk Database that can be used in civil emergencies to quickly identify at risk persons in a fixed geographical area.

4.3.2 Future plans in these areas of work for 2025/6 include:

- Further workshops on National Power Outage will be planned.
- Development of a resilience forum to support managers.
- Continued work with partners across Tayside to roll out learning and development activities to support implementation of the new Support Centre Policy. This will include training to be undertaken across the different roles / grades within the Partnership staffing structure.

- Development of a Dundee PARD using the GIS mapping system and Mosaic case recording system.

4.4 Public Communications

4.4.1 During 2022/23 the following arrangements and activities have supported the fulfillment of duties relating to public communications:

- The Partnership has continued to work alongside the Tayside Local Resilience Partnership and the Communications Teams within Dundee City Council and NHS Tayside to inform and support public communications with regards to civil protection matters.

4.4.2 Given the advanced status of public communications approaches within both NHS Tayside and Dundee City Council there are no plans for further focused work in this area during 2022/23. Officers from the Partnership will continue to monitor this area through their membership of wider NHS Tayside and Dundee City Council Groups, the Tayside Local Resilience Partnership and operational response groups associated with specific incidents.

4.5 Category 1 Response Examples

4.5.1 During 2022/23 officers from the Health and Social Care Partnership have been involved in a variety of operational responses to resilience and business continuity incidents. Some examples are provided below:

- Storm Amy October 2022. Managers were placed on standby to step up Business Continuity Plans but all services reported very limited impact. Preparatory work initiated in case a Support Centre was required but stood down as not required.
- Evacuation of tenement flats associated with a fire in May 2022 – Managers were placed on standby to step up the support centre to support potential evacuees, but all tenants found alternative arrangements
- Other incidents not directly involving DHSCP as a cat 1 responder but managed under local business continuity plans:
 - September 2022 Incident Management Team set up due to closure of a service following threats to staff. Service reopened without further incident.
 - Hogmanay 2022 snow and ice. Managers were placed on standby to step up Business Continuity Plans but most services reported very limited impact. Minimal impact for staff at Cornhill in Perth but BCP worked well with no impact for patients
 - January 2023 Doctors strikes. NHS Incident Management Team stood up to ensure BCPs were in place to minimise disruption and risk to patients. Stood down as strikes did not proceed.
 - April 2023 Storm Dave. Minimal impact reported.
 - May 2023 DCC IT disruption. Some minor temporary changes required ways of working using Teams instead of emails. No impact for supported people, minimal disruption for staff / providers.
- Other incidents with the potential to involve DHSCP
 - August 2022 bomb threat – school
 - March 2023 train fire Dundee Station.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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, corporate resilience leads in NHS Tayside and Dundee City Council and the Clerk have been consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None.

Dave Berry
Chief Officer

DATE: 29 May 2026

Angela Smith
Interim Head of Health and Community Care

Kathryn Sharp
Acting Head of Service, Strategic Services



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 24 JUNE 2026

REPORT ON: CHILDREN'S SERVICES PLANNING PARTNERSHIP PLAN 2026–2029

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB20-2026

1.0 PURPOSE OF REPORT

- 1.1 To present to the Integration Joint Board's the Children's Services Planning Partnership (CSPP) Plan 2026–2029 (Appendix 1).

2.0 RECOMMENDATIONS

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

- 2.1 Note the statutory requirements relating to Children's Services Planning Partnership.
- 2.2 Note the Children's Services Planning Partnership Plan 2026–2029, which will be considered for approval by Dundee City Council on 22 June 2026.
- 2.3 Remits the Chief Officer to review the Strategic Risk Register with reference to the information contained within section 6 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 None

4.0 MAIN TEXT

- 4.1 Part 3 of the Children and Young People (Scotland) Act 2014 places a statutory duty on local authorities and health boards to jointly prepare a Children's Services Plan for each three-year period.
- 4.2 The legislation requires partners to plan and deliver services in ways which safeguard, support and promote wellbeing; improve early intervention and prevention; improve joined-up support for children and families; and make best use of available resources.
- 4.3 Since 2017, Dundee, Angus and Perth and Kinross Councils, NHS Tayside and other partners have delivered Children's Services Planning through a regional model linked to the Tayside Regional Improvement Collaborative (TRIC). Across three 3-year planning cycles, the regional model supported collaborative developments in early years, digital learning, emotional health and wellbeing, care experienced children and young people and child protection.
- 4.4 Over time, delivery and reporting activity has become increasingly localised, reflecting differing local governance arrangements and service structures across each local authority area. Alongside this, Scottish Government funding associated with Regional Improvement Collaboratives (RICs) was tapered before ending altogether and regional infrastructure arrangements are concluding. In response, partners agreed that future Children's Services Planning arrangements should move to a local partnership model from 2026–2029, whilst continuing regional collaboration where this adds value.

4.5 DEVELOPMENT OF THE CHILDREN'S SERVICES PARTNERSHIP PLAN 2026–2029

- 4.5.1 The Dundee Children's Services Partnership Plan 2026–2029 has been developed jointly by Dundee City Council, NHS Tayside, Police Scotland, Dundee Health and Social Care Partnership, Dundee Voluntary Action and wider statutory and third sector partners.
- 4.5.2 Development of the Plan included evaluation of previous plans, strategic assessment of local need, review of local and national data, engagement with children, young people and families and consultation with partners.
- 4.5.3 The Plan has also been informed by the Dundee Partnership City Plan, Council Plan, The Promise, Whole Family Wellbeing Funding developments, child poverty priorities and wider improvement activity.
- 4.5.4 The Plan sets out the shared vision that 'All children, young people and parents/carers receive the right support at the right time with kindness and respect.' It identifies five priority areas for 2026–2029:
- Place Based Whole Family Support;
 - Physical, Mental and Emotional Health;
 - Presence, Progress and Participation in Learning;
 - Children and Young People at Risk of Harm; and
 - Our Promise.
- 4.5.5 The plan builds on learning from existing positive initiatives such as What Matters to You, the Linlathen Pathfinder, leadership of improvement activity within Early Learning Centres and schools and targeted approaches to priority groups, such as care experienced children.
- 4.5.6 It places a strong focus on place-based whole family support informed by community engagement, prevention and early intervention, tackling poverty and inequality, trauma-informed practice and improving outcomes through partnership working.

4.6 INTERFACE WITH ADULT HEALTH AND SOCIAL CARE STRATEGIC PLANS

- 4.6.1 The Children's Services Planning Partnership Plan is highly relevant to the Integration Joint Board because many of the outcomes it seeks to improve depend on effective health and social care support for adults, families and carers. Although the statutory duty for children's services planning sits with the local authority and NHS Board, delivery of key priorities such as early intervention, whole family support, mental health and wellbeing and transitions to adult services requires active contribution from Dundee Health and Social Care Partnership services commissioned or overseen through the IJB.
- 4.6.2 There is a strong interface between this Plan and the Plan for Excellence in Health and Social Care in Dundee, which sets the long-term strategic direction for integrated adult and community health and social care services. Both plans share a preventative, person-centred and partnership-based approach, with common themes including reducing inequalities, improving mental health and wellbeing, supporting people in local communities, strengthening trauma-informed and whole family approaches, and making best use of collective resources. The Children's Services Plan therefore complements the IJB's wider strategic ambitions by focusing on earlier stages of life and by helping to improve longer-term outcomes across the life course.

4.7 GOVERNANCE AND REPORTING

- 4.7.1 Implementation of the Children's Services Planning Partnership Plan 2026–2029 will be overseen through the Child Poverty and Inequalities Strategic Leadership Group, Chaired jointly by the Council and NHS Tayside and reporting to the Dundee Partnership.
- 4.7.2 Annual progress reports will be produced in line with statutory requirements and reported to relevant governance groups. Reporting will include outcome measures, service performance information, feedback from children, young people and families and evaluation against agreed actions.

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 The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	11IJB – Whole System Collaboration – There is a risk of the co-ordination of whole system planning and commissioning being insufficient to enable integration of health and social care services and improve outcomes for people.
Risk Level	12 – High
Risk Appetite	Within appetite
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 Children's Services Plan represents a significant additional control, given the shared priorities between this plan and the IJB's strategic commissioning framework.
	The presence of a new / emerging risk

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None

Dave Berry
Chief Officer

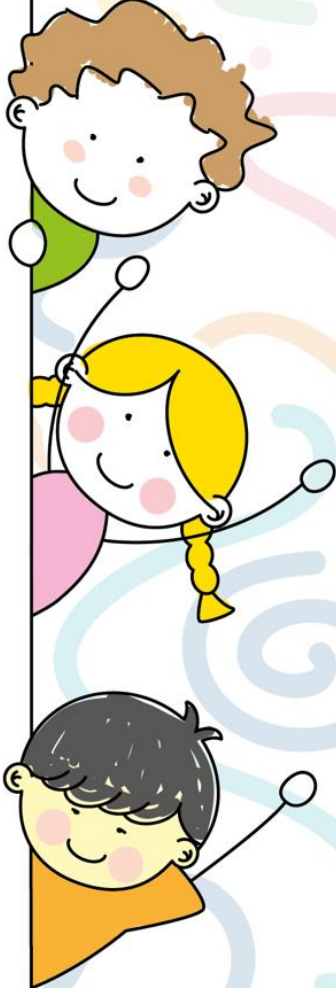
DATE: 26 May 2026

Glyn Lloyd
Interim Executive Director, Children and Families, Dundee City Council



Dundee Children's Services Partnership Plan 2026-29

**All children, young people
and parents/carers receive
the right support at the
right time with kindness
and respect**



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Foreword

This plan is all about you, the families and communities of Dundee. We've listened to what matters to you and understand the importance of building services based on what you tell us you need at every stage of family life, in ways that work for you.

In this plan, we describe how we will create chances for you, your family and your community to grow stronger. We show how we will ensure that where families require additional support, it's accessible, flexible and focused on you.

The plan includes an explanation of our approaches towards listening to and hearing your voice; involving you in making decisions; jointly allocating our resources in a consistent response; building on strengths; and targeting support to key groups.

It explains how we've jointly arrived at setting 5 key priorities, outlines our shared commitments to you and explains the services we intend to develop, coordinate, commission and deliver with and for you over the next 3 years.

This includes a description of key data on children, young people and families; views on what they need or what we can do better; current and anticipated legislative requirements; and links we make with other services providing important support.

Whilst we implement the plan, we'll continue to routinely engage with you, your family and community. We'll also jointly gather data to check whether we're being helpful and whether we need to change anything we're doing or plan to do.

We hope you enjoy reading the plan, that it focuses on what you currently think are the right commitments, priorities and support and that it explains how, going forward, you can continue to contribute towards developments.

Chief Executive, Dundee City Council Divisional Commander, Police Scotland

Chief Executive, NHS Tayside Chief Executive, Dundee Voluntary Action

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OUR CHILDREN'S SERVICES PARTNERSHIP PLAN

This plan builds on years of gathering data and listening to our communities, who say that **children, young people and families are their core priority** and that we ought to provide accessible, flexible and consistent support in ways which matter to them.

All our services, including Early Learning Centres, Schools, Health, Social Work, Housing, Community Learning and Development, Police Scotland, Health and Social Care and the Third Sector, have listened and contributed.

We've jointly developed **5 shared commitments** which focus on empowering children, young people, families and communities in ways which prevent challenges from escalating; providing flexible support; and protecting families from harm:

- ✓ ***We will listen to children and families and make real changes in your local community where you live and/or work***
- ✓ ***We will help people stay physically and emotionally well by supporting healthy food and fun activities and offering specialist support where required***
- ✓ ***We will make learning a big part of growing up – from babies and nursery, through to primary and secondary school and into college***
- ✓ ***We will help keep children safe and if anyone is worried about a child, we will respond quickly and do the right thing to protect them from harm***
- ✓ ***We will make sure children who are in care feel loved and supported, can stay connected and get continued support when they leave care***

Our 5 Priorities

To meet our shared commitments, check whether we're being helpful and adapt services where necessary, we have **decided on the following five priorities** with corresponding aims. We've also given a flavour of some of the indicators we will use to help measure whether we're making a difference, with more detail later in the plan:

Priority	Aim	Examples of Measures
Local place based whole family support	Families can get the help they need within their communities	The voice of children, young people and families on access, quality and impact of support
Physical, mental and emotional health	Support starts early to prevent developmental concerns from early years	The number of children with developmental concerns at 27-30-month review
Presence, participation and progress in education	More children are included in learning and inequalities are reduced	The uptake of funded Early Learning and Childcare by eligible two-year-olds
Children and young people protected from harm	Children are noticed, listened to, supported and kept safe	The number of children on the Child Protection Register and de-registration timescales
Care experienced children and young people	Children in care are loved and supported, and can do well	The right balance between family based and residential care placements

4.8 Priorities in Practice

As some children, young people and families can experience challenges from the time they are born to the time they become parents themselves and then onwards for their own children over different generations, here's a fictional story of what each of these priorities would mean for them and how it will help to improve their lives:

The story starts with Emma and her two children Freya aged 2 and Luca aged 6, who are stuck at home because they don't have money to do anything. Emma's mood is low, she can't currently gain employment, her children are bored and they're often misbehaving. On some mornings, she struggles to get Luca to school.

Place-based support: Emma was told of free family activities in her community centre and after a nervous start they now attend regularly. It makes a huge difference as they have something to look forward to, made friends, get a weekly free healthy meal and receive benefits, employability and housing advice in one building.

Physical, mental and emotional health: Health Visitors found that Freya is not meeting her developmental milestones and Luca is at risk of becoming overweight. They got speech and language therapy involved and suggested joining a pram pushing group, where it helps to get advice from other parents.

Freya is now playing with other children and catching up in her development, whilst Luca has joined a football group. This also gives Emma a welcome break from the demands of single parenting. Their community group involves the family in cooking, so they have started to cook healthy meals from scratch.

Presence, participation and progress in education: One of the other mums let Emma know that Freya should be eligible for a free nursery place and attending nursery now helps Freya to make friends. It takes pressure off Emma and helps Luca to attend school because they all leave the house together in the morning.

Care experienced children and young people: Emma's sister is struggling with her mental health and finding it difficult to care for her son Callum, who has become withdrawn and is struggling at school. A Social Worker is therefore providing extra support and Emma offers to take Callum into kinship care until things get better.

After 4 months, Emma's sister is starting to feel much better, Callum has come off the Child Protection Register, he is settling in Emma's care and has regular contact with his Mum. He and Luca have started taking part in active school activities together after school and he will be returning home in another 2 months.

Over time, Emma carries out voluntary work before starting a part-time job; both children are supported with a smooth transition from ELC to Primary School and Primary School to Secondary School; Freya develops a strong interest in creative art; and Luca continues to progress both academically and in sport.

WHAT ARE WE TRYING TO ACHIEVE

This fictional story hopefully illustrates how we will help families and communities grow stronger together. Often support goes to families when things have already reached crisis point. This plan is about **helping earlier, so fewer families reach crisis**—while still making sure the children and young people who need the most help get it.

We will do this by making it easier to get support in your local area. Where it makes sense, **different services will work together in the same place, as one team**, so you're not

having to repeat your story, and you receive consistent support over time. We know that you know your own life best and want to involve you in planning services.

We want you to have chances to use your skills and talents in ways that matter to you, your family and your community. This way, the support you get is **responsive, flexible and focused** on what you, your family and others in your local community need to be healthy and safe.

In terms of families who need the most help, research has shown that although any family can encounter challenges at any time, **some are more likely to experience inequalities than others**. As they may not be aware of services or unable to access them, they may benefit from targeted support. This includes:

- **Lone Parents**
- **Disabled children and parents**
- **Minority ethnic families**
- **Parents of babies**
- **Young parents**
- **Care experienced families**
- **Young carers**

We have included a targeted focus on these families in each of the 5 priorities and related actions. It doesn't mean that we're discriminating against these or other families but that we're offering **equitable and non-judgemental services** because some families are more likely to need more support than others.

WHAT WE KNOW ABOUT CHILDREN, YOUNG PEOPLE AND FAMILIES

Next, we share what we know about children, young people and families. Some of the information is tough to read, like figures about poverty, health and the problems some families face. But there are also positive changes happening. **We want to learn from what is improving**, do more of it and help make Dundee a great place for everyone.

What we know about children, young people and families in Dundee

148,000 population of Dundee



	
Challenges for children and young people in Dundee	Signs of hope and change for the better
Abc One in 5 (18%) of two-year-olds don't meet their developmental milestones, with speech and language development being the key concern – an estimated 60% do not meet speech and language milestones by the time they enter school	By attending school and with the right supports most children catch up - 88% (same as national average) achieve good listening and speaking levels by P7 
 Poverty 43% Poverty - 43% of children in Dundee live in 20% most deprived households in Scotland, significantly more in some neighbourhoods	Benefits advice is accessible in many local communities - over £17 million pounds were raised for Dundee families through income maximisation in 2024/25 

 Challenges for children and young people in Dundee	 Signs of hope and change for the better
 Dundee continues to have high rates of substance misuse and this can result in exploitation and abuse (“the real issue is drugs” (voice of young adult)	Planet Youth is trying to break this cycle by involving pupils from an earlier age to learn to say no under peer pressure [image alcohol, drugs, no] 
 1 in 10 children Only one in ten children does enough physical exercise (according to national guidance)	7163 (38% of the school roll) took part in Active Schools activities in 2024/25 improving physical and mental health and social integration 
 Central funding for key services and many supports has been decreasing year on year, which has reduced some supports and opportunities	There has been increase in grassroots community groups who reach people in their neighbourhoods – 115 small groups were funded through the Make It Happen Fund in 2025/26 reaching around 
 When looking at average statistics, some areas in Dundee seem “stuck” with generations affected by huge inequalities that seem hard to overcome	Time and again we find exceptions – children and adults who break the cycle and reach out to make Dundee a better place – it is these success stories we want to learn from, so we can support more of them and make Dundee unstuck 
 89% At 89.6% attendance (academic year 2024/25) at Dundee schools continues to be below Scottish average	However, attendance rates at all schools have improved over the past two academic years and attendance at Dundee Primary Schools was at 92.7% (academic year 2024/25) 

 Challenges for children and young people in Dundee	 Signs of hope and change for the better
 Dundee pupils on average leave school with fewer qualifications (as measured by average tariff score – 769 points in 2024/25 compared to Scottish average of 922 and the attainment gap between the poorest and the least deprived areas in Dundee has increased	However, there are positive signs of improvement, in particular in literacy levels in primary schools. While fewer than Scottish average achieve expected literacy levels by end of P1, more than average reach expected levels by end of P7 (overall 73.9% of pupils reach expected CFE literacy levels, which are close to to the Scottish average of 74.5%) 
 There are still around 400 children and young people each year who are “looked after” because their parents struggle – this includes social work support for children still at home with their parent(s), children in kinship or foster care, and children in residential units or supported accommodation.	88.4% of looked after children are in community settings (home, kinship, foster care or supported accommodation); this is close to Scottish average (88.3) and a stable balance where only one in ten looked after children is in a residential unit. And of those who are, over half are in Dundee’s Houses. 

WHAT HAS GUIDED OUR PRIORITIES

As we believe it's vital to hear and respond to what children, young people and families say they need, we commissioned a Social Action Research Project to find out more. We then also consulted with various groups on the content of a proposed plan. They highlighted and reinforced some key themes which have strongly influenced the plan:

- **Community based provision** – access to local services where the first contact matters to prevent disengagement
- **Social connection** – having access to networks, services and support to promote a sense of belonging, reduce isolation and improve emotional health
- **Family finance** – whether in work or out of work, help with the cost of living and access to affordable activities
- **Employment** – addressing multiple barriers to further education, training and employment, such as childcare responsibilities and mental health
- **Children and young people with additional support needs** – early assessment and timeous support at home, in school and in the community
- **Housing** – including family access to suitable stable housing and assistance with costs
- **Health and wellbeing** – support with all the above helps to reduce stress and strain and makes it easier to live more confidently and comfortably as a family

Whilst there are national and local financial restrictions which dictate that we need to make the most of what we have, we believe that **focusing on the right priorities in this way** and working with communities and families to jointly apply these principles is much more likely to be helpful.

Place Based Whole Family Support

The concept of place based whole family support is central to our approach and stems from a belief that to be **meaningful**, services need to be informed by local views; to be **accessible**, they need to be available locally; to be **effective**, they need to be holistic; and to be **sustainable**, they need to build assets. We will therefore:

- **Pool our resources and use them flexibly with an emphasis on whole families**
- **Help children, young people and families to help one another**
- **Apply a no wrong door approach where you get the right help when you ask**
- **Respond to you with kindness, respect, empathy and understanding**
- **Use digital technology for some tasks so teams can spend more time with you**
- **Enhance support during evenings/weekends when pupils are home from school**

LINKS WITH OTHER POLICIES, PARTNERSHIPS AND PLANS

Effective children, young people and family services depend on strong partnership working, with both statutory and third sector organisations playing an important role. This plan therefore does not stand alone but **sits alongside and compliments other approaches**, such as:

- ✓ **Community Planning Partnership Dundee City Plan 2022-2032** - our overarching strategic plan encompassing all partnership priorities
- ✓ **Local Community Planning Partnership Local Community Plans** - our arrangements for cascading support across all 8 wards
- ✓ **Fairness Commission** – our approach towards engaging with communities to inform and deliver plans to address poverty
- ✓ **Protecting People Committees** <https://www.dundeeprotects.co.uk/> - our approach to keeping children, young people and adults safe from harm
- ✓ **Local Housing Strategy 2026-2030** - our approach towards providing safe, secure and suitable housing as a key foundation for families
- ✓ **Plan for Excellence in Health and Social Care in Dundee** - our plan to support adults with additional needs, such as disability and mental health
- ✓ **Discover Work Strategy & Action Plan 2022-2027** - our approach towards improving employment opportunities for everyone
- ✓ **A Step Change in Positive Destinations for Young Dundonians** - our targeted youth participation programme on further education, training and employment
- ✓ **Whole Family Support** – our place-based approach towards multi-disciplinary, accessible and flexible support informed by what communities say they need
- ✓ **Community Wealth Building Strategy** – our approach towards empowering communities to build and maximise local assets
- ✓ **Bringing Hope, Building Futures: Tackling Child Poverty 2026-31** – the national plan for system reform, prevention and coordinated support
- ✓ **Health and Social Care Partnership Strategic Commissioning Framework 2023-2033** – the HSCP strategic priorities and plan
- ✓ **Prevention - NHS Scotland operational improvement plan** – focuses on prevention, digital technologies and collaboration
- ✓ **Police Scotland Strategic Plan 2026-29** – includes a focus on trauma informed responses and whole system preventative approaches
- ✓ **United Nations Convention on the Rights of the Child (UNCRC)** – outlines 54 Articles to promote children and young people’s rights

Our **Child Poverty and Inequalities Strategic Leadership Group**, which consists of all the services involved in this plan and community representatives, will ensure that we continue to align with and support the work of these other policies, partnerships and plans. This includes collaboration with and learning from partners across Tayside.

Strategies

GOALS and PRIORITIES

Time

Resources

Thematic Priority 1

Place Based Whole Family Support

We will listen to children and families and make real changes in your local community where you live and/or work

We will work together to ensure	What we will do together	How we will measure our progress
Local communities can meet the needs of the families who live there	Implement UNCRC (United Nations Convention on the Rights of the Child) through engagement with children and families to find out what matters to them	Demonstrate positive progress through annual self-assessment including the views of communities on whether we're making a difference
	Co-produce actions specific to localities on the basis of results of family engagement and service data. Use data to support understanding, learning and opportunities related to the whole family approach Provide targeted support to priority groups such as lone parents, disabled children and parents, minority ethnic groups and young carers	Families report that the actions make a positive difference to their lives
Families receive financial management support	Provide help in the local community by offering: • Income maximisation assessments • Money/Debt Advice and support • Energy Efficiency Services • Referral pathways to employability	Number of families with children and young people: • with debt situations stabilised • raised out of fuel poverty • participating in employability • with income fully maximised
Families live in affordable, suitable and sustainable housing	Ensure housing and homelessness needs are included in Child's Plans and whole family support plans¹ Provide accessible local housing and homelessness advice	Reduced homelessness presentations from families with children.
Families and communities have access to information to identify the right support at the right time	No wrong door - identify community spaces where people can go to get consistent support, information, advice from services and to take part in community life	Children and families report that they know where they can get support in their community and feel they get help from the right person at the right time

¹ according to "Ask and Act Duty" part of the Housing Scotland Act 2025

We will work together to ensure	What we will do together	How we will measure our progress
Children and families receive easily accessible and meaningful support at the first opportunity and those who are most vulnerable will be prioritised	Provide practitioners with guidance clarifying roles and responsibilities regarding information sharing and referral pathways to enable them to provide the best support at the earliest opportunity	Staff feedback and audit Referral pathways/FORT data about referrals used and unmet need Evidence of joint planning
	Provide support and resources to staff to help them to actively listen and respond to children and families and to coproduce smart action plans whenever possible	Percentage of child plans that are produced with meaningful achievable (SMART) actions; children and parents report back that they feel listened to and involved in plans about their lives
	We will develop opportunities and networks for teams to reflect and learn together, even and especially when they are disagreeing	Evidence of multi-agency professional reflection and staff utilising opportunities for joint supervision
	We will agree a joint operating model for priority families to ensure they receive consistent support	We have agreed criteria for priority families and they have support plans which meet their needs
	Enhance targeted CLD support through improved information sharing	More children and young people in priority groups supported by CLD
Children with disabilities experience better transitions throughout childhood and into adulthood	Improve provision and transition arrangements between different services through an assessment, support and pathways framework	Framework in place Clear information in place so families know of their entitlements Families report that they feel listened to and that their needs are met through all ages and stages
Families have access to advocacy	Jointly implement an Advocacy Strategy	Number of families accessing advocacy services and their views on support received

Thematic Priority 2

Physical, Mental and Emotional Health

We will help people stay physically and emotionally well by supporting healthy food and fun activities and offering specialist support where required

We will work together to ensure	What we will do together	How we will measure our progress
More children have a healthy weight	Implement the Tayside Child Healthy Weight Strategy, which includes the actions below: • Improve access to advice and support for parents and carers about feeding infants and young children • Provide more spaces that are part of the Breastfeeding Friendly Scotland scheme • Provide opportunities for families to cook and eat together in their communities, • Provide practitioners with confidence to raise the subject of healthy weight with parents and support onward referrals to appropriate pathways	Increase in the proportion of children with healthy weight – measured as reduction in the proportion of children in P1 who are at risk of being overweight/obesity (baseline 2024/25: 25.5%) Reduction in drop-off rate of breastfeeding from birth to 6-8 weeks Stories about impact and numbers attending relevant activities (e.g. Best First Steps, Best Foot Forwards, Healthy Eating Active Lifestyles)
	Provide affordable and accessible physical activities through Active Schools, including targeted support for children and young people who may struggle to attend otherwise	An increase in the number of children participating in Active Schools activities Increase in retention rates from target groups
Children and young people are protected from preventable illnesses through immunisations from birth to adulthood	Work in partnership across health, early years and education to improve access to routine childhood immunisation services, strengthen follow-up where children do not attend appointments and promote immunisation at every appropriate contact with families.	Increase rates of childhood immunisation, maintaining high uptake of the 6-in-1 vaccine at 24 months, and improving MMR uptake at 24 months to at least the Scottish average, with continued progress thereafter, by 2029
Children have the best start in life (the first 1,000 days)	Actively engage in the public health messages from the National Early Years Communication Team and locally held public health information	Reduction in the proportion of children with a developmental concern at 27-30 months review (target: 13.5% or below by 2030)
	Targeted support to families in the 6 priority groups outlined in the Child Poverty Strategy	Decrease in the proportion of children starting school with speech and language delays Number and type of professionals completing training

We will work together to ensure	What we will do together	How we will measure our progress
	Develop resources for use by professionals and parents to support child development Provide immediate access to information and advice to parents on gross and fine motor development, play and communication, including developmental language disorder awareness and strategy training and Speech and Language Therapy (SLT) Service via the Advice Line Address the impacts of poor housing and homelessness on children's physical and mental health through early intervention	Increase in the number of professionals, parents and carers who have accessed information and advice Parents and professionals report improved confidence in identifying early developmental concerns Prompt housing solutions for families with children who put in rehousing applications with medical priority
Young people feel confident to ask for help and receive the support they need (this may refer to mental health, substance misuse, sexual health, eating disorders, neurodiversity)	Train and support key staff so they feel more confident in identifying and talking to CYP/Families and are aware of support available or equipped to answer questions and provide support	Evidence of staff reporting back that they feel confident following training and from children and young people saying that they have received helpful support and advice from professionals
	Encourage and support neuro-affirming practice and environments within statutory and 3rd sector organisations	Satisfaction of families provided with support through triage system
	Scale good examples and learning from partnership working to improve health and wellbeing	Narrative/ case study of good example of collaborative working and how the learning is applied to form new partnerships/ avoid pitfalls of what didn't work well
	Act upon the voice of children and young people with lived experience of mental health, including co-production of materials	Narrative/case study of good example of acting upon hearing from CYP Examples of coproduced processes and materials and how they have influenced change
Fewer teenagers become pregnant	Pilot a model to support life course prevention and improved sexual and reproductive wellbeing by	Reduction in teenage pregnancies (baseline Dundee 26.5% of first-time mothers under the age of 25)
	Supporting teachers, workers and parents/carers to confidently discuss sex and relationships	Reduction in teenage pregnancies in target communities
	Improving access to sexual and reproductive health interventions in communities and via specialist sexual health clinical services	

We will work together to ensure	What we will do together	How we will measure our progress
Fewer children and young people misuse substances	Implement lessons from Planet Youth (these may be different in different schools)	Annual report by Planet Youth and annual survey
	Learn from 3 rd sector MAT standards to support voice of young person and lived experience	Narrative/ qualitative evidence of lessons learned Reduction in young people drinking alcohol and/or taking drugs

Thematic Priority 3

Presence, Progress and Participation in Learning

We will make learning a big part of growing up – from babies and nursery, through to primary and secondary school and into college

We will work together to ensure	What we will do together	How we will measure our progress
Children attend and remain engaged in learning	Align education, housing and place based whole family support so risks to attendance and continuity of learning are identified early and addressed through joint planning. Target extra support at pupils less likely to have satisfactory school attendance levels, such as children and young people in Kinship Care	School attendance
	Use GIRFEC-aligned planning to maintain continuity of learning, relationships and routines for children in temporary or insecure accommodation.	Number of school and nursery moves linked to homelessness
Children's needs are identified and supported early	Use existing information-sharing between health and education to inform early planning and support prior to nursery entry.	Children entering nursery with needs identified in advance
Children participate in early learning	Work with health visiting and early years partners to increase uptake of funded ELC for eligible two-year-olds.	Uptake of funded ELC by eligible two-year-olds
All children can access early learning before school	Provide clear information and practical support to families to access nursery provision through locality-based support.	Children accessing a nursery place prior to school entry
Children make a positive start at school	Use early learning and education transition arrangements to support readiness for school.	School readiness at P1 entry
	Support deferred entry where this is in the child's best interests.	Appropriate use of deferred entry
Children participate and remain engaged in primary education	Use GIRFEC-aligned planning and locality supports to improve attendance, engagement and inclusion.	Primary school attendance and engagement
Young people participate and progress through	Strengthen partnership working to reduce disengagement and sustain participation in learning.	Secondary school attendance and engagement

secondary education		
Care experienced children and young people participate and progress in learning	Coordinate planning to support progression to sustained post-school destinations, with a particular focus on kinship care.	Care experienced young people in positive destinations
Young people move on successfully from school	Align education, employability and CLD activity to support progression to positive and sustained destinations	School leavers entering and sustaining positive destinations

Thematic Priority 4

Children and Young People at Risk of Harm

We will help keep children safe and if anyone is worried about a child, we will respond quickly and do the right thing to protect them from harm

We will work together to ensure	What we will do together	How we will measure our progress
Children and young people are safe from harm	Fully Implement Bairns Hoose across Tayside Strengthen joint working between housing and child protection services to prevent repeat homelessness for high-risk families; this includes housing being invited to and present at key decision-making meetings.	Audit of practice at the Multi Agency Screening Hub in the context of Justice, Health, Recovery and Child Protection Fewer children entering crisis or emergency accommodation due to homelessness.

We will work together to ensure	What we will do together	How we will measure our progress
		Reduction in the number of homelessness application of households with children Increase in housing represented at key decision-making meetings to ensure families with children at risk to health due to housing will be prioritised
Pregnant women are supported, protected and kept safe from harm, including with their babies and infants	Ensure families fleeing domestic abuse or other violence can access safe, secure accommodation without delay. Where we identify pregnant women at risk, we will use established pathways of support and protection to mobilise the right supports for them and their unborn child	Improved housing outcomes for families subject to child protection or child in need plans Fewer babies entering care and when babies do have to be provided with alternative care, mothers report they feel better supported
Children and young people will be safe from harm at home and in their own communities	We pro-actively target and respond to physical, sexual, emotional abuse and neglect in local communities	Audits of practice focused on identification, assessment and support
Families at risk of harm receive the support they need when they need it, including during evenings and weekends and school holidays	Implement multi-agency whole family support at all times including evenings and weekends	Number of families accessing support out with traditional office hours
Children and young people at risk of child sexual and criminal exploitation, trafficking, organised crime, radicalisation and gender-based violence are identified and responded to effectively both at an individual and group level	Establish a Contextual Safeguarding Panel to ensure multi-agency identification, analysis and risk management planning for group based exploitation and risk across the city	Evolving and progressive dataset to capture contextual safeguarding
	Support development of multi-agency guidance for all forms of risk outside the home and ensure relevant training is available and accessed by our staff. Strengthen the connection between all activity and information gathering, informed by what young people are telling us	Reporting and audit Guidance and training in place and reflected in children's plans

We will work together to ensure	What we will do together	How we will measure our progress
Young people who present a risk to others will be supported through child centred and meaningful interventions which will manage and reduce risk within the community	Implement all the requirements of the Care and Justice (Scotland) Act 2024 Implement the Care and Risk Management (CARM) Protocol	Data reporting to the Children at Risk Committee

Thematic Priority 5

Our Promise

We will make sure children who are in care feel loved and supported, can stay connected and get continued support when they leave care

We will work together to ensure	What we will do together	How we will measure our progress
Families are supported where children and young people could require temporary or permanent alternative care arrangements	Work with Third Sector partners to develop and deliver services in accordance with flexible family support Expand support to Kinship Carers and children and young people in their care at home, in school and in the community	Fewer children and young people requiring alternative care arrangements A greater proportion of care experienced children and young people are looked after at home or in Kinship Care Referrals to FORT including access to services, outcomes and analysis of any unmet need
Where children and young people do require alternative care, they live in nurturing and stable settings with child-centred decisions made on their longer-term care (including	We will recruit a range of foster carers to meet different kinds of children's needs, including for respite and short breaks, including from minority ethnic groups Ask and listen to children and families capturing what matters to them	Recruitment and retention of Foster Carers Balance of family-based and residential care Children and young people with more than 1 placement in the last 12 months

We will work together to ensure	What we will do together	How we will measure our progress
the continuation of their family's culture)	regarding contact with siblings and parents	A greater proportion of care experienced children and young people are living with their siblings Children and young people report good levels and quality of parent contact Children and young people report good levels of brother and sister contact
Where family-based care is not currently possible or appropriate, children and young people live in appropriately matched local residential care wherever possible with child-centred Decisions on their longer-term care	Implement a Children's House Improvement Plan and capacity building programme Create the "City around the child": People working together across the partnership to improve access to opportunities / future Give care experienced young people opportunities to remain in Continuing Care	Care experienced children and young people have Child's Plans and supports rated at least as Good Dundee's Children's Houses receive Care Inspectorate inspection grades of at least Good Number of young people remaining in Continuing Care
Care experienced children and young people live fulfilled lives in suitable and stable accommodation after leaving care	Deliver planned housing pathways for care experienced young people, focused on homelessness prevention and stable transitions from care. Provide tenancy sustainment support for care leavers up to age 26, aligned with continuing care and aftercare. Provide a new multi-agency team to meet the needs of young people in care or who have left care in one easily accessible central location	Reduction in the number of care experienced young people in temporary accommodation or presenting as homeless Implementation of Crichton Street Hub, including a dataset measuring outcomes and collating feedback from young people
Care experienced children and young people have access to all the support they need to thrive educationally, physically, emotionally and on their transition to adulthood	Schools and social workers will work together to support care experienced pupils who struggle with school, with a focus on children and young people in Kinship Care or on a CSO at home	Care experienced children and young people have school attendance rates at least equivalent to others Care experienced young people improve overall educational qualifications on leaving school Care experienced young people enter and sustain positive destinations after leaving school
Care experienced children of all ages have their voices	We will offer a range of means by which young people can have their say, and train staff to offer all of these options	Care experienced children and young people have opportunities to say what they feel and report that they feel listened to and that actions have been taken

We will work together to ensure	What we will do together	How we will measure our progress
heard and feel understood	Create a range of means for care experienced children and young people to create accessible feedback for improvement based on their voice that support independence, stability and wellbeing. In line with statutory duties, the UNCRC and The Promise, independent advocacy will support children and young people to be heard and involved in decisions that affect their lives	Proportion of child's plans where care experienced children and young people meaningfully contributed

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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				
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				
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	✓	✓	✓				
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