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

City Chambers
DUNDEE
DD1 3BY

13th November, 2025

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER REPRESENTATIVES OF THE PERFORMANCE AND AUDIT COMMITTEE OF DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I refer to the agenda of business issued in relation to the meeting of the Performance and Audit Committee which is to be held remotely on Wednesday 19th November, 2025 and now enclose the undernoted item of business which was not received at the time of issue.

Yours faithfully

DAVE BERRY

Chief Officer

A G E N D A

4 AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2024/25 - Page 1

(Report No PAC47-2025 by the Chief Finance Officer, copy attached).

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ITEM No …4………..

REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 19 NOVEMBER 2025

REPORT ON: AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC47-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present the Integration Joint Board's (IJB) Draft Audited Annual Statement of Accounts for the year to 31 March 2025 for approval, to note the draft external auditor's report in relation to these accounts and approve the response to this report.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee:

2.1 Notes the contents of the attached Audit Scotland cover letter (attached as Appendix 1) and the draft external auditor's 2024/25 Annual Audit Report (attached as Appendix 2) including the completed action plan outlined on page 20 of the report, and in particular that Audit Scotland have issued an unmodified audit opinion on the IJB's 2024/25 Annual Accounts;

2.2 Endorses this report as the IJB's formal response to the external auditor's report;

2.3 Instructs the Chief Finance Officer to provide an update on progress of the action plan noted in Appendix 1 of the external auditor's report by March 2026;

2.4 Approves the attached Audited Annual Accounts (attached as Appendix 3) for signature and instructs the Chief Finance Officer to return these to the external auditor;

2.5 Instructs the Chief Finance Officer to arrange for the above Annual Accounts to be published on the Dundee Health & Social Care Partnership website by no later than 30th November 2025.

3.0 FINANCIAL IMPLICATIONS

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

4.0 MAIN TEXT

4.1 Background

4.1.1 The IJB's Draft Annual Accounts 2024/25 were presented to the IJB at its meeting of the 18 June 2025 and submitted to Audit Scotland by the Chief Finance Officer on the 18 June 2025 (Article VII of the minute of the meeting refers). The IJB is required to prepare financial statements for the financial year ending 31 March 2025 following the Code of Practice on Local Authority Accounting in the United Kingdom ("the Code"). The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to the IJB for the delivery of the IJB's vision and its core objectives.

4.1.2 Regulation 11 of The Local Authority Accounts (Scotland) Regulations 2014 requires local government bodies to publish on its website its signed audited annual accounts by 31 October each year. Audit Scotland have acknowledged that the failure to meet this current year's deadline was due to the availability of resources to complete the 2024/25 audit and that the IJB had submitted its accounts to them in time as per the agreed timetable.

4.1.3 Audit Scotland's Annual Audit Plan for 2024/25 in relation to Dundee Integration Joint Board was presented to the Integration Joint Board meeting of the 16th April 2025. This described how the auditor would deliver their audit to the IJB, outlined their responsibilities and their intended approach.

4.1.4 It should be noted that the Annual Accounts 2024/25 remain in draft format until they are formally signed off by the Chair of the IJB, Chief Officer and Chief Finance Officer therefore the attached version may be subject to change. Any significant changes will be noted at the next available formal governance meeting of the IJB or PAC.

4.2 External Auditors Report

4.2.1 Audit Scotland has now completed their audit work and, in accordance with auditing standards, are required to report the outcome of their work in relation to their review of the financial statements, prior to formally issuing their audit opinion. This requirement has been addressed in the attached External Auditor's Report.

4.2.2 The report summarises the findings in relation to the overall audit of the IJB for the year ended 31 March 2025. It describes the scope of audit work undertaken during 2024/25 as follows:

Audit of 2024/25 Annual Accounts
Financial Management and Sustainability
Vision, Leadership and Governance
Use of Resource to Improve Outcomes

4.2.3 In addition to the members of the IJB, the external auditor's report is also addressed to the Controller of Audit of the Accounts Commission for Scotland.

4.3 Key Messages Arising from the External Audit Report

4.3.1 Audit Scotland has noted a number of key messages in relation to their audit work over the year

Under 2024/25 annual accounts

- Audit opinions of the annual accounts of the IJB are unmodified

Under Financial Sustainability and Management:

- The financial recovery plan has delivered savings, and additional funding was received from partners in 2024/25, but the deficit on provision of services for the year was £6.078 million.

- Dundee City IJB's earmarked reserves have reduced to £10.713 million and non-earmarked reserves to £1.022 million at 31 March 2025. This limits the financial flexibility available for contingencies through the non-earmarked balance.

- The 2025/26 budget has been balanced through planned savings and use of reserves to address the £17.548 million funding gap. The projected budget gap for 2026/27 to 2029/30 totals £52.5 million.

- Dundee City IJB's financial management and reporting arrangements are effective, but the IJB recognises that addressing the significant financial pressures will require further funding, strengthened collaborative working, strategic planning, robust financial management, a reserves policy and effective workforce planning.

Under Vision, Leadership, Governance and Use of Resources

- Dundee City IJB's Strategic Commissioning Framework 2023-2033 continues to provide a clear strategic vision

- Governance arrangements remain appropriate and support effective scrutiny challenge and decision making.

- Recruitment of a permanent Chief Officer provides increased stability in leadership

Under Use of Resources to improve outcomes

- Appropriate arrangements remain in place for securing Best Value.

- Dundee City IJB continues to report a mixed picture against the national Health and Well Being indicators. Four of the indicators have improved from 2023/24, with Care at home and Days spent in Hospital when ready to be discharged showing marked improvements against previous years and the Scottish average. This reflects the work that has been put into improving Discharge without Delay. However three indicators show a worsening performance level.

4.4 Action Plan

4.4.1 Audit Scotland has noted 1 recommendation for improvement and the associated response by IJB officers is noted in the Action Plan set out in Appendix 1 of the Audit Scotland Report.

4.4.2 It is recommended that the Chief Finance Officer provides an update on the progress of the agreed action to meet the recommendation prior to the end of the current financial year in order to support the 2025/26 audit process.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that failure to progress the Audit Scotland recommendations may weaken the IJB's governance arrangements and result in a negative future years audit opinion
Risk Category	Financial / Governance
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is High Risk Level)
Mitigating Actions (including timescales and resources)	The development and implementation of the action plan as set out in Appendix 1 to the Audit Scotland Report by the timescales as stated will reduce the risk
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the nature of the risks, these are deemed to be acceptable

7.0 CONSULTATIONS

7.1 The Chief Officer, External Auditor 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	✓
	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: 7 November 2025

4th Floor
102 West Port
Edinburgh
EH3 9DN

T: 0131 625 1500
E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk

AUDIT SCOTLAND

Performance and Audit Committee

Dundee City Integration Joint board

19 November 2025

Audit of 2024/25 Dundee City Integration Joint Board annual accounts

Independent Auditor’s Report

1. My audit work on the 2024/25 annual accounts is now substantially complete. Subject to receipt of a revised set of annual accounts for final review, I anticipate being able to issue unmodified audit opinions in the Independent Auditor's Report on 19 November 2025. The proposed Independent Auditor’s Report is attached at Appendix A.

Annual Audit Report

2. Under International Standards on Auditing in the UK (ISA (UK)), I am required to report specific matters identified from the audit of the annual accounts to those charged with governance of Dundee City Integration Joint Board in sufficient time to enable appropriate action. For Dundee City Integration Joint Board, those charged with governance is Performance and Audit Committee. I present for the committee's consideration my draft Annual Audit Report on the 2024/25 audit. The section headed "Significant findings and key audit matters" sets out the issues identified in respect of the annual accounts, including those that I am required to report to you.

3. The Annual Audit Report also sets out conclusions on the wider scope areas that frame public audit as set out in the Code of Audit Practice.

4. The Annual Audit Report will be issued in final form after the audit of the annual accounts has been completed.

Uncorrected misstatements

5. I also report to those charged with governance all uncorrected misstatements in the annual accounts which I have identified during the course of my audit, other than those of a trivial nature, and request that these misstatements be corrected. There are no uncorrected misstatements to report.

Other ISA (UK) matters

6. In presenting this letter and the Annual Audit Report to the Performance and Audit Committee, I seek confirmation from those charged with governance on the following matters:

- if they are aware of any instances of actual, suspected, or alleged fraud,
- if they are aware of any subsequent events that have occurred since the date of the financial statements,
- if they are content that the methods, assumptions, and data used in making accounting estimates in the annual accounts are appropriate,

- if all related party relationships and transactions they are aware of are reflected in the annual accounts, and
- if they are aware of any non-compliance with laws and regulations.

7. Any issues that I have identified from my audit in relation to other ISA (UK) matters that I am required to report to those charged with governance have been reported in the section headed “Other matters to report” in the Annual Audit Report.

Representations from the Section 95 Officer

8. As part of the completion of the audit, I am seeking written representations from Chief Finance Officer, who is the Section 95 Officer, on aspects of the annual accounts, including the judgements and estimates made.

9. A draft letter of representations is attached at Appendix B. This should be signed and returned to me by the Section 95 Officer with the signed annual accounts prior to the Independent Auditor’s Report being signed.

Appendix A: Proposed Independent Auditor's Report

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

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2025 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 (the 2024/25 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the body as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 3 April 2024. My period of appointment is four years, covering 2023/24 to 2026/27. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Performance and Audit Committee for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the body;

- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the body;
- inquiring of the Chief Finance Officer concerning Dundee City Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

I have audited the parts of the Remuneration Report described as audited. In my opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and

- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or

- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or

- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Rachel Browne CPFA
Audit Director
Audit Scotland
4th Floor
102 West Port
Edinburgh
EH3 9DN

Appendix B: Letter of Representations (ISA (UK) 580)

To be reproduced on Dundee City IJB headed paper, signed by the Section 95 Officer and provided to the appointed auditor with signed 2024/25 Annual Accounts

Rachel Browne, Audit Director
Audit Scotland
4th Floor
102 West Port
Edinburgh
EH3 9DN

Dear Rachel

Dundee City Integration Joint Board

Annual accounts 2024/25

1. This representation letter is provided in connection with your audit of the annual accounts of Dundee City Integration Joint Board, for the year ended 31 March 2025 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view and have been properly prepared, and for expressing other opinions on the Remuneration Report, Management Commentary, and Annual Governance Statement.

2. I confirm to the best of my knowledge and belief, and having made such enquiries as I considered necessary, the following representations given to you in connection with your audit of Dundee City Integration Joint Board's annual accounts for the year ended 31 March 2025.

General

3. I have fulfilled my responsibilities for the preparation of the 2024/25 annual accounts as set out in your 2024/25 Annual Audit Plan. All the accounting records, documentation, and other matters which I am aware are relevant to the preparation of the annual accounts have been made available to you for the purposes of your audit. All transactions undertaken by Dundee City Integration Joint Board have been recorded in the accounting records and are properly reflected in the financial statements.

4. I confirm that the effects of uncorrected misstatements are immaterial, individually and in aggregate, to the financial statements as a whole. As you have reported, there are no uncorrected misstatements.

Financial Reporting Framework

5. The annual accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 (2024/25 Code), mandatory guidance from LASAAC, and the requirements of the Local Government (Scotland) Act 1973, the Local Government in Scotland Act 2003, and the Local Authority Accounts (Scotland) Regulations 2014.

6. In accordance with the Local Authority Accounts (Scotland) Regulations 2014, I have ensured that the financial statements give a true and fair view of the financial position of Dundee City Integration Joint Board at 31 March 2025 and the transactions for 2024/25.

Accounting Policies and Estimates

7. All material accounting policies applied are as shown in the note included in the financial statements. The accounting policies are determined by the 2024/25 Code, where applicable. Where the 2024/25 Code does not specifically apply, I have used judgement in developing and applying an accounting policy that results in information that is relevant and reliable. All accounting policies applied are appropriate to Dundee City Integration Joint Board's circumstances and have been consistently applied.

8. The methodology, significant assumptions, and data used in making accounting estimates are reasonable, and have been properly reflected and disclosed in the financial statements in accordance with the 2024/25 Code. Judgements made in making estimates have been based on the latest available and reliable information. Estimates have been revised where there are changes in the circumstances on which the original estimate was based or as a result of new information or experience.

Going Concern Basis of Accounting

9. I have assessed Dundee City Integration Joint Board's ability to continue to use the going concern basis of accounting and have concluded that it is appropriate. I am not aware of any material uncertainties that may cast significant doubt on Dundee City Integration Joint Board's ability to continue to adopt the going concern basis of accounting.

Assets

10. All assets at 31 March 2025 of which I am aware have been reported in the financial statements.

Liabilities

11. All liabilities at 31 March 2025 of which I am aware have been reported in the financial statements.

Contingent Liabilities

12. There are no significant contingent liabilities, other than those disclosed in Note 11 to the financial statements, arising either under formal agreement or through formal undertakings requiring disclosure in the financial statements. All known contingent liabilities have been fully and properly disclosed in accordance with IAS 37, as adopted by the 2024/25 Code.

Litigation and Claims

13. All known actual or possible legal claims have been disclosed to you and have been accounted for and disclosed in the financial statements in accordance with the 2024/25 Code.

Fraud

14. I understand my responsibilities for the design, implementation, and maintenance of internal control to prevent fraud and I believe I have appropriately fulfilled those responsibilities.

15. I have provided you with all information in relation to:

- my assessment of the risk that the financial statements may be materially misstated as a result of fraud,
- any allegations of fraud or suspected fraud affecting the financial statements, and

- fraud or suspected fraud that I am aware of involving management, employees who have a significant role in internal control, or others that could have a material effect on the financial statements.

Laws and Regulations

16. I have disclosed to you all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing financial statements.

Related Party Transactions

17. All material transactions with related parties have been appropriately accounted for and disclosed in the financial statements in accordance with IAS 24, as adopted by the 2024/25 Code. I have made available to you the identity of all of Dundee City Integration Joint Board's related parties and all the related party transactions of which I am aware.

Remuneration Report

18. The Remuneration Report has been prepared in accordance with the Local Authority Accounts (Scotland) Regulations 2014, and all required information of which I am aware has been provided to you.

Management Commentary

19. I confirm that the Management Commentary has been prepared in accordance with statutory guidance, and the information is consistent with the financial statements.

Corporate Governance

20. I confirm Dundee City Integration Joint Board has undertaken a review of the system of internal control during 2024/25 to establish the extent to which it complies with proper practices set out in *Delivering Good Governance in Local Government: Framework 2016*. I have disclosed to you all deficiencies in internal control identified from this review or of which I am otherwise aware.

21. I confirm that the Annual Governance Statement has been prepared in accordance with the *Delivering Good Governance in Local Government: Framework 2016* and the information is consistent with the financial statements. There have been no changes in the corporate governance arrangements, or issues identified, since 31 March 2025 which require to be reflected in the Annual Governance Statement or annual accounts.

Events Subsequent to the Date of the Balance Sheet

22. All events subsequent to 31 March 2025 for which IAS 10, as adopted by the 2024/25 Code, requires adjustment or disclosure have been adjusted or disclosed.

Yours sincerely

Christine Jones

Chief Finance Officer

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Dundee City Integration Joint Board

2024/25 Annual Audit Report

Prepared for Dundee City Integration Joint Board and the Controller of Audit

November 2025

Contents

Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Key messages

Audit of the annual accounts

1 All audit opinions stated that the annual accounts were free from material misstatement.

2 There were no significant findings or key audit matters to report.

Wider scope and Best Value audit

3 The financial recovery plan has delivered savings, and additional funding was received from partners in 2024/25, but the deficit for the year was £6.078 million.

4 Dundee City IJB’s earmarked reserves have reduced to £10.713 million and non-earmarked reserves to £1.022 million at 31 March 2025, almost exhausting the non-earmarked balance available for contingencies.

5 The 2025/26 budget has been balanced with management efficiencies, savings and reserves being used to close the £17.548 million funding gap. The projected funding gap for 2026/27 to 2029/30 totals £52.5 million.

6 Dundee City IJB’s financial management and reporting arrangements are effective, but the IJB recognises that addressing the significant financial pressures will require further funding, strengthened collaborative working, strategic planning, robust financial management, and effective workforce planning.

7 Governance arrangements remain appropriate and support effective scrutiny challenge and decision making.

8 Dundee City IJB continues to report a mixed picture against the national Health and Social Care integration indicators. Four of the indicators have improved from 2023/24, with care at home and days spent in hospital when ready to be discharged showing marked improvements against previous years and the Scottish average. This reflects the work that has been put into improving Discharge without Delay.

9 Appropriate arrangements remain in place for securing Best Value.

Introduction

Purpose of the Annual Audit Report

1. The purpose of this Annual Audit Report is to report the significant matters identified from the 2024/25 audit of Dundee City Integration Joint Board annual accounts and the wider scope areas specified in the Code of Audit Practice (2021).

2. The Annual Audit Report is addressed to Dundee City Integration Joint Board, hereafter referred to as 'Dundee City IJB' and the Controller of Audit, and will be published on Audit Scotland's website in due course.

Appointed auditor and independence

3. Rachel Browne, of Audit Scotland, has been appointed as external auditor of Dundee City IJB for the period from 2023/24 until 2026/27. As reported in the Annual Audit Plan, Rachel Browne as engagement lead and the audit team are independent of Dundee City IJB in accordance with relevant ethical requirements, including the Financial Reporting Council's Ethical Standard. There have been no developments since the issue of the Annual Audit Plan that impact on the continued independence of the engagement lead or the rest of the audit team from Dundee City IJB, including no provision of non-audit services.

Acknowledgements

4. We would like to thank Dundee City IJB and its staff, particularly those involved in preparation of the annual accounts, for their cooperation and assistance during the audit. We look forward to working together constructively over the remainder of the audit appointment.

Audit scope and responsibilities

Scope of the audit

5. The audit is performed in accordance with the Code of Audit Practice, including supplementary guidance, International Standards on Auditing (ISA) (UK), and relevant legislation. These set out the requirements for the scope of the audit which includes:

- An audit of the financial statements and an opinion on whether they give a true and fair view and are free from material misstatement.
- An opinion on statutory other information published with the financial statements in the annual accounts, namely the Management Commentary and Annual Governance Statement.
- An opinion on the audited part of the Remuneration Report.
- Conclusions on Dundee City IJB's arrangements in relation to the wider scope areas: Financial Management; Financial Sustainability; Vision, Leadership and Governance; and Use of Resources to Improve Outcomes.
- Reporting on Dundee City IJB's arrangements for securing Best Value.
- Provision of this Annual Audit Report.

Responsibilities and reporting

6. The Code of Audit Practice sets out the respective responsibilities of Dundee City IJB and the auditor. A summary of the key responsibilities is outlined below.

Auditor's responsibilities

7. The responsibilities of auditors in the public sector are established in the Local Government (Scotland) Act 1973. These include providing an independent opinion on the financial statements and other information reported within the annual accounts, and concluding on Dundee City IJB's arrangements in place for the wider scope areas and Best Value.

8. The matters reported in the Annual Audit Report are only those that have been identified by the audit team during normal audit work and may not be all that exist. Communicating these does not absolve Dundee City IJB from its responsibilities outlined below.

9. The Annual Audit Report includes an agreed action plan at Appendix 1 setting out specific recommendations to address matters identified and includes details of the responsible officer and dates for implementation.

Dundee City IJB's responsibilities

10. Dundee City IJB has primary responsibility for ensuring proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety, and regularity that enables it to successfully deliver its objectives. The features of proper financial stewardship include:

- Establishing arrangements to ensure the proper conduct of its affairs.
- Preparation of annual accounts, comprising financial statements for Dundee City IJB that gives a true and fair view and other specified information.
- Establishing arrangements for the prevention and detection of fraud, error and irregularities, and bribery and corruption.
- Implementing arrangements to ensure its financial position is soundly based.
- Making arrangements to secure Best Value.
- Establishing an internal audit function.

National performance audit reporting

11. The Auditor General for Scotland and the Accounts Commission regularly publish performance audit reports. These cover a range of matters, many of which may be of interest to Dundee City IJB. Details of national and performance audit reports published over the last year can be seen in Appendix 2.

Audit of the annual accounts

Main judgements

All audit opinions stated that the annual accounts were free from material misstatement.

There were no significant findings or key audit matters to report. All audit adjustments required to correct the financial statements were processed by Dundee City IJB.

Audit opinions on the annual accounts

12. Dundee City IJB's annual accounts were approved by the Performance and Audit Committee on 19 November 2025 and certified by the appointed auditor on the same date. The Independent Auditor's Report is included in Dundee City IJB's annual accounts, and this reports that, in the appointed auditor's opinion, these were free from material misstatement.

Audit timetable

13. The unaudited annual accounts and all working papers were received on 30 June 2025 in accordance with the agreed audit timetable.

Audit Fee

14. The audit fee for the 2024/25 audit was reported in the Annual Audit Plan and was set at £34,000. There have been no developments that impact on planned audit work required, therefore the audit fee reported in the Annual Audit Plan remains unchanged.

Materiality

15. The concept of materiality is applied by auditors in planning and performing an audit, and in evaluating the effect of any uncorrected misstatements on the financial statements or other information reported in the annual accounts.

16. Broadly, the concept of materiality is to determine whether misstatements identified during the audit could reasonably be expected to influence the decisions of users of the annual accounts. Auditors set a monetary threshold when determining materiality, although some issues may be considered material by their nature. Therefore, materiality is ultimately a matter of the auditor's professional judgement.

17. Materiality levels for the audit of Dundee City IJB were determined at the risk assessment phase of the audit and were reported in the Annual Audit Plan, which also reported the judgements made in determining materiality levels. These were reassessed on receipt of the unaudited annual accounts.

Exhibit 1
2024/25 Materiality levels for Dundee City IJB

Materiality	Amount
Materiality – set at 2% of Net Expenditure	£7.2 million
Performance materiality – set at 75% of materiality. As outlined in the Annual Audit Plan, this acts as a trigger point. If the aggregate of misstatements identified during the audit exceeds performance materiality, this could indicate further audit procedures are required.	£5.5 million
Reporting threshold – set at 5% of materiality.	£0.363 million

Source: Audit Scotland

Significant findings and key audit matters

18. ISA (UK) 260 requires auditors to communicate significant findings from the audit to those charged as governance, which for Dundee City IJB is Performance and Audit committee.

19. The Code of Audit Practice also requires public sector auditors to communicate key audit matters. These are the matters that, in the auditor's professional judgement, are of most significance to the audit of the financial statements and require most attention when performing the audit.

20. In determining key audit matters, auditors consider:

- Areas of higher or significant risk of material misstatement.
- Areas where significant judgement is required, including accounting estimates that are subject to a high degree of estimation uncertainty.
- Significant events or transactions that occurred during the year.

21. There are no significant findings or key audit matters to report.

Qualitative aspects of accounting practices

22. ISA (UK) 260 also requires auditors to communicate their view about qualitative aspects of Dundee City IJB's accounting practices, including accounting policies, accounting estimates, and disclosures in the financial statements.

Accounting policies

23. The appropriateness of accounting policies adopted by Dundee City IJB was assessed as part of the audit. These were considered to be appropriate to the circumstances of Dundee City IJB, and there were no significant departures from the accounting policies set out in the Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

Accounting estimates

24. Accounting estimates are used in Dundee City IJB's financial statements. Audit work considered the process that management of Dundee City IJB has in place around making accounting estimates, including the assumptions and data used in making the estimates. Audit work concluded:

- There were no issues with the selection or application of methods, assumptions, and data used to make the accounting estimates, and these were considered to be reasonable.

- There was no evidence of management bias in making the accounting estimates.

Disclosures in the financial statements

25. The adequacy of disclosures in the financial statements was assessed as part of the audit. The quality of disclosures was adequate, with additional levels of detail provided for disclosures around areas of greater sensitivity.

Audit adjustments

26. There were no adjustments to the financial statements as a result of the audit work completed.

Significant risks of material misstatement identified in the Annual Audit Plan

27. Audit work has been performed in response to the significant risks of material misstatement identified in the Annual Audit Plan. The outcome of audit work performed is summarised in Exhibit 2.

Exhibit 2
Significant risks of material misstatement to the financial statements

Risk of material misstatement	Planned audit response	Outcome of audit work
Fraud caused by management override of controls Management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.	The audit team will: • Agree balances and income to Dundee City Council and NHS Tayside financial reports/ledger/correspondence. • Obtain auditor assurances from the external auditors of Dundee City Council and NHS Tayside which ensure completeness, accuracy and allocation of income and expenditure. • Review financial monitoring reports throughout the year. • Review the year end consolidation of expenditure reports from Dundee City Council and NHS Tayside examining any significant consolidation adjustments.	Audit work performed found: • We agreed balances, income and expenditure to supporting information from the partners and reviewed the year-end consolidation reports. We did not identify any significant issues. We obtained assurances from the external auditors of Dundee City Council and NHS Tayside. These did not identify any areas of concern. • We reviewed adjustments at year end and financial monitoring reports and did not identify any significant issues. **Conclusion:** no evidence of fraud caused by management override of controls.

Source: Audit Scotland

Prior year recommendations

28. Dundee City IJB has made good progress in implementing the agreed prior year audit recommendation as outlined in Appendix 1. However, as noted in our reporting on financial sustainability below, significant financial pressures and overspends continue and more work is required to redesign and deliver sustainable services.

Wider scope and Best Value audit

Audit approach to wider scope and Best Value

Wider scope

29. As reported in the Annual Audit Plan, the wider scope audit areas are:

- Financial Management.
- Financial Sustainability.
- Vision, Leadership and Governance.
- Use of Resources to Improve Outcomes.

30. Audit work is performed on these four areas and a conclusion on the effectiveness and appropriateness of arrangements that Dundee City IJB has in place for each of these is reported in this chapter.

Best Value

31. The duty on auditors to consider the arrangements in place to secure Best Value applies to Dundee City IJB as it falls within section 106 of the Local Government (Scotland) Act 1973.

32. Consideration of the arrangements Dundee City IJB has in place to secure Best Value has been carried out alongside the wider scope audit.

Significant wider scope and Best Value risks

33. Audit work has been performed in response to the significant wider scope and Best Value risks identified in the Annual Audit Plan. The outcome of audit work performed is summarised in

34. Exhibit 3.

Exhibit 3
Significant wider scope and Best Value risks

Significant risk	Planned audit response	Outcome of audit work
Financial sustainability Dundee City IJB is predicting that it will use all of its	The audit team will:	Audit work performed found:

Significant risk	Planned audit response	Outcome of audit work
uncommitted general fund reserves in 2024/25. This will leave the IJB with no contingency to address unexpected events or emergencies. This will impact on the setting of the 2025/26 budget and the level of services that the IJB can provide going forward. The IJB will need to work closely with partners and service users to accelerate service redesign to provide the levels of savings required.	• Review progress on the financial recovery plan enacted in 2024/25. • Review budget papers for 2025/26 including progress on developing a transformation programme of service redesign and collaborative change. • Discuss with management the progress made in obtaining additional funding from partners.	• Progress on the 2024/25 financial recovery plan concentrated on understanding the pressures driving the spend in 2024/25. This reduced the projected overspend from £9 million to £7.216 million. • The 2025/26 budget required management efficiencies, non-recurring initiatives and recurring savings totalling £17.548 million to be delivered to address the funding gap. The latest projections indicate around 70% of the required savings will be achieved. • Additional funding of £2.959 million was received from NHS Tayside to support the 2025/26 position; this was on a non-recurring basis. **Conclusion:** Dundee City IJB has made progress in improving its financial position, but the financial sustainability risk remains. Service redesign through the Transformation Programme needs to accelerate.

Source: Audit Scotland

Conclusions on wider scope audit

Financial Sustainability and Management

Conclusion

The financial recovery plan has delivered savings, and additional funding was received from partners in 2024/25, but the deficit on provision of services for the year was £6.078 million.

Dundee City IJB's earmarked reserves have reduced to £10.713 million and non-earmarked reserves to £1.022 million at 31 March 2025. This limits the financial flexibility available for contingencies through the non-earmarked balance.

The 2025/26 budget has been balanced through planned savings and use of reserves to address the £17.548 million funding gap. The projected budget gap for 2026/27 to 2029/30 totals £52.5 million.

Dundee City IJB's financial management and reporting arrangements are effective, but the IJB recognises that addressing the significant financial pressures will require further funding, strengthened collaborative working, strategic planning, robust financial management, a reserves policy and effective workforce planning.

Dundee City IJB made significant progress in delivering savings in 2024/25, but one-off funding and reserves were used to balance the budget.

35. Dundee City IJB approved its 2024/25 budget in March 2024. The approved budget noted a funding gap in 2024/25 of £10.686 million. The IJB proposed to fund this gap with £6.686 million of savings and £4.0 million of reserves.

36. Dundee City IJB achieved the planned £6.686 million of savings and used the planned £4.0 million of reserves. Additional one-off funding of £2.959 million was received from NHS Tayside. However increased costs resulted in a further £3.216 million of non-earmarked IJB reserves being used. The IJB annual accounts reported a £6.078 million deficit on the provision of services. This deficit has reduced the level of available reserves as at 31 March 2025 to £11.735 million (2023/24 £17.813 million).

37. Dundee City IJB's use of reserves to cover recent deficits on provision of services has reduced earmarked reserves to £10.713 million at 31 March 2025, with only £1.022 million in non-earmarked reserves. This is the lowest total reserve held by Dundee City IJB in the past five years, limiting its capacity to respond to future financial pressures.

A revised 5-year financial outlook was provided to the Board in August 2025, which highlights ongoing significant pressures facing Dundee City IJB

38. The 5-year financial outlook 2025/26 to 2029/30 indicates that the IJB is facing a combined shortfall of £52.504 million over the 5-year period.

39. The 2025/26 budget was approved at the Dundee City IJB meeting in March 2025. The IJB agreed a balanced budget by including £8.160 million of non-recurring savings, £7.338 million recurring savings and £2.050 million use of reserves to address the £17.548 million funding shortfall .

40. The October 2025 Integration Joint Board meeting papers reported that Dundee City IJB is forecasting an overspend of £5.966 million after the use of £2.429 million of unearmarked reserves. The financial recovery plan has been enacted and the first report on this was taken to the October 2025 board meeting.

41. The actions proposed to reduce the overspend include:

- Further review of staffing vacancies, particularly filling essential posts on a permanent basis to reduce the need to use agency staff
- Continuing to work across the three Tayside IJBs and with partner bodies to identify areas for savings
- Increasing digital support for staff to ensure that the IJB is accessing IT to support staff
- Releasing £0.5 million of committed reserves to uncommitted reserves, although the proposed reduction in the Alcohol and Drug Partnership reserves has been deferred to the December 2025 board meeting.

Recommendation 1

The IJB needs to continue to work with partners and service users to identify areas for further service redesign.

Financial management and reporting arrangements are effective and allow members and officers to scrutinise Dundee City IJB's financial position effectively

42. Members of the Dundee City IJB receive and monitor financial information on a regular basis. Finance updates are submitted to each Board meeting with the latest financial information. These clearly state the recurring budget and the projected outturn for Dundee City IJB. The accompanying report details the underlying reasons for variances from budget along with actions being taken to contain any overspends. The reports are of sufficient detail to allow members to scrutinise the latest financial position of Dundee City IJB.

43. Through attending committee meetings, we observed that senior management and members receive regular and accurate information on Dundee City IJB's financial position. We have concluded that Dundee City IJB has appropriate financial management and reporting arrangements in place

Dundee City IJB has appropriate financial control arrangements in place

44. Dundee City IJB does not have any assets, nor does it directly incur expenditure of employ staff, other that the Chief Officer and Chief Finance Officer. All funding and expenditure is incurred by partner bodies and processed in their accounting systems. Dundee City IJB does not have its own financial systems and instead relies on the financial systems of its partner bodies, NHS Tayside and Dundee City Council.

45. As part of our audit approach, we obtained assurances from the external auditors of NHS Tayside and Dundee City Council. The assurances confirmed that there were no significant weaknesses in the systems of internal control for either body which would impact Dundee City IJB.

Standards of conduct and arrangements for the prevention and detection of fraud and error were appropriate

46. In the public sector there are specific fraud risks, including those relating to tax receipts, welfare benefits, grants and other claims made by individuals and organisations. Public sector bodies are responsible for implementing effective systems of internal control, including internal audit, which safeguard public assets and prevent fraud, error and irregularities, bribery and corruption.

47. Dundee City IJB does not maintain its own policies relating to the prevention and detection of fraud and error but instead depends on those in place at its partner bodies. Dundee City IJB has a code of conduct for members which is publicly available on Dundee City IJB's website.

48. As part of our audit approach, we obtained assurances from the external auditors of NHS Tayside and Dundee City Council. The assurances confirmed that there are no significant weaknesses in the arrangements for the prevention and detection of fraud at either body.

Vision, Leadership and Governance

Conclusion

Governance arrangements remain appropriate and support effective scrutiny challenge and decision making.

Governance arrangements remain appropriate and support effective scrutiny challenge and decision making.

49. The Board met seven times in 2024/25, and the Performance and Audit Committee met four times in the same period. The meetings continue to be held virtually, with agenda papers and video recordings publicly available on the Dundee Health and Social Care Partnership website. Our observations at committee meetings have found that these are conducted in a professional manner and there is a good level of scrutiny and challenge by members.

50. We consider that governance arrangements remain appropriate and support effective scrutiny, challenge and decision making.

Dundee City IJB's Strategic Commissioning Framework 2023-2033 continues to provide a clear strategic vision

51. Dundee City IJB's Strategic Commissioning Framework covers the period from 2023 – 2033. Within the framework there are six priorities with actions in the plan divided into short term (2023-2026), medium term (2026-2029) and long term (2029-2033) actions.

52. The Framework is supported by a delivery plan with the 2023-26 delivery plan being approved in October 2024 and covering the 18 months to March 2026. It is proposed that the delivery plan will be updated on an annual basis from 2026. The delivery plan is supported by the workforce plan and financial plans to support the delivery of the IJB's priorities.

Recruitment of a permanent Chief Officer provides increased stability in leadership

53. The IJB has operated for an extended period with the Chief Officer and Chief Finance Officer both in acting/ interim roles pending permanent recruitment. The Chief Officer was appointed on a permanent basis in June 2025 which provides stability in the IJB's leadership. We encourage the IJB to work with partner bodies to recruit a permanent Chief Finance Officer as soon as possible.

Use of Resources to Improve Outcomes

Conclusion

Dundee City IJB continues to report a mixed picture against the national Health and Well Being indicators. Four of the indicators have improved from 2023/24, with Care at home and Days spent in Hospital when ready to be discharged showing marked improvements against previous years and the Scottish average. This reflects the work that has been put into improving Discharge without Delay.

Appropriate arrangements remain in place for securing Best Value.

Dundee City IJB continues to perform well against its performance comparators and the Scottish average performance in the national indicators.

54. Dundee City IJB's key strategic performance indicators are reported to the Audit and Performance Committee every quarter. The 2024/25 Annual Performance Report was presented to the August 2025 meeting of the Board. These reports set out Dundee City IJB's progress in meeting the nine national health and wellbeing outcomes. 18 indicators are monitored by the IJB: 9 on an annual basis and 9 on a two-yearly basis as this national information is only available every two years.

55. National Indicators 1-9 are reported every two years. In the 2023/24 annual performance report, performance against these indicators was positive when compared to the Scottish average performance.

56. For national indicators 11-19 in 2024/25, performance varied with four of the indicators improving year on year and outperforming the Scottish data. For indicator 14 'Readmission to acute hospital within 28 days of discharge rate' the local position has improved but it remains above the Scottish average.

57. Dundee City IJB continues to perform better than the Scottish average for indicator 18 'percentage of adults with intensive care needs receiving care at home' and indicator 19 'number of days people spend in hospital when ready to be discharged per 1,000 population. This reflects the work that continues to be completed by the IJB on supporting the population with care at home packages. The IJB has improved its performance on Discharge without Delay from being consistently red in the weekly RAG reports to being one of the top four performing IJBs in Scotland.

58. Three of the indicators indicate that performance has worsened from 2023/24, with Emergency admissions and Falls continuing to be blow Scottish averages, for the remaining indicator, care at home or community setting in the last six months of life the local performance has decreased marginally but it remains above the Scottish average. For the remaining two indicators no data is available for 2024/25.

Conclusions on Best Value

59. The Local Government (Scotland) Act 2003 places a duty on Local Government bodies to secure Best Value. As Integration Joint Boards are local government bodies under section 106 of the Local Government (Scotland) Act 1973, IJBs have the same statutory duty to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

60. Dundee City IJB completes an annual assessment to confirm that Best Value is being achieved through the IJB's governance arrangements and activities. The latest Best Value assessment report review was reported to the Performance and Audit Committee in September 2025 to provide assurance to IJB members that Best Value is being achieved.

61. Our review of the latest Best Value self-assessment, and of the IJB's performance monitoring and reporting, concluded that appropriate arrangements remain in place to secure Best Value.

Appendix 1

Action plan 2024/25

2024/25 recommendations

Matter giving rise to recommendation	Recommendation	Agreed action, officer and timing
1. **Service redesign to improve financial sustainability** The IJB is forecasting an operational overspend of £6 million for 2024/25 and will need to use reserves to bridge the funding gap. It is also projecting a cumulative funding gap of £52 million over the five years to 2029/30. **Risk:** The IJB is unable to deliver financially sustainable services.	The IJB must use its strategic commissioning role to work with partners and engage with service users to accelerate service redesign through the Transformation Programme.	**Accepted** As part of the 2026/27 budget process the IJB will engage with stakeholders and service users through a public consultation process regarding the transformation of health and social care services. Opportunities for further collaboration with partner bodies and the other Tayside IJBs continue to be explored to transform services. **Responsible officer**: Chief Finance Officer **Agreed date**: March 2026.

Follow-up of prior year recommendations

Matter giving rise to recommendation	Recommendation, agreed action, officer and timing	Update
1. **Service Redesign** The IJB is forecasting an operational overspend of £9 million for 2024/25 and will need to use reserves to bridge the funding gap. It is also projecting a cumulative funding gap of £46 million over the five years to 2028/29.	An updating report on 2024/25 Financial Recovery and 2025/26 Budget Planning will be presented to IJB in December 2024 and supplemented by 5 Development Sessions from November 2024 to March 2025. Further progress reports will be presented culminating in Budget Setting report in March 2025.	**Financial recovery plan implemented but service redesign is needed** The IJB has completed the 2024/25 financial recovery plan process and has approved a balanced budget for 2025/26. However, financial forecasts continue to identify a significant funding gap over the medium term. The latest forecast indicates that around

Matter giving rise to recommendation	Recommendation, agreed action, officer and timing	Update
Risk: The IJB is unable to deliver financially sustainable services The IJB must implement its Financial Recovery Plan and work with its partners and communities to deliver financially sustainable services. This will require a Transformation Programme of service redesign, collaborative change and additional funding from partners.	**Responsible officer:** Chief Finance Officer **Agreed date:** March 2025	70% of the required 2025/26 savings will be achieved. Service redesign through the Transformation Programme needs to accelerate. This recommendation has been superseded by Recommendation 1 for 2024/25 above.

Appendix 2

Supporting national and performance audit reports

Report name	Date published
Local government budgets 2024/25	15 May 2024
Scotland's colleges 2024	19 September 2024
Integration Joint Boards: Finance and performance 2024	25 July 2024
The National Fraud Initiative in Scotland 2024	15 August 2024
Transformation in councils	1 October 2024
Alcohol and drug services	31 October 2024
Fiscal sustainability and reform in Scotland	21 November 2024
Public service reform in Scotland: how do we turn rhetoric into reality?	26 November 2024
NHS in Scotland 2024: Finance and performance	3 December 2024
Auditing climate change	7 January 2025
Local government in Scotland: Financial bulletin 2023/24	28 January 2025
Transparency, transformation and the sustainability of council services	28 January 2025
Sustainable transport	30 January 2025
A review of Housing Benefit overpayments 2018/19 to 2021/22: A thematic study	20 February 2025
Additional support for learning	27 February 2025
Integration Joint Boards: Finance bulletin 2023/24	6 March 2025
Integration Joint Boards finances continue to be precarious	6 March 2025
General practice: Progress since the 2018 General Medical Services contract	27 March 2025
Council Tax rises in Scotland	28 March 2025

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Dundee City Integration Joint Board

2024/25 Annual Audit Report

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Dundee City Integration Joint Board

Annual Accounts

Audited

2024-25

Dundee
Health & Social Care
Partnership

Dundee City Integration Joint Board

Audited Annual Accounts 2024-25

Contents

Introduction

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

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

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

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

Role and Remit of Dundee City Integration Joint Board

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

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

Dundee City Population

149,880

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

Gender Split

49% Males	51% Females

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

Age Groups

0-15	16-64	65+ over
24,197	98,226	27,457

(*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 **37.7%** in those over 75 anticipated over the next 22 years.

By 2047 the total population of Dundee is projected to decrease by	**1.3%**
By 2047 the population aged over 75+ is projected to increase by	**37.7%**

Life Expectancy

Dundee **males have the third 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 years (compared to 81 for a Scottish female, a difference of 2 years)

Male Life Expectancy at Birth – 75 years old (compared to 77 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 LCPP areas are above the Scottish average of 19.5% and are also above the Dundee average of 36.6%

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

Drug Use

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

1,600 (70%) male and

700 (30%) are female

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

Homelessness

1,377 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

17,249 people in Dundee identified themselves as having a disability or long-term condition that limited their day to day activities a lot

11.5% 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 2024/25:

Voting Members:

Role	Member
Nominated by Tayside Health Board (Chair/Vice Chair)	Beth Hamilton (from 14/12/2023 until 30/04/2024) Bob Benson (from 01/05/2024 – Chair until 23/10/2024; Vice Chair from 23/10/2024)
Nominated by Tayside Health Board	Beth Hamilton (from 01/05/2024 to 29/08/2024) Colleen Carlton (from 29/08/2024)
Nominated by Tayside Health Board	David Cheape
Councillor Nominated by Dundee City Council (Vice Chair/Chair)	Councillor Ken Lynn (Vice Chair until 23/10/2024; 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	Vicky Irons (until 16/10/2024) Dave Berry (Acting from 17/01/2024; permanent from 30/05/2025)
Proper Officer Appointed under section 95 (Chief Finance Officer)	Dave Berry Christine Jones (Acting from 17/01/2024)
Registered medical practitioner whose name is included in the list of primary medical performers prepared by the Health Board	Dr David Wilson
Registered nurse who is employed by the Health Board	Susannah Flower (vacant from April 2025) Jayne Smith (from October 2025)
Registered medical practitioner employed by the Health Board and not providing primary medical services	Dr Sanjay Pillai

Staff of the constituent authorities engaged in the provision of services provided under integration functions	Raymond Marshall (NHS Tayside Staff Side Representative) Jim McFarlane (Dundee City Council Trade Union Representative)
Director of Public Health	Dr Emma Fletcher (vacant from April 2025)
Clinical Director	Dr David Shaw
Third Sector Representative	Christina Cooper
Service user residing in the area of the local authority	Liz Goss (until 23 October 2024) Vacant (from 23 October 2024)
Persons providing unpaid care in the area of the local authority	Martyn Sloan

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

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

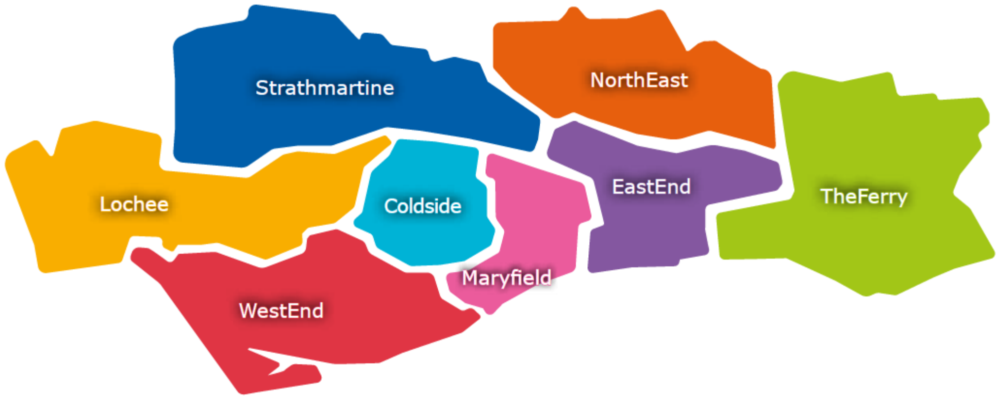
Through the whole of 2024/25, interim and contingency arrangements to support and supplement the senior leadership team were put in place to cover a period of absence. Acting Chief Officer, Acting Chief Finance Officer and Acting Head of Service, Strategic Services posts commenced on 17th January 2024, and continued throughout the year. The Acting Chief Officer was appointed to the post of Chief Officer from 30th May 2025.

Operational Delivery Model

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

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

Map of Eight Local Community Planning Partnership Areas



Scrutiny and Performance

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

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

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

Table 2

National Indicator	Dundee 19/20 (Baseline Year)	Dundee 2022/23	Dundee 2023/24	Dundee 2024/25*	Scotland 2024/25*
Emergency admissions rate to hospital per 100,000 people aged 18+	12,456	12,999	14,550	15,154	11,446
Emergency bed days rate per 100,000 people aged 18+	113,813	115,106	113,606	103,847	109,823
Readmissions to acute hospital within 28 days of discharge rate per 1,000 population	128	139	149	139	103
Falls rate per 1,000 population aged 65+	31.1	32.7	33.6	34.0	22.4
Number of days people spend in hospital when they are ready to be discharged, per 1,000 population (Delayed Discharge bed days)	443	770	411	245	952

*calendar year data
Source: *Performance Against National Health and Wellbeing Indicators*

Operations for the Year

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

Discharge without Delay & Care at Home

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

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

Within Dundee, key staff work collaboratively with the Tayside Urgent and Unscheduled Care Board in order to deliver on the strategic plan as set out by the National Urgent and Unscheduled Care Collaborative. The focus of this work is to deliver care closer to home for citizens of Dundee and to minimise hospital inpatient stays wherever appropriate. Throughout 2024/25, the program of work was split across 4 key workstreams:

1. Optimising Access: Aimed at creating clear and seamless communication and referral pathways between community urgent services in order to create alternatives to hospital admission where appropriate.

2. Performance 95 - Improving the flow through the Emergency Department in order to ensure the 4-hour national target is achieved.

3. Community Urgent Care - Linked closely to the Optimising Access workstream, this focuses on improving and expanding the role of Urgent Care services in the community setting. In Dundee this specifically relates to improvement work ongoing within the Dundee Enhanced Care at Home Team (DECAHT).

4. Optimising Flow - A continuation of the Discharge Without Delay work undertaken last year, focussing on supporting every ward area in Tayside to achieve upper quartile length of stay in relation to the national benchmarking data.

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

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

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

Older People

Local Authority Care Homes have continued to admit and support service users who have multiple and complex needs. As a result, an additional senior social care worker has been introduced to each home to allow better support for staff, service users and families. For the workforce, wellbeing ambassadors have now been introduced at each care home to help support and signpost staff to maintain their health and wellbeing. For service users, additional quality assurance processes such as "Resident of the Day" were introduced to ensure their care is reviewed holistically each month. The Care Home Team has had higher than normal staff turnover with approximately 6 new staff across all disciplines over the past 12 months. Lots of work has been done to make access to registered nurses easier and more straight forward for Care Homes including nurses now having specific times they will spend in their link homes as opposed to ad hoc.

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

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

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

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

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

Adult Mental Health

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

During 2024-25 priority focus was given to continue to develop new models of care to support mental health and wellbeing in a more timely manner. Funding was approved for use to improve processes around ADHD assessment and treatment and Hope Point has continued to provide 24/7 support for people experiencing emotional distress. An average of 75 new people each month accessed Hope Point during 2024-25. People cite feeling welcome, heard and understood and thus able to return for support when required.

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

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

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

Suicide Prevention

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

The plan can be viewed here.

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

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

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

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

Drug & Alcohol

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

Other areas of priority within the Year 2 Delivery Plan:

- Gendered and whole-family approaches are now recognised as two additional underpinning principles that must be considered across all action commitments.
- A focus on responding to ongoing and historical trauma, with targeted and specific actions around trauma work delivered as part of a broader Protecting People approach.

- Additional actions to prevent drug deaths agreed following the publication of the Tayside drug deaths annual report and the multi-agency event to discuss this report.

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

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

Harm reduction support continues to be provided as part of the implementation of MAT, and 2024/25 focused on increasing BBV and STI testing, as well as immunisation. The implementation of MAT standards is psychologically and trauma informed, with progress made to ensure the process follows a gendered approach. Frontline staff receive training to ensure they are skilled and supported to deliver the standards. The Multi-agency Consultation Hub (substance use and mental health) continued to progress and work was carried out to establish this process as core business and ensure close links with other high risk review processes.

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

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

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

<u>Community Treatment & Care Service</u>

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

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

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

Transforming Services

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

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

- In November 2024 we launched new pages on the NHS Tayside website providing information about mental health and wellbeing support available at GP practices. The website also holds information for people who may be seeking support urgently while in distress. It has an A-Z Directory of services available in Dundee to support mental health and wellbeing. A poster and leaflet campaign is underway to raise awareness of the new web pages and information sessions have taken place in person and across teams for local groups and services to attend.

- Kingsway Care Centre introduced Wellbeing Champions in 2023 and there are now 3 champions. This year they have identified and utilised spaces for wellbeing on the wards, promoted self-care and supported staff on an individual basis. The have event to celebrate staff as well as looking at improving outdoor spaced that can be used by staff.

- DHSCP Primary Care colleagues are working with the Health Improvement Scotland Collaborative to learn and use quality improvement tools to map and improve patient pathways. The initial project focused on First Contact Physiotherapy and working with 2 practices to improve the patient pathway to give optimal patient and staff outcomes including shorter waiting times and reduced non-attendance.

- The Multi-Agency Consultation Hub (MACH) has been set up to facilitate collaborative decision-making and supporting individuals affected by substance use and mental health.

- The Family Medical Group practice in Douglas is trialling Group Consultations where several patients with similar health needs come together. The practice is also developing lifestyle advice for patients with complex needs.

- An enhanced model of community based palliative care was developed, tested and successfully implemented in Dundee. The model was designed to support palliative and end of life care at home, or in a hospice setting, if people wished to avoid hospital admission. A rapid response, multidisciplinary service was offered to people living in Dundee which provided urgent help with symptom control, holistic support and coordination of care with other community services. This team of specialists included a palliative care doctor, Macmillan nurses, health care support workers, physiotherapists and occupational therapists. An evaluation of the project showed that the majority of people supported by this service died either at home or in Roxburghe House, and only a very small number of people died in hospital.

- Dundee's Recovery Network was established, the Lived Experience Framework developed, and a robust system for gathering evidence from those receiving Medication Assisted Treatment (MAT) established.

Feedback from service users across the Partnership

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

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

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

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

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

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

Analysis of Financial Statements 2024/25

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

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

The 2024/25 Annual Accounts comprise: -

a) Comprehensive Income and Expenditure Statement – This statement shows that Dundee City Integration Joint Board made an overall deficit of £6,078k in 2024/25 (deficit of £6,155k in 2023/24) on the total income of £357,361k (£336,831k in 2023/24).

b) Movement in Reserves – Dundee City Integration Joint Board has year-end reserves of £11,735k (£17,813k in 2023/24). These are held in line with the Dundee City Integration Joint Board's reserves policy. Reserves were applied during the year to cover outstanding liabilities to Dundee City Council, NHS Tayside and the activities of the Integration Joint Board.

c) Balance Sheet – In terms of routine business Dundee City Integration Joint Board does not hold non-current assets.

d) Notes - Comprising a summary of significant accounting policies, analysis of significant figures within the Annual Accounts and other explanatory information.

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

Financial Position at the End of March 2025

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

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

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

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

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

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

	Opening Committed Reserves@ 01/04/24	In-Year Reserves Movement	Closing Committed Reserves @ 31/3/25
	£000	£000	£000
Primary Care	1,858	75	1,933
Mental Health	1,036	(795)	241
Drug & Alcohol	559	367	926
Service Specific	1,452	(1,002)	450
Strategic Developments	3,756	(1,758)	1,998
Revenue Budget Support 24/25	4,000	(4,000)	0
Revenue Budget Support 25/26	0	2,050	2,050
NHST-System Pressure Funding	0	2,959	2,959
Other Staffing	363	(207)	156
Total Committed Reserves	**13,024**	**(2,311)**	**10,713**
Plus Uncommitted Reserves	4,789	(3,767)	1,022
Total Reserves	**17,813**	**(6,078)**	**11,735**

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

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

Key Risks and Uncertainties

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

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

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

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

Staff Resource
The staff resources required to develop robust integrated arrangements while continuing to undertake existing responsibilities may impact on organisational priorities and the operational ability to support delivery of an effective integrated services. As a result, throughout 2024/25 staffing resource has continued to be a key concern being one of the highest scoring risks on the IJB's strategic risk register.

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

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

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

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

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. Similar to 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 a number of enhancements to social care provision. Other elements of the original Bill continue to explored nationally.

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

Lack of Capital Investment in Community Facilities
Restrictions in access to capital funding from the statutory partner bodies and Scottish Government to invest in existing and potential new developments to enhance community-based health and social care services is a significant risk to the IJB. Scottish Government 2024/25 Capital Investment Resources available to Local Authorities and NHS Boards has been severely restricted leading to minimal likelihood of resources being made available for community facilities

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

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

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

Capacity of Leadership Team
The capacity of the leadership team has been significantly affected following the retirement of the previous Chief Officer. This continues to be impacted by workload pressures and widespread recruitment challenges. Interim Acting arrangements were implemented throughout 2024/25 to ensure key posts were covered. Following the appointment of the Chief Officer in May 2025, a review of the new leadership structure on a permanent basis is in progress and will consolidate and provide clarity to roles.

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. This can be down to both system set up issues and user error in the workforce, which has been intensified by recent IT changes and staff turnover. The Quality, Data and Intelligence team are working with operational staff to improve data quality as well working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems

Increased Bureaucracy
Governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the assurance arrangements required to be put in place. Although we are encouraged by the change in approach to the National Care Service Bill by making some structural improvements without the Bill, as we had previously highlighted that we have seen this Bill as a further level of bureaucracy.

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

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

Conclusion

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

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



Dave Berry CPFA	**Christine Jones FCCA**	**Ken Lynn**
Chief Officer	Acting Chief Finance Officer	Chair
Dundee City	Dundee City	Dundee City
Integration Joint Board	Integration Joint Board	Integration Joint Board
Date:	Date:	Date:

Responsibilities of the Dundee City Integration Joint Board

The Dundee City Integration Joint Board is required to:

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

I confirm that these Annual Accounts were approved for signature at a meeting of the Performance and Audit Committee on 19 November 2025.

Signed on behalf of the Dundee City Integration Joint Board

Ken Lynn
Chair
Dundee City Integration Joint Board

Date:

Statement of Responsibilities

Responsibilities of the Chief Finance Officer

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

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

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

The Chief Finance Officer has also:

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

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

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

Date:

Introduction

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

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

Remuneration: Integration Joint Board Chair and Vice Chair

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

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

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

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

Remuneration: Officers of Dundee City Integration Joint Board

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

Senior Employees

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

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

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

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

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

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

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

Senior Employee	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/03/24 £	For Year to 31/03/25 £		Difference from 31/03/24 £000	As at 31/03/25 £000
Vicky Irons Chief Officer	23,079	11,890	Pension	45.7	47
			Lump Sum	186	268
Dave Berry Acting Chief Officer/Chief Finance Officer (PY)	19,009	21,270	Pension	11	64
			Lump sum	15	85
Christine Jones Acting Chief Finance Officer	14,699	18,863	Pension	5	18
			Lump Sum	0	0
Total	**56,787**	**52,023**	**Pension**	**62**	**175**
			Lump Sum	**201**	**353**

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

Exit Packages

There were no exit packages payable during the financial year.

Ken Lynn
Chair
Dundee City Integration Joint Board

Date:

Dave Berry
Chief Officer
Dundee City Integration Joint Board

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 throughout the 2024/25 financial year.

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

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

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

- The senior leadership structure of the Health and Social Care Partnership consists of the Chief Officer, Head of Finance and Strategic Services (Chief Finance Officer), two Heads of Service of Health and Community Care Services and professional leads for Nursing, AHP's and Primary Care. Lead support from other profession groups can also be accessed when required. The Chief Finance Officer has overall responsibility for the Integration Joint Board's financial arrangements and is professionally qualified and suitably experienced to lead the Integration Joint Board's finance function and to direct staff accordingly.

- During the latter months of 2023/24 and through the whole of 2024/25, interim and contingency arrangements to support and supplement the senior leadership team were put in place to cover a period of absence. Acting Chief Officer, Acting Chief Finance Officer and Acting Head of Service, Strategic Services posts commenced on 17th January 2024, and continued throughout the year. The Acting Chief Officer was appointed to the post of Chief Officer from 30 May 2025.

- In addition, following the retirement of one of the two Head of Service for Health and Community Care Services during April 2024, an interim replacement commenced in May 2024 and continued throughout the year.

- Formal regular meetings of the senior leadership team including professional leads, as well as regular meetings of extended leadership team.

- Standing Orders, Financial Regulations and a Code of Conduct including the publication of Register of Member's Interests and the nomination of the Clerk to the Integration Joint Board as Standards Officer were all in place during 2024/25.

- The Integration Joint Board met remotely on seven occasions throughout the year to consider its business. Five development sessions were also held in a hybrid format as part of the 2025/26 budget development process. A further six development sessions were held covering a range of governance, risk and strategy topics.

- The Integration Joint Board's Performance and Audit Committee met remotely on four occasions throughout the year to scrutinise the performance of the Integration Joint Board and audit arrangements in line with regulations and good governance standards in the public sector.

- The Integration Joint Board reviewed and approved the updated Terms of Reference for Performance and Audit Committee on 11 December 2024.

- Internal Audit arrangements for 2024/25 were approved at the Performance and Audit Committee meeting held on 25 September 2024, including the continuation of the appointment of the Chief Internal Auditor of FTF Internal Audit and Management Services to the role of Chief Internal Auditor of the Integration Joint Board supported by Dundee City Council's Internal Audit Service. An Internal Audit Plan for 2024/25 was approved drawing on resources from both organisations.

- Assurances are provided from internal audit through their independent review work of the Integration Joint Board's internal control systems.

- Assurances were provided to the Performance and Audit Committee in relation to Clinical, Care and Professional Governance through the presentation of a Chairs assurance Report from the Clinical, Care and Professional Governance Group to each meeting of the Committee.

- The Chief Finance Officer complied fully with the five principles of the role of the Chief Finance Officer, as set out in CIPFA guidance.

- Compliance with CIPFA's Financial Management Code

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

- A continued focus on considering risk in decision making through the clear identification of risks in relation to Integration Joint Board decisions reflected in reports presented to the Integration Joint Board and Performance and Audit Committee.

- The provision of regular strategic risk register updates to the Performance and Audit Committee with an annual risk register report presented to the IJB.

- The approval and progressing in year of the Annual Internal Audit Plan with the presentation of Internal Audit reports and follow up action plans as appropriate. Update reports on progress of the Internal Audit Plan were provided at each Performance and Audit Committee.

- The presentation of the IJB's Annual Performance Report.

- The approval of Best Value Arrangements and Assessment report providing assurance that governance arrangements and activities were in place to demonstrate best practice.

- Continued development of the performance management framework with a range of performance reports published and scrutinised by the Performance and Audit Committee throughout the year, including more detailed reviews of specific areas of concern, some of which were requested by the committee such as emergency readmission to hospital rates and discharge management on complex and standard delays. A further suite of indicators for Drug and Alcohol and Mental Health Services were adopted by and reported to the Performance and Audit Committee during the financial year.

- A process of formal, regular reporting of financial performance and monitoring to the Integration Joint Board was in place throughout 2024/25.

- The provision of regular budget development reports for 2025/26 to the Integration Joint Board.

- The IJB and Performance and Audit Committee minutes continue to reflect the nature of discussion and further agreed actions in addition to the availability of online access to, and recordings of meetings.

- The continued development of an Action Tracker with updates to each IJB and Performance and Audit Committee meeting to monitor progress of previously agreed actions and to provide assurance that actions were implemented as required.

- The provision of an assurance report from the Chair of the Performance and Audit Committee outlining the key issues raised at the previous Performance and Audit Committee meeting to the following Integration Joint Board meeting.

- Reporting on issues relating to the Clinical, Care and Professional Governance Group in the form of the group Chair's Assurance Report to each meeting of the Performance and

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

- A Directions Policy setting out the process for formulating, approving, issuing and reviewing directions to Dundee City Council and NHS Tayside.

- Regular reporting to the Performance & Audit Committee of external scrutiny reports relating to delegated services from scrutiny bodies such as the Care Inspectorate and supporting subsequent action plans.

- Provision of a Governance Action Plan progress report to monitor progress of previous recommended areas of improvement provided to each meeting of the Performance and Audit Committee. Mapping work to develop revised reporting of outstanding Governance Actions has been completed and the next stage to refine and enhance the recording of these actions to show a clear link between source of required action, progress made and actions being taken continues to be developed.

- Assurance provided around the quality of Social Work Services through the annual Chief Social Work Officer's Annual Report.

- Assurances provided regarding arrangements to support the IJB to discharge its duties as a Category 1 Responder through provision of an annual report to the IJB.

- Reporting of Complaints and Feedback in relation to delegated Health and Social Care services, and continued roll-out of Care Opinion service to enhance capturing of feedback from patients, carers and service users.

- Assurances on the procedures, processes and systems of NHS Tayside and Dundee City Council as advised through the partner bodies Annual Governance Statements and Annual Internal Audit Reports and relevant internal and external audit reporting.

- The provision of an annual report from the Performance and Audit Committee to the Integration Joint Board meeting on 11 December 2024 in relation to the PAC's activities during the year 2023/24.

Review of Adequacy and Effectiveness

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Continuous Improvement

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

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

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

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

Conclusion and Opinion on Assurance

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

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

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

Ken Lynn
Chair
Dundee City Integration Joint Board

Date:

Dave Berry
Chief Officer
Dundee City Integration Joint Board

Date

Comprehensive Income & Expenditure Statement

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

2023/24 Gross Expenditure £000	2023/24 Gross Income £000	2023/24 Net Expenditure (Income) £000		2024/25 Gross Expenditure £000	2024/25 Gross Income £000	2024/25 Net Expenditure (Income) £000
94,334	0	94,334	Older People Services	103,262	0	103,262
29,665	0	29,665	Mental Health	32,649	0	32,649
43,056	0	43,056	Learning Disability	46,968	0	46,968
11,051	0	11,051	Physical Disability	10,796	0	10,796
10,580	0	10,580	Substance Misuse	10,455	0	10,455
20,180	0	20,180	Community Nurse Services / AHP* / Other Adult Services	20,697	0	20,697
14,808	0	14,808	Community Services (Lead Partner)***	15,496	0	15,496
8,036	0	8,036	Other Services / Support / Management	7,206	0	7,206
34,189	0	34,189	Prescribing	34,986	0	34,986
30,953	0	30,953	General Medical Services (FHS**)	33,362	0	33,362
24,016	0	24,016	FHS – Cash limited & Non-Cash Limited	25,291	0	25,291
320,868	**0**	**320,868**	**Net Cost of Operational Services during the Year**	**341,169**	**0**	**341,169**
407	0	407	IJB Operational Costs	420	0	420
21,711	0	21,711	Large Hospital Set Aside	21,850	0	21,850
342,986	**0**	**342,986**	**Total Cost of Services**	**363,439**	**0**	**363,439**
0	(336,831)	(336,831)	Taxation and Non-Specific Grant Income (Note5)	0	(357,361)	(245,083)
342,986	**(336,831)**	**6,155**	**(Surplus) or Deficit on Provision of Services**	**363,439**	**(357,361)**	**6,078**
		6,155	**Total Comprehensive Income & Expenditure**			**6,078**

Notes
* AHP – Allied Health Professionals
** FHS – Family Health Services
*** Reflects the impact of lead partner services not attributable to specific client groups

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

Movement in Reserves Statement

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

Total Reserves 2023/24 £000	Movements in Reserves	Total Reserves 2024/25 £000
23,968	**Opening Balance at 31 March 2024**	**17,813**
(6,155)	Total Comprehensive Income and Expenditure	(6,078)
(6,155)	**Increase/(Decrease)**	**(6,078)**
17,813	**Closing Balance at 31 March 2025**	**11,735**

Balance Sheet

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

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

The audited accounts were issued on 19 November 2025

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

Date:

1. Significant Accounting Policies

General Principles

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

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

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

Accruals of Income and Expenditure

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

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

Funding

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

Cash and Cash Equivalents

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

Employee Benefits

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

Reserves

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

Indemnity Insurance

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

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

2. Critical Judgements and Estimation Uncertainty

Critical Judgements in Applying Accounting Policies

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

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

On behalf of all IJBs within the NHS Tayside area, Dundee City IJB acts as the lead partner under hosting arrangements for a range of services including Specialist Palliative Care, Brain Injury, Nutrition and Dietetics, Sexual and Reproductive Health and Psychological Therapies. It commissions services on behalf of the three Tayside IJB's and is responsible for the strategic planning and operational budget of those lead partner services. The Dundee City IJB reclaims the cost of these services using an agreed methodology based around population shares from the other IJB's. Dundee City IJB is not responsible for covering the full cost of any overspends in these areas, nor do they retain the full benefits of any underspends. The Dundee City IJB will also receive a corresponding charge from the other Tayside IJB's for the services they lead on Dundee's behalf. This arrangement is treated as an agency arrangement.

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

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

3. Events after the Reporting Period

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

4. Expenditure and Income Analysis by Nature

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

5. Taxation and Non-Specific Grant Income

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

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

6. Debtors

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

7. Creditors

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

8. Usable Reserve: General Fund

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

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

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

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

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

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

Committed Reserves	Balance at 31-Mar-24 £000	Movement 2024/25 £000	Balance at 31-Mar-25 £000
Mental Health	1,036	(795)	241
Primary Care	1,858	75	1,933
Service Specific	1,452	(1,002)	450
Drug & Alcohol	559	367	926
Strategic Developments	1,756	242*	1,998
Revenue Budget Support	4,000	(1,950)	2,050
NHST – System Pressures	0	2,959	2,959
Other Staffing	363	(207)	156
Total Committed Reserves	**13,024**	**(2,311)**	**10,713**
Uncommitted Reserves	6,789	(5,767)*	1,022
Total – General Fund Balances	**17,813**	**(6,078)**	**11,735**

*Movement of £2,000k from Uncommitted reserves to Strategic Developments - Approved August 2024, DIJB45-2024 included in 2024/25 Movement.

9. Related Party Transactions

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

Dundee City Integration Joint Board Members

Board members of Dundee City Integration Joint Board have direct control over the Board's financial and operating policies. The Dundee City Integration Joint Board membership is detailed on page 6 of these statements. Board members have the responsibility to adhere to a Code of Conduct, which requires them to declare an interest in matters that directly or indirectly may influence, or be thought to influence their judgement or decisions taken during the course of their work. In terms of any relevant parties, board members with declarations of interest did not take part in any discussion or decisions relating to transactions with these parties.

Officers

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

Key Management Personnel

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

Transactions with NHS Tayside

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

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

Balances with NHS Tayside

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

Transactions with Dundee City Council

2023/24 £000	Description	2024/25 £000
104,333	Funding Contributions received from Dundee City Council	112,278

(137,189)	Net Expenditure on Services Provided by Dundee City Council	(148,851)
(32,856)	**Net Transactions with Dundee City Council**	**(36,573)**

Dundee City Council did not charge for any support services provided in the year ended 31 March 2025 (2024: nil).

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

Balances with Dundee City Council

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

10. Value Added Tax (VAT)

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

11. Agency Income and Expenditure

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

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

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

12. Provisions and Contingent Liabilities

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

Contingent Liability

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

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

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

13. Accounting Standards that have been issued but not adopted

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

Independent Auditor's Report

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

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of Dundee City Integration Joint Board for the year ended 31 March 2025 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 (the 2024/25 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the body as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 3 April 2024. My period of appointment is four years, covering 2023/24 to 2026/27. I am independent of the body in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, I report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement
I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and Performance and Audit Committee for the financial statements
As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The Performance and Audit Committee is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements
My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the body;
- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the body;

- inquiring of the Chief Finance Officer concerning Dundee City Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;

- discussions among my audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

I have audited the parts of the Remuneration Report described as audited. In my opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement
In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception
I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities
In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Rachel Browne CPFA
Audit Director
Audit Scotland
4th Floor
102 West Port
Edinburgh
EH3 9DN

Dundee
Health & Social Care
Partnership

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

City Chambers
DUNDEE
DD1 3BY

11th November, 2025

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

Dear Sir or Madam

PERFORMANCE AND AUDIT COMMITTEE

I would like to invite you to attend a meeting of the above Committee which is to be held remotely on Wednesday, 19th November, 2025 at 10.00am.

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 no later than 12 noon on Monday, 17th November, 2025.

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.

Yours faithfully

DAVE BERRY

Chief Officer

A G E N D A

1 APOLOGIES FOR ABSENCE

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 MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE **- Page 1**

The minute of previous meeting of the Committee held on 24th September, 2025 is attached for approval.

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

The Action Tracker (PAC42-2025) for meetings of the Performance and Audit Committee is attached for noting and updating accordingly.

4 AUDIT SCOTLAND ANNUAL REPORT AND INTEGRATION JOINT BOARD ANNUAL ACCOUNTS 2024/25

(Report No PAC47-2025 by the Chief Finance Officer, TO FOLLOW).

5 DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 1 - Page 15

(Report No PAC39-2025 by the Chief Finance Officer, copy attached – for noting).

6 DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT - Page 41

(Report No PAC44-2025 by the Clinical Director, copy attached – for decision).

7 CITY PLAN FOR DUNDEE 2022-2032 – ANNUAL REPORT FOR 2024/25 - Page 57

(Report No PAC38-2025 by the Chief Finance Officer, copy attached – for noting).

8 OUR PROMISE 2023-26 ANNUAL UPDATE - Page 121

(Report No PAC40-2025 by the Chief Officer, copy attached – for noting).

9 QUARTERLY FEEDBACK REPORT - 1ST AND 2ND QUARTER 2025/2026 - Page 135

(Report No PAC46-2025 by the Chief Finance Officer, copy attached – for noting).

10 DHSCP STRATEGIC RISK REGISTER UPDATE - Page 141

(Report No PAC45-2025 by the Chief Finance Officer, copy attached – for noting).

11 GOVERNANCE ACTION PLAN PROGRESS REPORT - Page 153

(Report No PAC41-2025 by the Chief Finance Officer, copy attached – for noting).

12 DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT - Page 179

(Report No PAC43-2025 by the Chief Finance Officer, copy attached – for noting).

13 ATTENDANCE LIST - Page 187

(A copy of the Attendance Return (PAC48-2025) for meetings of the Performance and Audit Committee held over 2025 is attached for information and record purposes).

14 DATE OF NEXT MEETING

The date for the next meeting of the Committee is to be confirmed.

PERFORMANCE AND AUDIT COMMITTEE
CONTACT LIST
(Updated September 2025)

(a) CONTACTS – PERFORMANCE AND AUDIT COMMITTEE

(* - DENOTES VOTING MEMBER)

Role	**Recipient**
NHS Non Executive Member (Chair)	Bob Benson *
Elected Member	Councillor Dorothy McHugh *
Elected Member	Councillor Siobhan Tolland *
NHS Non Executive Member	David Cheape *
Chief Officer	Dave Berry
Acting Chief Finance Officer	Christine Jones
Registered medical practitioner employed by the Health Board and not providing primary medical services	Sanjay Pillai
Chief Social Work Officer	Glyn Lloyd
Chief Internal Auditor	Jocelyn Lyall
Staff Partnership Representative	Raymond Marshall
Person providing unpaid care in the area of the local authority	Martyn Sloan

(b) DISTRIBUTION – FOR INFORMATION ONLY

Organisation	**Recipient**
Dundee City Council (Chief Executive)	Greg Colgan
Elected Member – Proxy	Councillor Lynne Short
Elected Member – Proxy	Councillor Roisin Smith
Elected Member – Proxy	Bailie Helen Wright
Dundee City Council (Executive Director of Corporate Services)	Paul Thomson
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
NHS Tayside (Chief Executive)	Nicky Connor
NHS Non Executive Member – Proxy	Andrew Thomson
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright
Dundee City Council (Communications rep)	Steven Bell
Dundee Health and Social Care Partnership	Kathryn Sharp
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (Communications rep)	Anna Michie
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
NHS (PA to Jocelyn Lyall)	Carolyn Martin
Audit Scotland (Audit Manager)	Richard Smith
Dundee City Council (Communications rep)	Katie Alexander
Dundee City Council (Communications rep)	Mike Boyle
Dundee City Council (Communications rep)	Lewis Thomson
Dundee Health and Social Care Partnership	Jenny Hill
Dundee Health and Social Care Partnership	Lynsey Webster
Dundee City Council (Legal Manager)	Maureen Moran

Organisation	Recipient
Dundee City Council (Legal rep)	Jackie Bell
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Mary O'Connor
Regional Audit Manager	Barry Hudson
Audit Scotland (Audit Director)	Rachel Browne
Health and Social Care Partnership	Angie Smith
Health and Social Care Partnership	Shahida Naeem
Dundee City Council – Finance	John Moir
NHS Tayside	Jayne Smith

At a MEETING of the **PERFORMANCE AND AUDIT COMMITTEE OF THE DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD** held remotely on 24th September, 2025.

Present:-

Members	Role
Bob BENSON (Chair)	Nominated by Health Board (Non-Executive Member)
Colleen CARLTON	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
Barry HUDSON	Regional Audit Manager, Internal Audit
Christine JONES	Acting Chief Finance Officer
Dr Sanjay PILLAI	Registered Medical Practitioner (not providing primary medical services)

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

Linda GRAHAM	Health and Social Care Partnership
Matthew KENDALL	Health and Social Care Partnership
Shahida NAEEM	Health and Social Care Partnership
Kathryn SHARP	Health and Social Care Partnership
Angie SMITH	Health and Social Care Partnership
Lynsey WEBSTER	Health and Social Care Partnership

Bob BENSON, Chairperson, in the Chair.

I APOLOGIES FOR ABSENCE

Apologies for absence were noted from Glyn Lloyd, Jocelyn Lyall, Raymond Marshall and Martyn Sloan.

II DECLARATION OF INTEREST

There were no declarations of interest.

III MINUTE OF PREVIOUS MEETING AND ACTION TRACKER

(a) MINUTE

The minute of meeting of the Committee held on 21st May, 2025 was submitted and approved.

(b) ACTION TRACKER

There was submitted the Action Tracker, PAC28-2025, for meetings of the Performance and Audit Committee for noting and updating accordingly.

Following questions and answers the Committee further agreed:

(i) to note that since the Action Tracker had been issued, items 4 & 5 had been completed;

(ii) that any actions relating to reporting would be reviewed.

IV REVISED PERFORMANCE AND AUDIT COMMITTEE (PAC) TERMS OF REFERENCE

There was submitted Report No PAC33-2025 by the Chief Finance Officer reviewing the Terms of Reference for the Dundee Integration Joint Board's Performance and Audit Committee.

The Committee agreed to review the existing Terms of Reference for the IJB's Performance and Audit Committee as attached as Appendix 1 to the report and confirmed that the draft updated version should be submitted to the next IJB meeting for approval.

Following questions and answers the Committee further agreed:

(i) that the internal officers' workplan would be submitted to each future PAC Pre-Meeting for consideration; and

(ii) to note the mechanism for PAC members to highlight any issues or concerns was at the PAC meeting and these would be escalated to the Integration Joint Board through the PAC Chair's Assurance report.

V ANNUAL PERFORMANCE REPORT 2024-25

There was submitted Report No PAC27-2025 by the Chief Finance Officer submitting the Dundee Integration Joint Board Annual Performance Report 2024-25 for noting following publication on 31st July 2025 and approval by the Board on 20th August 2025.

The Committee agreed:-

(i) to note the content of the report and the Annual Performance Report 2024-25, which was contained in Appendix 1;

(ii) to note that the Annual Performance Report 2024-25 was published on 31st July 2025 following approval by the Chair and Vice-Chair of the Integration Joint Board, the Clerk and the Chief Officer and Chief Finance Officer as at Appendix 2 and section 4.1.3 of the report;

(iii) to note that the Integration Joint Board approved the Annual Performance Report on 20th August 2025 and that the Chief Officer would update the report with financial year 2024/2025 data for all National Health and Wellbeing indicators as soon as data was made available by Public Health Scotland (section 4.2.3 of the report).

Following questions and answers the Committee further agreed:

(iv) to note Councillor McHugh's concerns about the process for approving the Annual Performance Report; and

(v) to note that issues regarding the statutory reporting timescales to the Scottish Government continued to be fed back to them; and

(vi) that consideration could be given to whether there was a different way of approving the report.

VI DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 4

There was submitted Report No PAC23-2025 by the Chief Finance Officer providing an update on the 2024-25 Quarter 4 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data was also provided in relation to Social Care – Demand for Care at Home services.

The Committee agreed:-

(i) to note the content of the summary report;

(ii) to note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 of the report (tables 1, 2 and 3);

(iii) to note the performance of Dundee Health and Social Care Partnership against the ‘Measuring Performance Under Integration’ indicators as summarised in Appendix 1 (table 3); and

(iv) to note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2 of the report.

Following questions and answers the Committee further agreed:

(v) to note that, in relation to concerns raised by Councillor McHugh, the Falls Data Group had been looking in more detail at the data for some time and were continuing to do so.

VII DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT

There was submitted Report No PAC31-2025 by the Clinical Director providing assurance to Committee on the business of Dundee Health and Social Care Partnership Clinical, Care and Professional Governance Group.

This aligned to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person-centred

The report provided evidence of the following Best Value Characteristics:

- Equality
- Vision and Leadership
- Effective Partnerships
- Governance and Accountability
- Use of Resources
- Performance Management
- Sustainability

The Committee agreed:-

(i) to provide their view on the level of assurance the report provided and therefore the level of assurance regards clinical and care governance within the Health and Social Care Partnership. The timescale for the data within the report was to 31st July 2025; and

(ii) to note that the Lead Officer for Dundee HSCP, Dr David Shaw suggested that the level of assurance provided was:

Reasonable; due to the following factors:

- there was evidence of a sound system of governance throughout Dundee HSCP;

- the identification of risk and subsequent management of risk was articulated well throughout services;

- there was ongoing scope for improvement across a range of services, in relation to the governance processes, although this was inextricably linked to the ongoing difficulties with recruitment and retention of staff; and

- there was evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

Following questions and answers the Committee further agreed:

(iii) to note that risks around clinical capacity would be included in the PAC Chair's Assurance report to the IJB.

VIII MENTAL HEALTH SERVICES INDICATORS – 2024/25 QUARTER 4

There was submitted Report No PAC29-2025 by the Chief Finance Officer reporting a suite of measurement relating to the activity of mental health services for scrutiny and assurance.

The Committee agreed:-

(i) to note the content of the report, including current performance against the suite of mental health service indicators (section 6 and appendix 1 of the report); and

(ii) to note the operational and strategic supporting narrative in the context of the trends in performance and activity (section 7 of the report).

Following questions and answers the Committee further agreed:

(iii) to note that consideration would be given to numbering the table of indicators and updates in future reports for ease of reference;

(iv) that further data would be provided to Councillor McHugh on the number of children on the child protection register; and

(v) to note that an update on the Tayside Psychological Therapies Services position would be brought to a future PAC meeting.

IX DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 4

There was submitted Report No PAC30-2025 by the Chief Finance Officer providing an update on the performance of Drug and Alcohol Services.

The Committee agreed:-

(i) to note the data presented in the report, including the improvements in key indicators relating to access to drug treatment services during 2024/2025 (section 6 and appendix 1 of the report); and

(ii) to note the range of ongoing improvement activity (section 7 of the report).

Following questions and answers the Committee further agreed:

(iii) that consideration would be given to providing further information on the Dundee Recovery Network to a future IJB meeting; and

(iv) that further information would be provided to the Chair on the link between non fatal overdoses and completed suicides, if available.

X UNSCHEDULED CARE

There was submitted Report No PAC22-2025 by the Chief Finance Officer providing an update on Unscheduled Care Services and Discharge Management performance in Dundee.

The Committee agreed:-

(i) to note the current position in relation to complex and standard delays as outlined in sections 5-8 of the report; and

(ii) to note the improvement actions planned to respond to areas of pressure as outlined in section 9.

Following questions and answers the Committee further agreed:

(iii) to note that the sustainability of Delayed Discharge performance would be included in the PAC Chair's Assurance report to the IJB.

XI CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES

There was submitted Report No PAC25-2025 by the Chief Finance Officer summarising the gradings awarded by the Care Inspectorate to Dundee registered care homes for adults/older people and other adult services in Dundee for the period 1st April 2024 to 31st March 2025.

The Committee agreed:-

(i) to note the scale and scope of Care Inspectorate led inspections carried out in 2024-25 during the reporting year (section 4.1 of the report);

(ii) to note the contents of the report and the gradings awarded as detailed in the performance report (Appendix 1) and highlighted in section 4.2 of the report; and

(iii) to note the range of continuous improvement activities progressed during 2024-25 as described in section 4.3 and Appendix 1 of the report.

Following questions and answers the Committee further agreed:

(iv) that the information on Substance Misuse/Homelessness that was missing from page 221 would be circulated to PAC members.

XII DHSCP STRATEGIC RISK REGISTER UPDATE

There was submitted Report No PAC24-2025 by the Chief Finance Officer providing an update in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

The Committee agreed:-

(i) to note the content of the Strategic Risk Register Update report, including the extract from the strategic risk register contained within Appendix 1 of the report;

(ii) to note the ongoing work, led by the Partnership's Senior Management Team, to revise the strategic risk register; and

(iii) to instruct the Chief Officer to submit a report detailing proposed revised arrangements for recording, managing and reporting strategic risk across the IJB and the Health and Social Care Partnership to the IJB no later than 31st December 2025.

XIII BEST VALUE ARRANGEMENTS AND ASSESSMENT 2025/26

There was submitted Report No PAC32-2025 by the Chief Finance Officer providing assurance that the Integration Joint Board and partners had arrangements in place to demonstrate that Best Value was being achieved.

The Committee agreed:-

(i) to note the content of the report and the full Best Value assessment as set out in Appendix 1 to the report; and

(ii) to note that the outcome of the assessment provided assurance that Best Value was being achieved through the Integration Joint Board's governance arrangements and activities.

XIV GOVERNANCE ACTION PLAN PROGRESS REPORT

There was submitted Report No PAC26-2025 by the Chief Finance Officer providing an update on the progress of the actions set out in the Governance Action Plan.

The Committee agreed to note the content of the report and the progress made against the actions within the Governance Action Plan (contained within appendix 1 of the report).

Following questions and answers the Committee further agreed:

(i) that some work would be undertaken with Internal Audit to consider if there could be streamlining of any of the actions.

XV DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

There was submitted Report No PAC34-2025 by the Chief Finance Officer providing an update on progress of the 2024/2025 internal audit plan. The audit plan for 2025/2026 was included on the agenda as a separate item. The report also included internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs were considered relevant for assurance purposes to Dundee Integration Joint Board.

The Committee agreed:

(i) to note the ongoing work undertaken on the 2024/2025 plan; and

(ii) to note that the Annual Internal Audit Plan for 2025/2026 was included at item 16 of the agenda.

Following questions and answers the Committee further agreed:

(iii) to note that the updated Internal Audit Charter would be presented to the next Committee.

XVI INTERNAL AUDIT PLAN 2025/26

There was submitted Report No PAC35-2025 by the Chief Finance Officer seeking approval of the 2025/2026 Annual Internal Audit Plan for Dundee City Integration Joint Board (IJB) and to agree the appointment of the Chief Internal Auditor for the financial year.

The Committee agreed:-

(i) the continuation of Fife, Tayside and Forth Valley Audit Internal Audit (FTF) as the IJB's lead internal auditors and the continuing Chief Internal Auditor arrangement for 2025/2026. This would be the tenth year of FTF providing the lead role, with the annual plan delivered jointly by the NHS Tayside and the Dundee City Council internal audit teams;

(ii) to approve the 2025/2026 Annual Internal Audit Plan as set out in Appendix 1 of the report.

Following questions and answers the Committee further agreed:

(iii) to note that the Chair would be invited to join a planning meeting between the Chief Finance Officer and Internal Audit colleagues.

XVII ATTENDANCE LIST

There was submitted Agenda Note PAC37-2025 providing attendance returns for meetings of the Performance and Audit Committee held over 2025.

The Committee agreed to note the position as outlined.

XVIII DATE OF NEXT MEETING

The next meeting of the Committee would be held on Wednesday 19th November, 2025 at 10.00am.

Bob BENSON, Chairperson.

ITEM No …3(b)………..

PAC42-2025

PERFORMANCE AND AUDIT COMMITTEE – ACTION TRACKER – 24TH SEPTEMBER 2025

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
1	31/01/24	V	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2023/2024 QUARTER 2	that, in relation to a query about Table 1 and the West End showing all red although it was one of the least deprived areas, Lynsey would look into the data and report back	Lead Officer, Strategic Services	September 2024 January 2025 May 2025 November 2025	There is no longer a specific performance issue in West End and therefore it is recommended that this action is closed. At Q1 2526 West End performed better or the same as Dundee in 4/6 indicators. When comparing with the 2020/21 baseline West End performed better than 4/6 indicators and when comparing with the 2018/19 baseline West End performed better in 3/6 indicators. The only indicator which is standing out is 28 day readmissions with West End having the highest rate at Q1 2526.

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
2	29/01/25	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2	that issues in relation to disengagement would be more fully addressed in future reports.	Lead Officer	September 2025 January 2026	Ongoing Data, Quality and Intelligence Team and operational managers to discuss revision of disengagement indicator as this is now no longer being utilised in wider drug and alcohol reports due to concerns regarding data quality. A replacement indicator will be agreed.
3	29/01/25	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2	that the Head of Health and Community Care would provide further information to Councillor McHugh on why the number of individuals starting alcohol treatment per quarter was remaining low.	Head of Health and Community Care	September 2025	Complete
4	29/01/25	VI	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 2	that the Lead Officer - Quality, Data and Intelligence would provide further information to Councillor McHugh on whether the number of people disengaging was more of an issue with alcohol dependency rather than drug dependency.	Lead Officer - Quality, Data and Intelligence	September 2025	Complete

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
5	21/05/25	IV	DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2024-25 QUARTER 2	that the Lead Officer – Quality, Data and Intelligence would consider with her team how the request for further analysis on data could be provided on a quarterly basis.	Lead Officer – Quality, Data and Intelligence	January 2026	Ongoing Further discussion required with operational colleagues who provide elements of accompanying analytical narrative. Target date for completion is next Quarterly Performance Report (Q2 2025/26).
6	24/09/25	III(b)	ACTION TRACKER	that any outstanding actions relating to performance would be reviewed.	Acting Head of Service, Strategic Services	November 2025	Complete
7	24/09/25	IV	REVISED PERFORMANCE AND AUDIT COMMITTEE (PAC) TERMS OF REFERENCE	that the internal officers' workplan would be submitted to each future PAC Pre-Meeting for consideration.	Chief Officer	November 2025	Complete
8	24/09/25	V	ANNUAL PERFORMANCE REPORT 2024-25	that consideration to be given to whether there was a different way of approving the report.	Chief Officer	November 2025	Complete – this will be discussed with the Legal Manager prior to approval of the 25/26 report (July 2026)

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
9	24/09/25	VIII	MENTAL HEALTH SERVICES INDICATORS – 2024/25 QUARTER 4	that consideration would be given to numbering the table of indicators and updates in future reports for ease of reference.	Acting Head of Service, Strategic Services	November 2025	Complete – this feedback has been accepted by the report author and will be applied in future reports.
10	24/09/25	VIII	MENTAL HEALTH SERVICES INDICATORS – 2024/25 QUARTER 4	that an update on the Tayside Psychological Therapies Services position would be brought to a future PAC meeting.	Chief Officer	January 2026	Not yet due
11	24/09/25	IX	DRUG AND ALCOHOL SERVICES INDICATORS – 2024/25 QUARTER 4	that consideration would be given to providing further information on the Dundee Recovery Network to a future IJB meeting.	Chief Finance Officer	January 2026	Not yet due – will be incorporated within the next Drug and Alcohol Services indicators report
12	24/09/25	XI	CARE INSPECTORATE GRADINGS – REGISTERED CARE HOMES FOR ADULTS/OLDER PEOPLE AND OTHER ADULT SERVICES	that the information on Substance Misuse/Homelessness that was missing from page 221 would be circulated to PAC members.	Acting Head of Service, Strategic Services	November 2025	Ongoing – the information is currently being compiled by the relevant officer and will be circulated in due course.
13	24/09/25	XIV	GOVERNANCE ACTION PLAN PROGRESS REPORT	that some work would be undertaken with Internal Audit to consider if there could be streamlining of any of the actions.	Acting Head of Service, Strategic Services and Chief Finance Officer	January 2026	Ongoing

No	Meeting	Minute Ref	Heading	Action Point	Responsibility	Timeframe	Status
14	24/09/25	XVI	INTERNAL AUDIT PLAN 2025/26	to note that the Chair would be invited to join a planning meeting between the Chief Finance Officer and Internal Audit colleagues.	Chief Finance Officer	November 2025	Complete - Joint meeting has been arranged for 2nd December 2025

ITEM No …5………..

REPORT TO:	**PERFORMANCE & AUDIT COMMITTEE –19 NOVEMBER 2025**
REPORT ON:	**DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP PERFORMANCE REPORT – 2025-26 QUARTER 1**
REPORT BY:	**CHIEF FINANCE OFFICER**
REPORT NO:	**PAC39-2025**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee on 2025-26 Quarter 1 performance against the National Health and Wellbeing Indicators and 'Measuring Performance Under Integration' indicators. Data is also provided in relation to Social Care – Demand for Care at Home services.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Note the content of this summary report.

2.2 Note the performance of Dundee Health and Social Care Partnership, at both Dundee and Local Community Planning Partnership (LCPP) levels, against the National Health and Wellbeing Indicators as summarised in Appendix 1 (tables 1, 2 and 3).

2.3 Note the performance of Dundee Health and Social Care Partnership against the 'Measuring Performance Under Integration' indicators as summarised in Appendix 1 (table 3).

2.4 Note the number of people waiting for a social care assessment and care at home package and associated hours of care yet to be provided in Appendix 2.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND INFORMATION

4.1 The Quarterly Performance Report analyses performance against the National Health and Wellbeing Indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost). The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. Further information regarding these indicators and the methodology used to report these indicators can be found in Appendix 3.

4.2 The Public Bodies (Joint Working) (Scotland) Act 2014 and associated regulations and guidance prescribes that Partnerships must compare performance information between the current reporting year and the preceding five reporting years. For Q1 2025-26, quarterly performance reports performance is measured against the 2020-21 baseline year and because 2020-21 performance is the pandemic era, hospital use may have been lower due to lockdowns and service disruptions, 2018-19 data has also been provided for all indicators as a supplementary baseline.

5.0 QUARTER 1 PERFORMANCE 2025-26 – KEY ANALYTICAL MESSAGES

5.1 Key analytical messages for the Quarter 1 2025-26 period are:

- Significant variation by Local Community Planning Partnership (LCPP) is still apparent, with poorest performance for many of the National Indicators in the most deprived LCPPs.

- The 2020-21 baseline reflects the pandemic period which would be affected by lockdowns, reduced hospital admissions, disrupted service and change in patient pathways. Therefore, comparison has also been made to the 2018-19 baseline.

Performance against the 2020-21 baseline

- Performance is poorer for emergency admissions rate per 100,000 for 18+ age group, emergency bed day rate and the 28 readmissions rate.

- Performance has improved for hospital admissions due to a fall (65+), standard and code 9 delayed discharge bed days lost rate per 1,000 for 75+ age group.

- Emergency admissions rate (18+) has increased in all LCPP areas, with the most significant rise in The Ferry (37.2%) and Coldside (26%).

- Emergency bed days rate (18+) show variation across the LCPP areas, West End, Lochee and North East have shown an improvement. The remaining five LCPP have shown a deterioration with The Ferry showing an increase of 25.2%.

- 28-day readmission rate per 1,000 admissions (18+) has increased by 4% (deterioration). The Ferry (13%) and Maryfield (12%) have the highest increases. Lochee is the only LCPP to show an improvement.

- Hospital admissions due to a fall (65+) show an improvement of 2%. Improvement is notable in Lochee, West End and The Ferry. Five LCPP show deterioration, with the highest increases in North East (22%) and Strathmartine (13%).

- Delayed Discharge bed days lost due to standard delays (age 75+) have improved by 23% across Dundee. East End showed the most significant improvement at 58%, followed by North East at 51%. Strathmartine was the only LCPP area to show a worsening trend.

- Delayed Discharge bed days lost due to code 9 delays (age 75+) have improved by 24% across Dundee. However there are extreme variations at LCPP level, Maryfield (-100%) and North East (-94%) show significant improvements. In contrast, The Ferry (+525%) and Coldside (+106%) have seen substantial increases indicating a deterioration in performance.

Performance against the 2018-19 baseline

- Performance is poorer for emergency admissions rate per 100,000 for 18+ age group, 28 days re-admissions rate (18+), hospital admissions due to a fall (65+) and delayed discharge - code 9 delays (75+).

- Performance has improved for emergency bed days rate (18+) and delayed discharge - standard delays (75+).

- Emergency admissions rate (18+) has increased in all LCPP areas, with the most significant rise in The Ferry (25%) and Strathmartine (17.4%).

- Emergency bed days rate (18+) shows improvement of 13% across Dundee, with Lochee showing an improvement of 25.8% and West End (22.6%). North East and The Ferry had modest increases in comparison to 2018-19 baseline.

- 28 day readmission rate per 1,000 admissions (18+) has increased by 4% indicating a deterioration. West End and Coldside experienced the highest increases, both at 23%. Lochee, East End and Strathmartine showed improvements.

- Hospital admissions due to a falls (65+) have deteriorated by 2% across Dundee. The largest increase was seen in Maryfield (18%), East End (17%) and North East (14%), indicating a worsening trend. West End (-16%) and Coldside (-10%) showed an improvement with fewer admissions.

- Delayed Discharge bed days lost due to standard delays (75+) shows 52% improvement across Dundee, all LCPP showed an improvement with East End (77%) and Lochee (66%) showing significant improvement.

- Delayed Discharge bed days lost due to code 9 delays (75+) have deteriorated by 8% across Dundee, however there are notable variations across LCPP. Strathmartine and North East showed improvements, with reductions of 88%. West End (+232%) and The Ferry (+138%) have experienced significant increases, indicating deterioration.

5.2 Public Health Scotland publishes a report on the number of people who are waiting for a Social Care and Care at Home service provided by the Health and Social Care Partnerships. The information, contained in Appendix 2, shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home / in the community for the care at home service to be delivered.

Data published from 15 January 2024 onwards reflects improved definitions and therefore caution should be taken when comparing with figures prior to this date.

The number of people waiting for assessments is showing an upward trend while the number of people waiting for care at home packages remains low.

In Dundee, as of 29 September 2025:

- 0 people waited in hospital and 164 people waited in the community for a social care assessment. 0 people have waited in hospital each week since 17 October 2022.

- 2 people were assessed and waiting for a care at home package in hospital (32 hours yet to be provided).

- 3 people were assessed and waiting for a care at home package in the community (28 hours yet to be provided).

- For those already in receipt of a care at home package 61 additional hours were required and not provided.

6.0 POLICY IMPLICATIONS

6.1 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.

7.0 RISK ASSESSMENT

Risk 1 Description	Poor performance against national indicators could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in the Strategic and Commissioning Plan.
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)
Mitigating Actions (including timescales and resources)	- Continue to develop a reporting framework which identifies performance against national and local indicators. - Continue to report data quarterly to the PAC to highlight areas of exceptional performance (poor and excellent). - Continue to support operational managers by providing in-depth analysis regarding areas of poor performance, such as around readmissions to hospital and falls related hospital admissions. - Continue to ensure that data informs operational practices and improvements and also that operational activities and priorities are used to interpret trends shown by the data. - Work with operational managers to identify areas of poor performance that result in operational risk and undertake additional analysis as required.
Residual Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

8.0 CONSULTATIONS

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 10 August 2025

Shahida Naeem
Senior Officer, Quality, Data and Intelligence

Lynsey Webster
Lead Officer, Quality, Data and Intelligence

APPENDIX 1 – Performance Summary

Table 1a: Performance in Dundee's LCPPs - % change in Q1 2025-26 against baseline year 2020-21

Most Deprived ← **Least Deprived**

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	+20%	+15.4%	+12%	+26%	+18.2%	+23.3%	+15.5%	+14.2%	+37.2%
Emer Bed Days rate per 100,000 18+	+6.7%	-1.5%	+17.8%	8.2%	-0.4%	8.6%	1.3%	-9.3%	+25.2%
28 Day Readmissions rate per 1,000 Admissions 18+	+4%	-5%	+1%	+1%	+0%	+4%	+12%	+6%	+13%
Hospital admissions due to falls rate per 1,000 65+	-2%	-20%	+7%	+2%	+22%	+13%	+8%	-13%	-9%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-23%	-3%	-58%	-36%	-51%	8%	-25%	-17%	-12%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	-24%	-66%	-33%	106%	-94%	-77%	-100%	-75%	+525%

Source: NHS Tayside BSU and PHS (delayed discharge data)

Note: This table shows the position against the 2019-20 baseline. Where performance is poorer than 2019-20 baseline, it is coded as red (worse than 2019-20). Where the performance is better than 2019-20 this is coded as green (better than 2019-20).

Key: Improved/Better (green) Stayed the same (amber) Declined/Worse (red)

Table 1b: Performance in Dundee's LCPPs - % change in Q1 2025-26 against baseline year 2018-19

Most Deprived ← **Least Deprived**

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strathmartine	Maryfield	West End	The Ferry
Emer Admissions rate per 100,000 18+	+10.6%	+5.5%	+8.1%	+8.7%	+6.6%	+17.4%	+12.6%	+2.6%	+25%
Emer Bed Days rate per 100,000 18+	-13.0%	-25.8%	-3.3%	-14.2%	+1%	-11.2%	-19.4%	-22.6%	+0.5%
28 Day Readmissions rate per 1,000 Admissions 18+	+4%	-5%	-9%	+23%	0%	-4%	+2%	+23%	+10%
Hospital admissions due to falls rate per 1,000 65+	+2%	+13%	+17%	-10%	+14%	+3%	+18%	-16%	+2%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Standard)	-52%	-66%	-77%	-32%	-60%	-49%	-38%	-55%	-28%
Delayed Discharge Bed Days Lost rate per 1,000 75+ (Code 9)	8%	-52%	+27%	+68%	-88%	-88%	0%	+232%	+138%

Source: NHS Tayside BSU and PHS (delayed discharge data)

Note: This table shows the position against the 2018-19 baseline. Where performance is poorer than 2018-19 baseline, it is coded as red (worse than 2018-19). Where the performance is better than 2018-19 this is coded as green (better than 2018-19).

Key: Improved/Better; Stayed the same; Declined/Worse

Table 2: Performance in Dundee's LCPPs - LCPP Performance in Q4 2024-25 compared to Dundee

Most Deprived ← Least

National Indicator	Dundee	Lochee	East End	Coldside	North East	Strath martine	Mary field	West End	The Ferry
Emer Admissions rate per 100,000 18+	13,992	15951	18,192	16,106	13,285	15,533	12,007	9,215	13,516
Emer Bed days rate per 100,000 18+	104,380	117,208	142,708	125,533	91,127	106,411	83,633	63,382	119,689
28 Day Readmissions rate per 1,000 Admissions 18+	145	134	149	158	130	147	151	163	131
Hospital admissions due to falls rate per 1,000 65+	31	29	39	36	21	31	30	31	31
Delayed Discharge bed days lost rate per 1,000 75+ (standard)	133	153	71	143	102	115	162	150	147
Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	99	69	108	359	11	10	0	50	100

Source: NHS Tayside BSU

Note: This table shows the Dundee position alongside the position for the 8 LCPPs. Where the LCPP performance is poorer than Dundee this is coded as red (worse than Dundee) and where the LCPP performance is better than Dundee this is coded as green (better than Dundee).

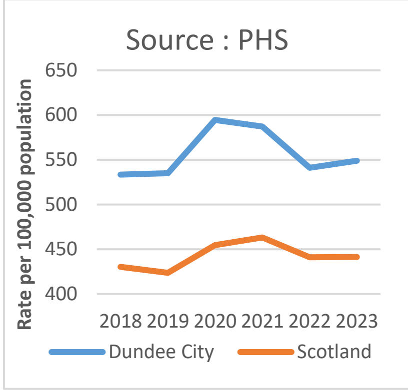
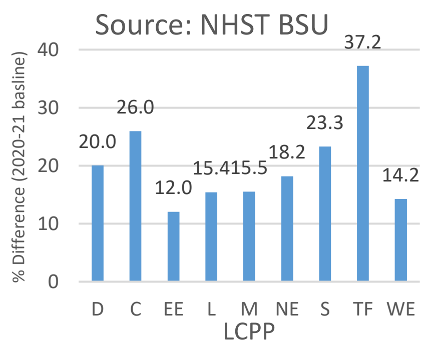
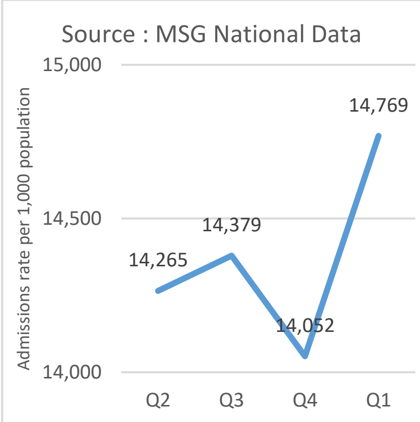
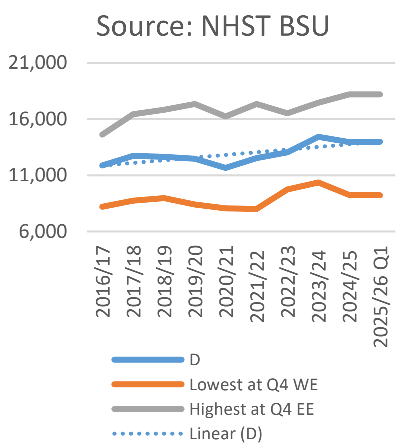
Key: Improved/Better — Stayed the same — Declined/Worse

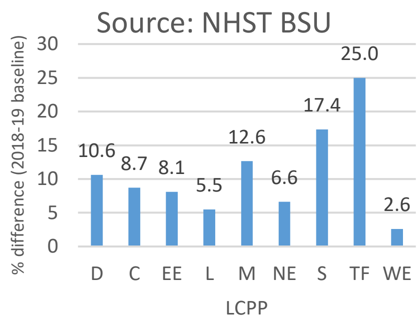
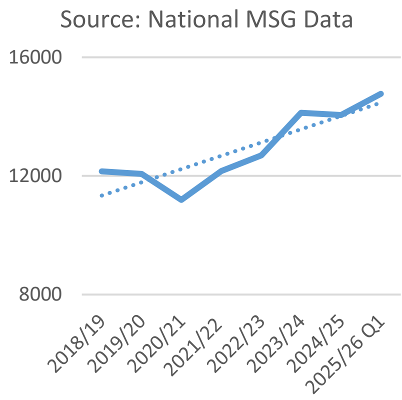
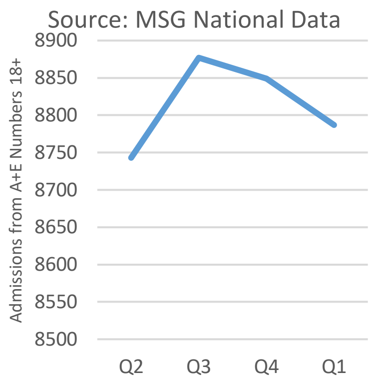
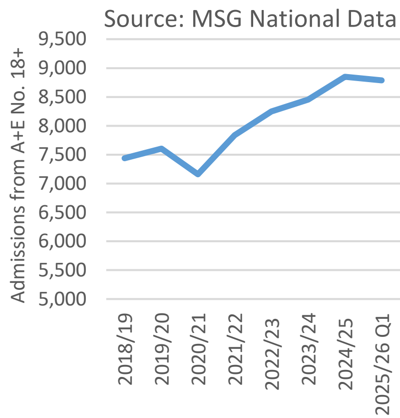
Table 3: Performance in Dundee's LCPPs - LCPP Performance in Q1 2025-26 compared to Dundee

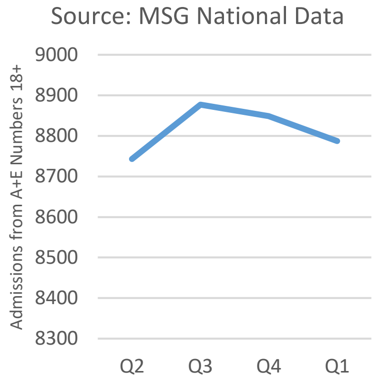
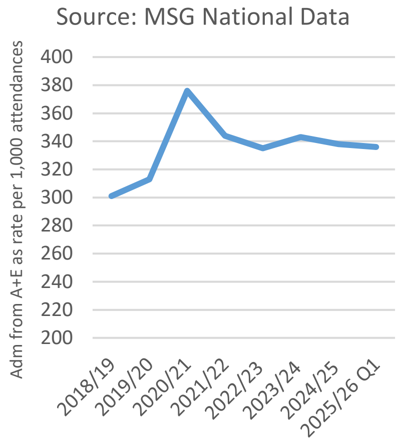
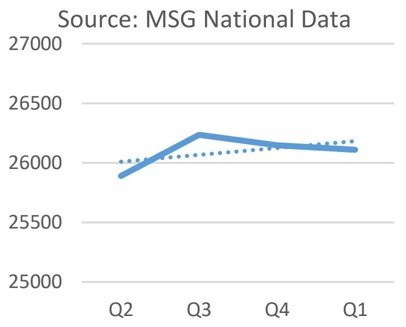
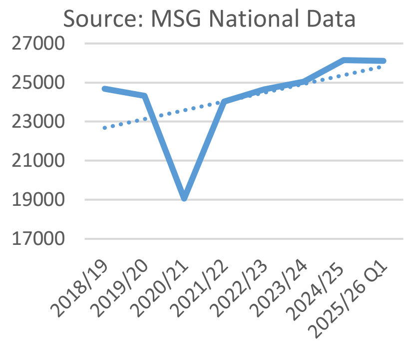
Dundee = D	East End = EE	Coldside = C	West End = WE
Strathmartine = S	North East = NE	Lochee = L	The Ferry = TF

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
1.% of adults able to look after their health very well or quite well*				29th	5th (88%)	3rd
2.% of adults supported at home who agreed that they are supported to live as independently as possible*				10th	3rd (77%)	1st
3.% of adults supported at home who agreed that they had a say in how their help, care, or support was provided*				10th	4th (65%)	2nd
4. % of adults supported at home who agree that their health and social care services seem to be well co-ordinated*				13th	4th (64%)	1st
5.% of adults receiving any care or support who rate it as excellent or good*				22nd	5th (68%)	2nd
6.% of people with positive experience of care at their GP practice*				14th	3rd (71%)	2nd

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
7.% of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life*				14th	3rd (71%)	2nd
8.% of carers who feel supported to continue in their caring role*				8th	3rd (34%)	1st
9.% of adults supported at home who agreed they felt safe*				11th	1st (77%)	2nd
10. % staff who say they would recommend their workplace as a good place to work	Not Available Nationally iMatter is used to gather feedback from DHSCP staff. For the 2024 survey the response rate was 54%. 76% of staff reported that they would recommend their organisation as a good place to work.	Not Available Nationally	Not Available Nationally			

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
11. Premature mortality rate per 100,000 persons	There was a 2.9% increase in 2023 than 2018, indicating a deterioration. Premature mortality rate rose during the pandemic years. 2023 is latest available published data	Not Available		30th	7th	3rd
12. Emer Admissions rate per 100,000 18+	 There was an increase in emergency admissions rate by 20% in Q1 2025-26 compared with the 2020-21 baseline. This equates to an increase of 2859 emergency admissions (deterioration).	 Following a drop in Q4 numbers have risen for Q1 2025-26	 Note - Linear (D) is the trendline for Dundee	29th	7th	3rd

	 There was an increase in the emergency admissions rate by 10.6% in Q1 2025-26 compared with the 2018-19 baseline. This equates to an increase of 1,650 emergency admissions (deterioration).		 Emergency admissions showing an increasing trend since the pandemic.			
12.1 Emergency Admissions Numbers from A&E (MSG)	1,627 more emergency admissions from A+E in Q1 25/26 compared with the 2020/21 baseline. 1,347 more emergency admissions from A+E in Q1 25/26 compared with the 18/19 baseline.	 Peak at Q3 but a reduction in Q4 and Q1 2025/26.	 Increasing trend post pandemic with Q1 2025/26 showing a slight drop.	NA as number and not rate	NA as number and not rate	NA as number and not rate

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
12.2 Emergency Admissions as a Rate per 1,000 of all Accident &Emergency Attendances (MSG)	Rate has decrease by 40, from 376 at the 2020/21 baseline to 336 at Q1 2025/26. This is a decrease of 11%. Rate has increased by 35, from 301 at the 2018/19 baseline to 336 at Q1 2025/26. This is an increase of 12%.	 The rate has been fairly consistent in the past four quarters.	 A&E admission rates peaked during the pandemic followed by a decline, with rates now stabilising.	Not Avail	Not Avail	Not Avail
12.3 Number of Accident & Emergency Attendances (MSG)	7050 (37% increase) more A&E attendances in Q1 2025/26 than the 2020/21 baseline. 1431 (6% increase) more A&E attendances in Q1 2025/26 than the 2018/19 baseline.	 A&E attendances peaked in Q3, followed by decrease in the following two quarters.	 Upward trend following the pandemic	NA as number and not rate	NA as number and not rate	NA as number and not rate

<table>
<tr><th>National Indicator</th><th>Difference From Baselines (2018-19 and 2019-20)</th><th>Dundee Short Term Trend (last 4 quarters)</th><th>Long Term Trend</th><th>Scotland Position 1= best, 31 = worst</th><th>Family Group Position 1= best, 8 = worst</th><th>Tayside Group Position 1= best, 3 = worst</th></tr>
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<td>13.Emer Bed days rate per 100,000 18+</td>
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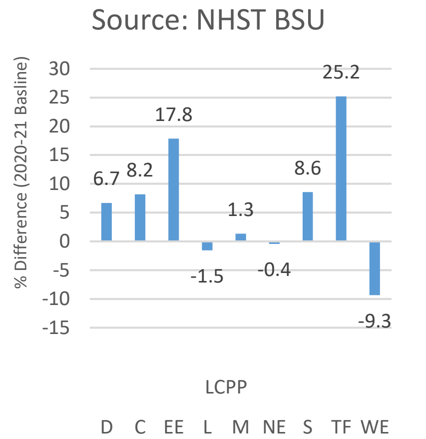
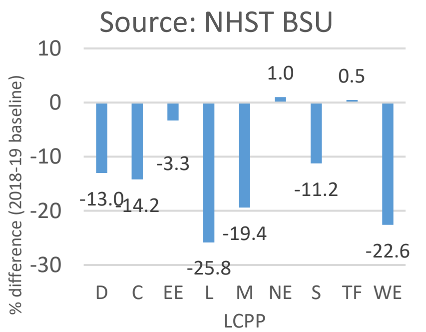


There was a increase in the emergency bed days rate by 6.7% between the 2020-21 baseline and Q1 2025-26. This equates to a decrease of 9,386 emergency bed days (deterioration).



There was a decrease in the emergency bed days rate by 13%
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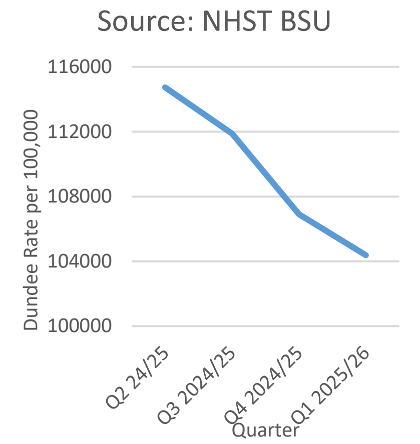
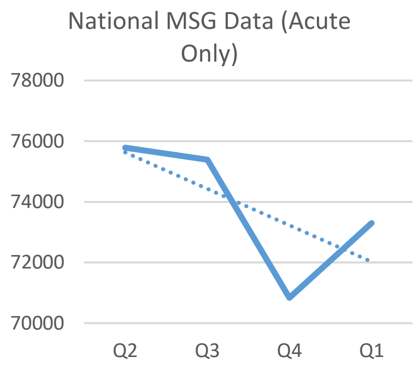


The emergency bed days rate has shown a consistent downward trend over the past 4 quarters (improvement).



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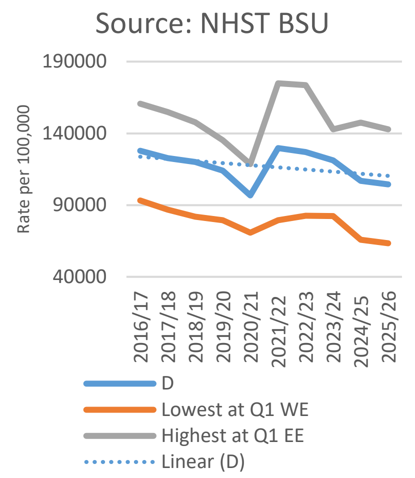

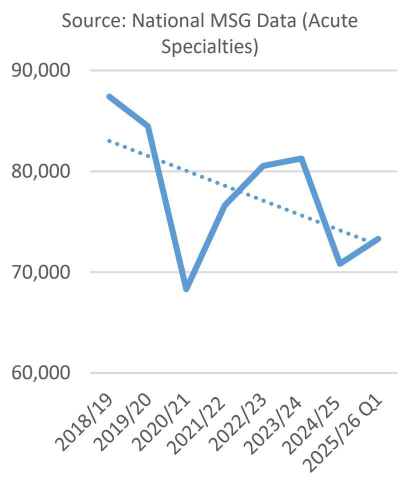

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<td>10th</td>
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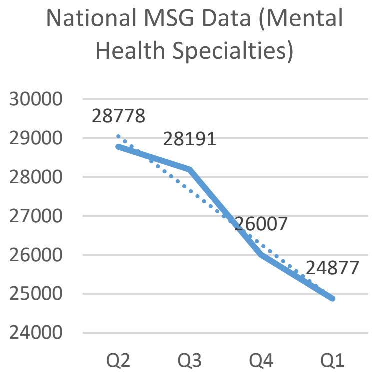
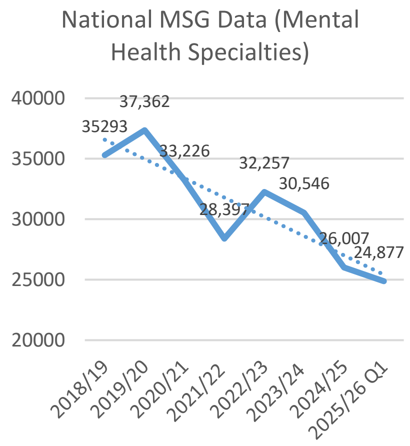
<td>between the 2018-19 baseline and Q1 2025-26. This equates to a decrease of 18,997 emergency bed days (improvement).

8,349 (25%) less mental health bed days in Q1 2025-26 compared with the 2020-21 baseline (improvement) (source: MSG)

10,416 (30%) less mental health bed days in Q1 2025-26 compared with the 2018-19 baseline (improvement) (source: MSG)</td>
<td>

A decrease in the rate of mental health emergency bed days since Q2 2024/25 (improvement)</td>
<td>

There has been a steady decrease since the pandemic, indicating an overall downward trend.</td>
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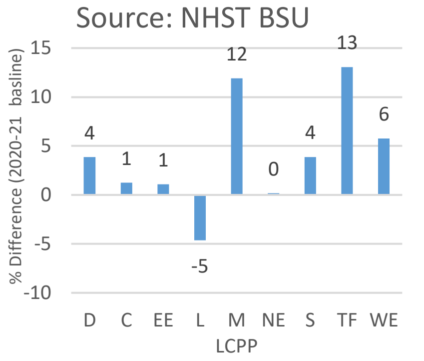
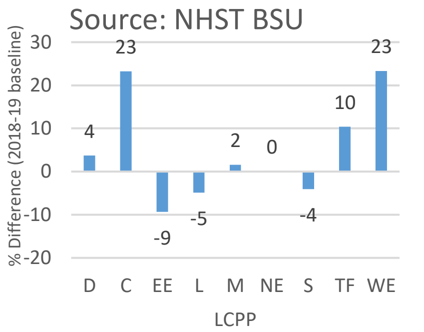
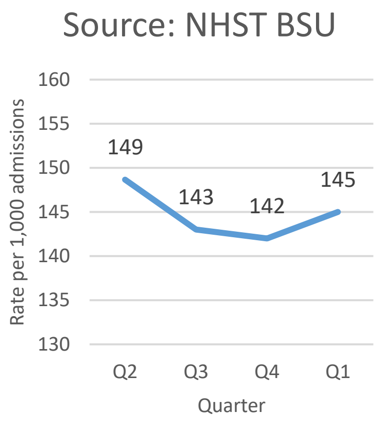
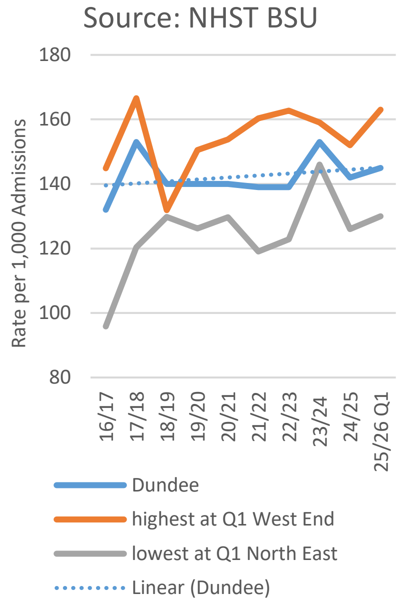
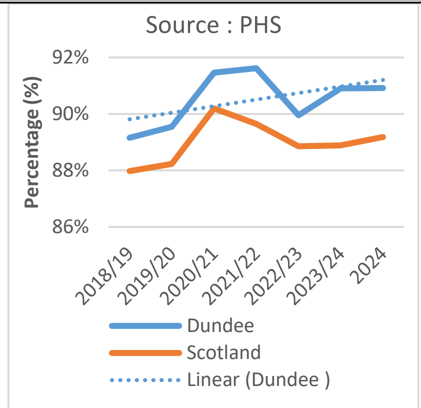
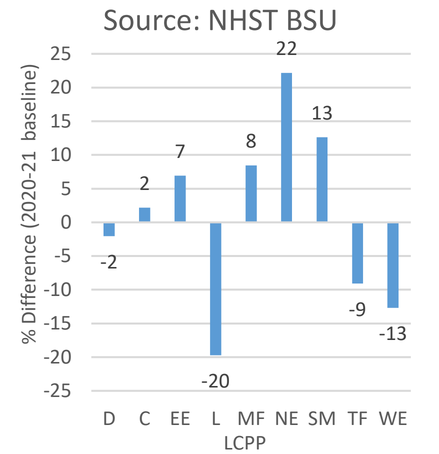
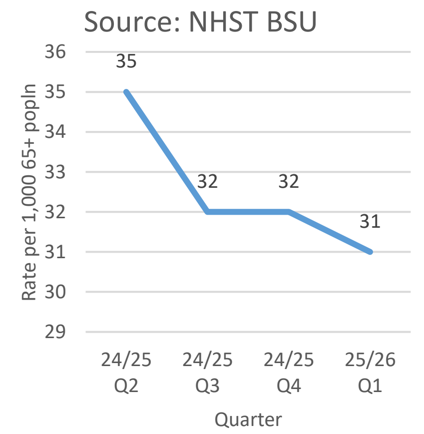
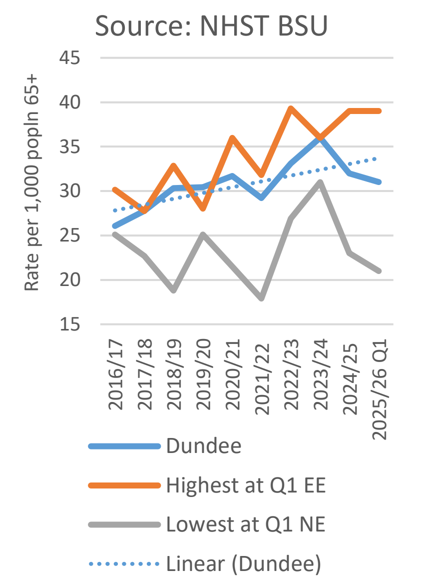
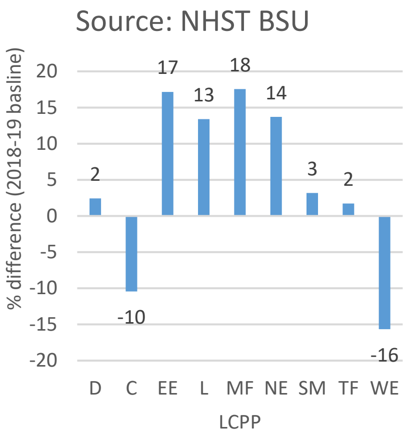
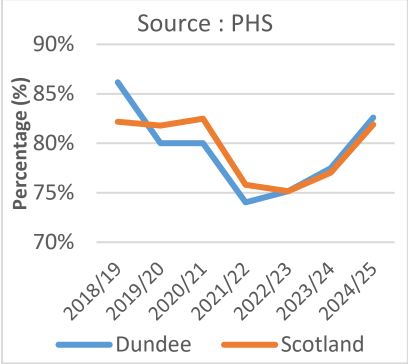
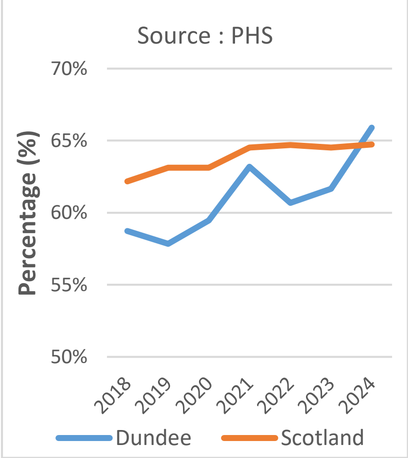
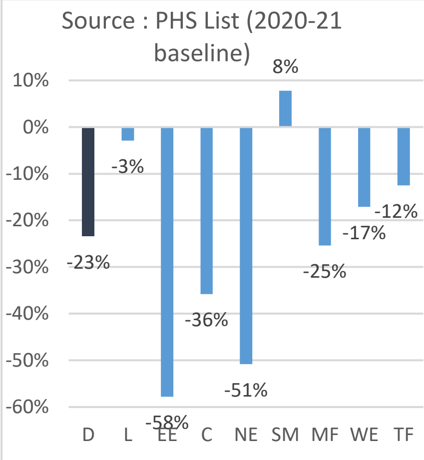
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
14. Emergency Readmissions rate per 1,000 Admissions 18+	 The rate is 4% higher at Q1 2025-26 than 2020-21. The number of readmissions (numerator) increased by 1039 readmissions between the 2020-21 baseline and Q1 2025-26.  The rate is 4% higher at Q1 2025-26 compared with the 2018-19 baseline. The number of readmissions (numerator) increased by 954 readmissions between the 2018-19 baseline and Q1 2025-26.	 After three consecutive quarters of decline, the trend is now showing signs of an upward shift.		29th	8th	2nd

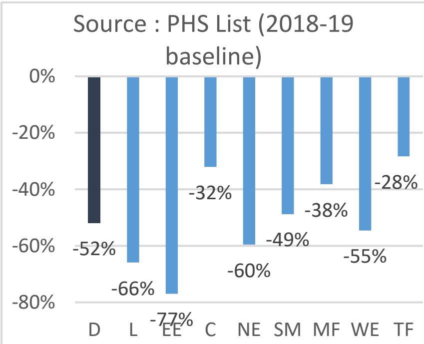
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
15. % of last 6 months of life spent at home or in a community setting	Increase from 89.2% in 2018/19 and 89.5% in 2019/20 to 90.9% in 2024 (improvement). Dundee is 7th best in Scotland and 1st in the family group.	Not Available		7th	1st	2nd
16. Hospital admissions due to falls rate per 1,000 65+ population	 The rate of admissions has decreased by 2% in Q1 25-26 from the 2020-21 baseline. This equates to an increase of 76 fall related	 A decreasing short term trend		31st	8th	3rd

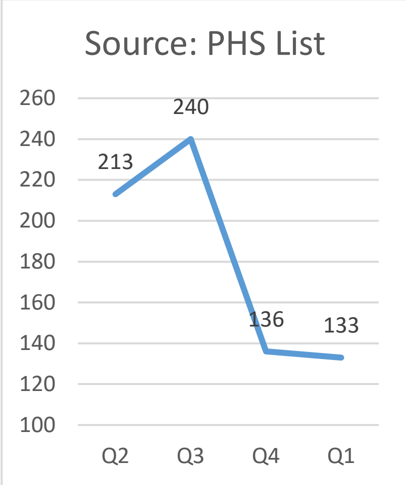
	hospital admissions. The greatest increase (deterioration) in the number of falls related admissions was in North East with a 22% increase (11 fall related admissions) (deterioration). North East had the lowest rate of admissions in 2020-21 and the highest rate of admissions in Q1 2025-26.  The rate of admissions has increased by 2% in Q1 25-26 from the 2018-19 baseline. This equates to an increase of 76 fall related hospital admissions. The greatest increase (deterioration) in the number of falls was in Maryfield.					

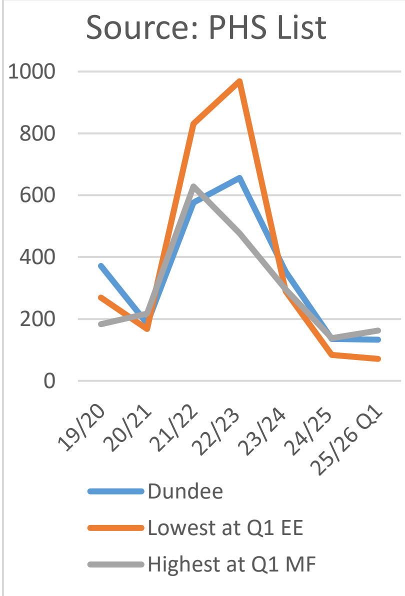
National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
17. % care services graded 'good' (4) or better in Care Inspectorate inspections	A deterioration of 3.6% compared to the 2018/19 baseline but a 2.6% improvement compared to the 2019/20 baseline. Grading during the pandemic deteriorated significantly to a low of 74% in 2021/22, followed by an improving trend.	Not Available		17th	6th	1st
18. % adults with intensive care needs receiving care at home	There has been an increasing trend in the proportion of adults receiving intensive care needs at home. In 2024, 66% received intensive care at home, representing an increase of 8% compared to 2019 and 7% compared to 2018 baseline.	Not Available		12th	5th	1st

<table>
<tr><th>National Indicator</th><th>Difference From Baselines (2018-19 and 2019-20)</th><th>Dundee Short Term Trend (last 4 quarters)</th><th>Long Term Trend</th><th>Scotland Position 1= best, 31 = worst</th><th>Family Group Position 1= best, 8 = worst</th><th>Tayside Group Position 1= best, 3 = worst</th></tr>
<tr><td>19.1 Delayed Discharge bed days lost rate per 1,000 75+ (standard)</td><td>

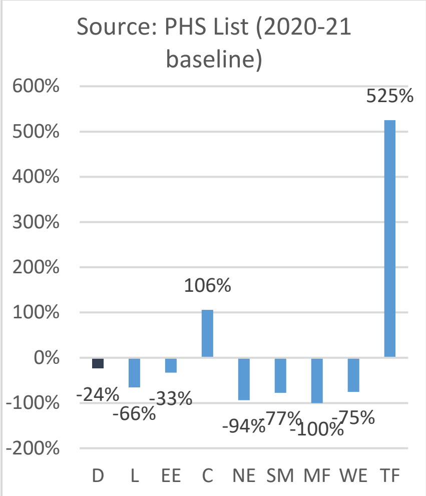
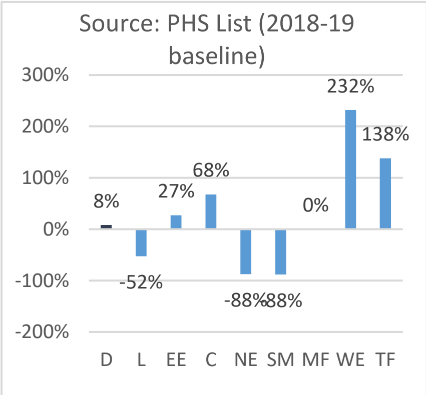
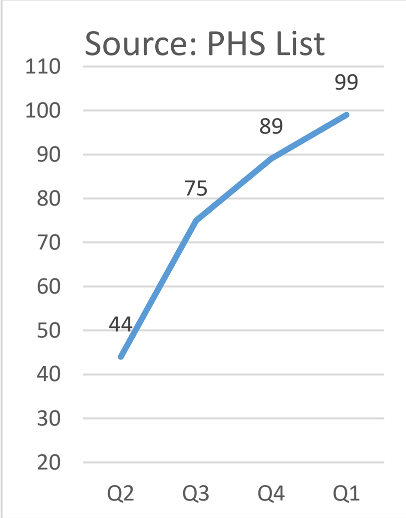
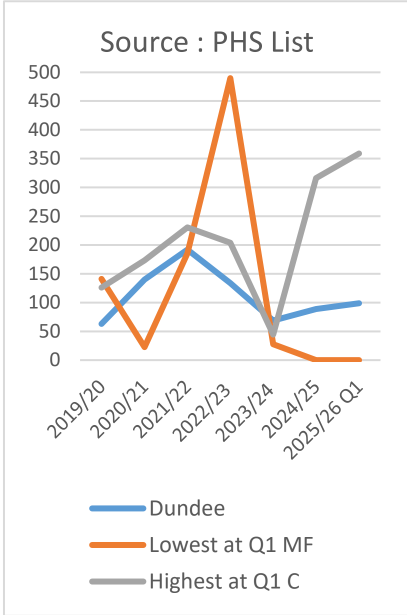
23% decrease (improvement) since the 2020/21 baseline.

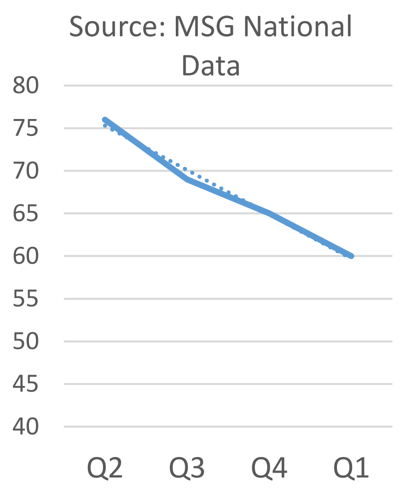
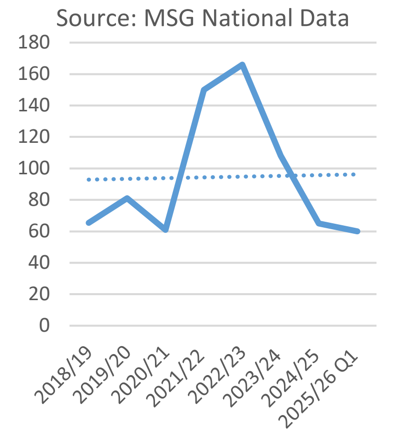
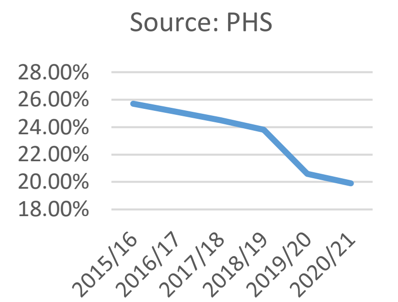


52% decrease (improvement) since the 2018/19 baseline.</td><td>

The trend shows a decrease over the last three quarters</td><td>

Decline in rate of standard delays since 2022/23. This is an improving trend.</td><td>NA</td><td>NA</td><td>NA</td></tr>
</table>

19.2 Delayed Discharge bed days lost rate per 1,000 75+ (Code 9)	 24% decrease (improvement) since 2020-21 and decrease (improvement) in 6 LCPPs.  8% increase (deterioration) since 2018-19 and decrease (improvement) in 3 LCPPs.	 An increase (deterioration) between in the past 4 quarters.	 Long term trends show an upward tick in the recent quarter.	NA	NA	NA

National Indicator	Difference From Baselines (2018-19 and 2019-20)	Dundee Short Term Trend (last 4 quarters)	Long Term Trend	Scotland Position 1= best, 31 = worst	Family Group Position 1= best, 8 = worst	Tayside Group Position 1= best, 3 = worst
19.3 Delayed Discharge bed days lost rate per 1,000 18+ (All Reasons) (MSG)	Bed days have decreased slightly since the 2020-21 baseline. In 2020-21 there were 7,460 bed days lost and this decreased to 7,368 at Q1 2025-26. Bed days have decreased since the 2018-19 baseline. In 2018-19 there were 9,376 bed days lost and this decreased to 7,368 at Q1 2025-26.	 Reduction (improvement) over the last 4 quarters.	 A decrease in bed days lost rate since 2022/23.	NA	NA	NA
20. % of health and social care resource spent on hospital stays where the patient was admitted as an emergency	5.8% less in 2020/21* than 2015/16 (improvement) *latest data available	Not Available		18th	3rd	3rd

APPENDIX 2 SUMMARY OF SOCIAL CARE – DEMAND FOR CARE AT HOME SERVICES DUNDEE

- This report is an assessment of the demand for Care at Home services provided by Health and Social Care Partnerships. The information shows the number of people waiting for an assessment for a package of care to allow them to live at home or in the community and the number of hours of care that has been assessed but not yet delivered. The information is presented by people waiting in hospital or waiting at home/community for the care at home services to be delivered.

- The data items submitted from 15 January 2024 onwards reflects improved definitions and therefore comparing figures before this date should be done with caution.

Chart 1

In Dundee as at 29 September 2025

- 0 people waited in hospital and 164 people waited in the community for a social care assessment.
- 0 people have waited in hospital each week since 17 October 2022.

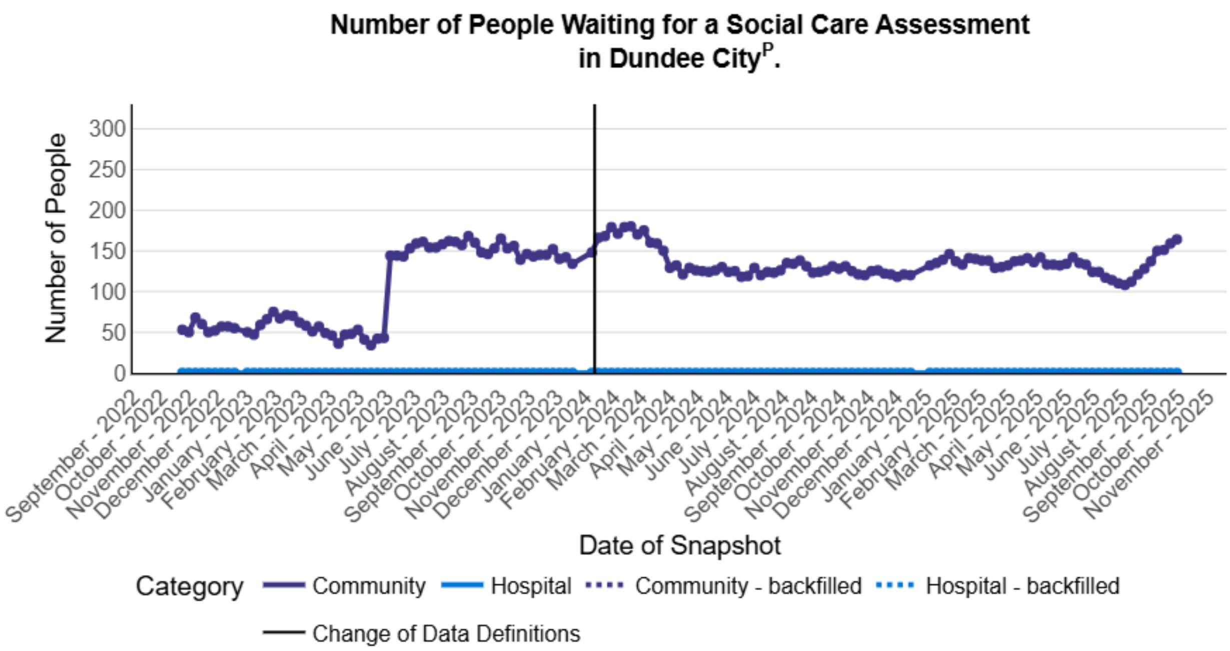
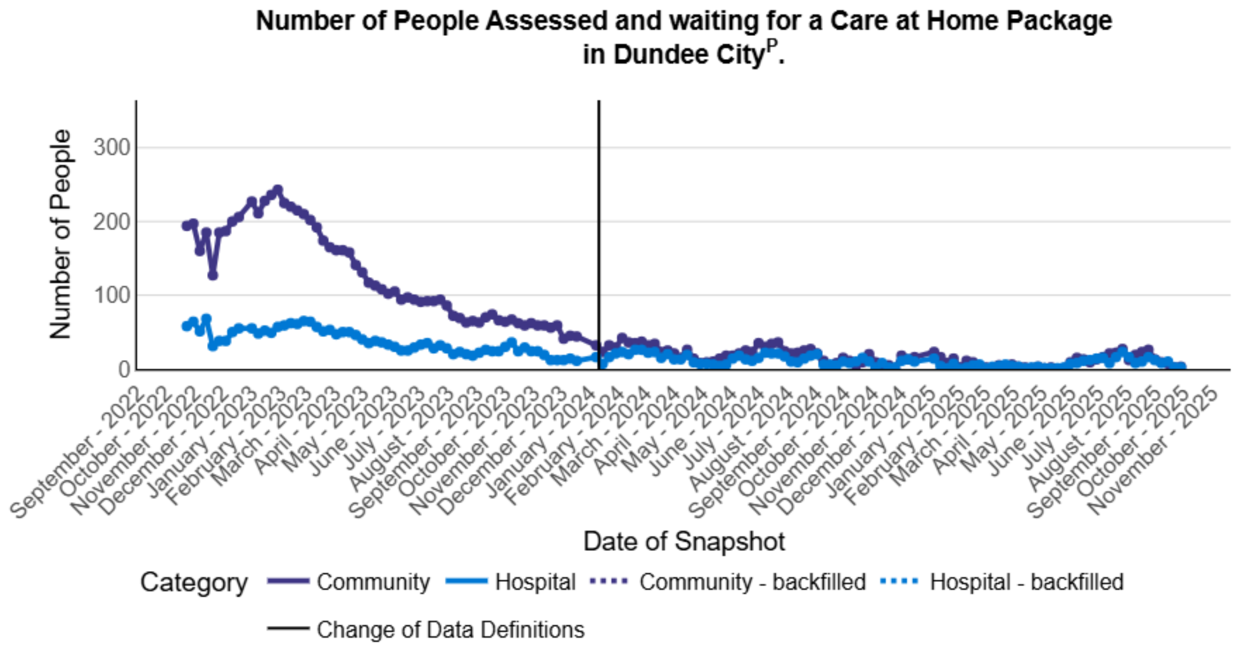


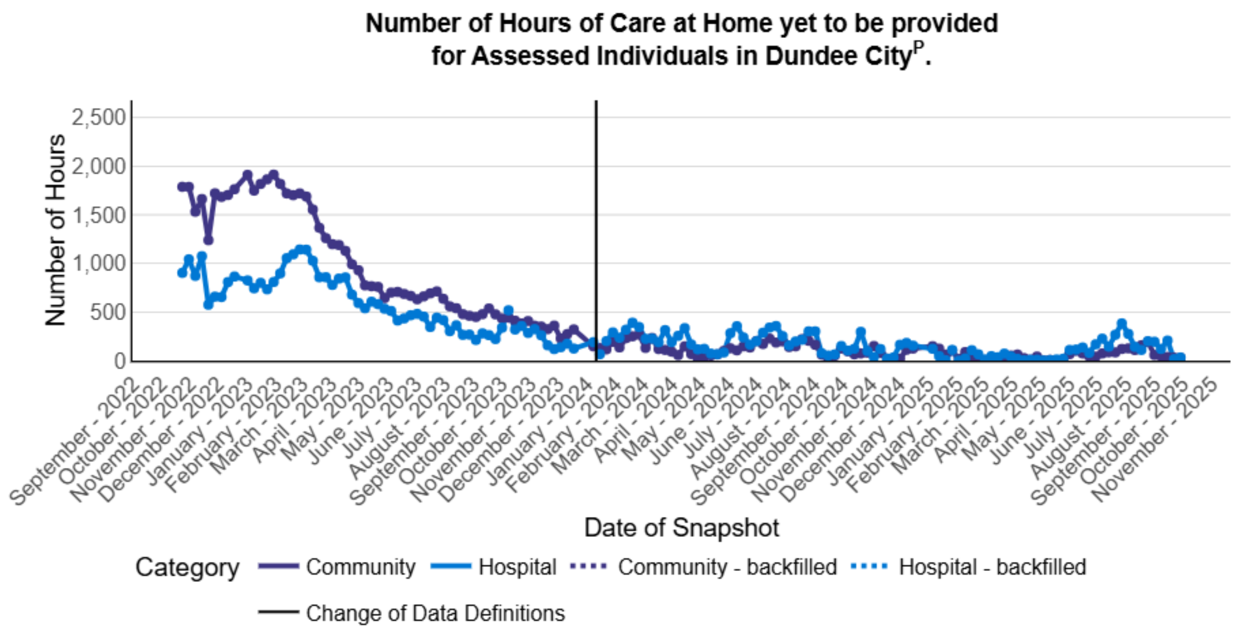
Chart 2



In Dundee as at 29 September 2025:

- 2 people was assessed and were waiting in hospital for a care at home package.
- 3 people were assessed and were waiting in the community for a care at home package.

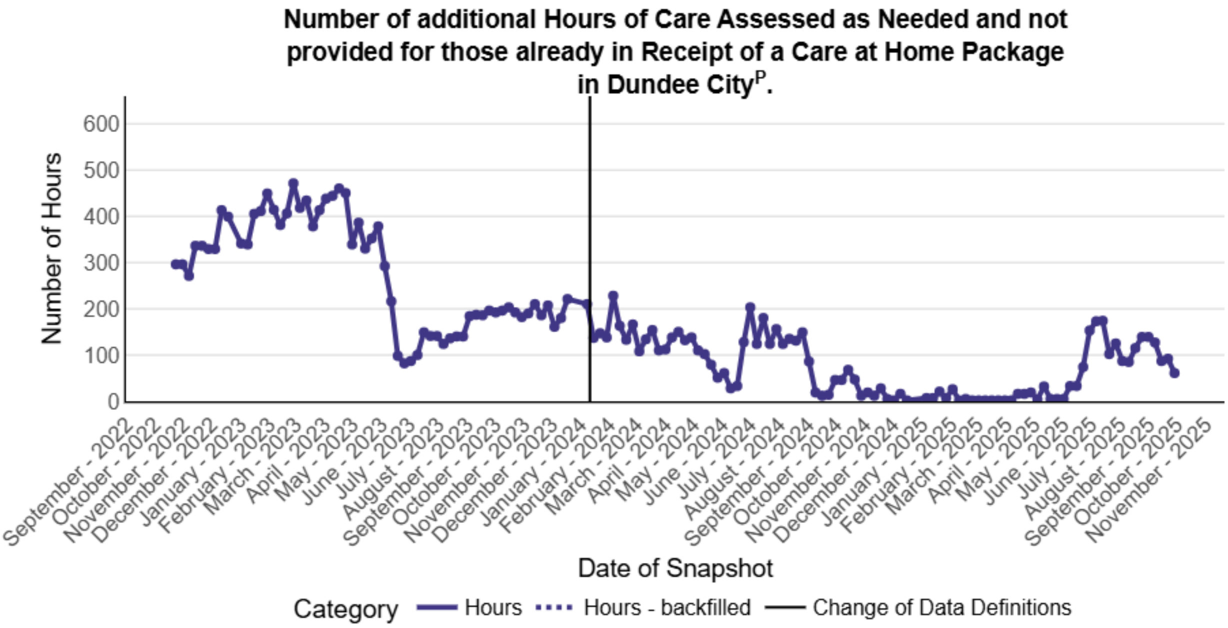
Chart 3



In Dundee as at 29 September 2025:

- 2 people were assessed and waiting for a care at home package in hospital (32 hours yet to be provided).
- 3 people were assessed and waiting for a care at home package in the community (28 hours yet to be provided).

Chart 4



In Dundee as at 29 September 2025:

- For those already in receipt of a care at home package 61 additional hours were required and not provided.

APPENDIX 3 – DATA SOURCES USED FOR MEASURING PERFORMANCE

The Quarterly Performance Report analyses performance against National Health and Wellbeing Indicators 1-23 and Measuring Performance Under Integration (MPUI) indicators. 5 of the 23 National Health and Wellbeing Indicators are monitored quarterly (emergency admissions, emergency bed days, readmissions, falls admissions and delayed discharge bed days lost. Data is provided both at Dundee and Local Community Planning Partnership (LCPP) level (where available). Data is currently not available for eight out of the 13 National Indicators which are not reported using The Health and Social Care Experience Survey (see section 4.3). The Scottish Government and Public Health Scotland are working on the development of definitions and datasets to calculate these indicators nationally.

The National Health and Wellbeing Indicators 1-9 are reported from The Health and Social Care Experience Survey administered by the Scottish Government which is conducted biennially. Full details were provided to the PAC in February 2021 (Article V of the minute of the Dundee Performance and Audit Committee held on 3 February 2021 refers). The Scottish Government changed the methodology used to filter responses to reflect people who receive services from the Partnership and therefore it is not possible to longitudinally compare results for National Indicators 1-7 and 9.

The quarterly performance report also summarises performance against indicators in the Measuring Performance Under Integration (MPUI) suite of indicators for four out of six high level service delivery areas – emergency admissions, emergency bed days, accident and emergency and delayed discharges, end of life and balance of care. In November 2020 the Performance and Audit Committee agreed that targets should not be set for 2020/21 for these indicators, however that the indicators should continue to be monitored in quarterly performance reports submitted to the PAC (Article VI of the minute of the Dundee Performance and Audit Committee held on 24 November 2020 refers).

National data is provided to all partnerships, by Public Health Scotland. This data shows rolling[1] monthly performance for emergency admissions, emergency admissions from accident and emergency, accident and emergency attendances, emergency bed days and delayed discharges. Previously Public Health Scotland were only able to provide data for all ages, however following feedback from Dundee and other Partnerships they have now provided data for people age 18+.

It was agreed at the PAC held on 19 July 2017 (Article VIII of the minute of the meeting refers) that local data, provided by the NHS Tayside Business Unit will be used to produce more timeous quarterly performance reports against the National Health and Wellbeing Indicators. NHS Tayside Business Unit has provided data for emergency admissions, emergency bed days, readmissions, delayed discharges and falls.

Data provided by NHS Tayside differs from data provided by Public Health Scotland (PHS); the main differences being that NHS Tayside uses ‘board of treatment’ and PHS uses ‘board of residence’ and NHS Tayside uses an admissions based dataset whereas PHS uses a discharge based dataset (NHS Tayside records are more complete but less accurate as PHS data goes through a validation process). As PHS data is discharge based, numbers for one quarter will have been updated the following quarter as records get submitted for those admitted one quarter and discharged a subsequent quarter. By the time PHS release their data, records are (in most cases) 99% complete. The data provided by NHS Tayside Business Unit is provisional and figures should be treated with caution.

[1] For Q1 the data is for the period 1 July 2024 – 30 June 2025.

ITEM No …6……….

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 19 NOVEMBER 2025

REPORT ON: DUNDEE HEALTH & SOCIAL CARE PARTNERSHIP CLINICAL, CARE & PROFESSIONAL GOVERNANCE ASSURANCE REPORT

REPORT BY: CLINICAL DIRECTOR

REPORT NO: PAC44-2025

1.0 PURPOSE OF REPORT

1.1 This is presented to the Performance and Audit Committee for:

- Assurance - Reasonable

This report relates to:

- Emerging issue
- Government policy/directive
- Legal requirement
- Local policy

This aligns to the following NHSScotland quality ambitions:

- Safe
- Effective
- Person-centred

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Provide their view on the level of assurance this report provides and therefore the level of assurance regards clinical and care governance within the Health and Social Care Partnership. The timescale for the data within this report is to 30th September 2025.

2.2 As Lead Officer for Dundee HSCP I would suggest that the level of assurance provided is: Reasonable; due to the following factors:

- There is evidence of a sound system of governance throughout Dundee HSCP.
- The identification of risk and subsequent management of risk is articulated well throughout services.
- There is ongoing scope for improvement across a range of services, in relation to the governance processes, although this is inextricably linked to the ongoing difficulties with recruitment and retention of staff.
- There is evidence of noncompliance relating to a fully comprehensive governance system across some teams, i.e. contemporary management of adverse events and risks.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 This report will highlight key risks, mitigations and impact. The report will also include recent improvement activity and any issues that require escalation.

4.2 The role of the Dundee HSCP Clinical, Care and Professional Governance Group (CCPGG) is to provide assurance to the Dundee Integration Joint Board (IJB), NHS Tayside Board (through the Clinical Governance Committee) and Dundee City Council, that there are effective and embedded systems for Clinical, Care and Professional Governance in all services within Dundee HSCP.

Each service attends DHSCP CCPGG and presents an annual Quality Assurance Report. The Quality Assurance Report is based on the Clinical Governance Framework with the primary drivers focusing on ensuring that:

- Clearly defined governance function and roles are performed.
- Values of openness and accountability are promoted and demonstrated through actions.
- Staff are supported and developed.
- All actions are focused on the provision of high quality, safe, effective, and person-centred services.

Exception reports are presented at each CCPG Group highlighting emerging issues.

4.3 Strategic Risks and Service Risks are reported to DHSCP Risk Management Group bi-monthly and are subject to scrutiny by the group.

5.0 ASSESSMENT

a.1

Service	Current or Emergent Concern
Community Mental Health & Learning Disabilities	Clinical and management capacity continue to be the main risks associated with Mental Health and Learning Disability services. **Learning Disabilities** Within Learning Disabilities, capacity to support transitions from child to adult services and capacity to exercise guardianship duties are the key risks. The team have prioritised transition cases to manage this risk with support from across the mental health teams to also support, but there is a risk that demand will outstrip capacity over the coming months leading to increased pressure on families and unpaid carers. The capacity to support guardianship duties is being further explored through a capacity and demand improvement group. **Mental Health** A formal risk has now been raised regards the inability to undertake timely Morbidity and Mortality reviews and implement recommendations with the potential of failing to learn from these adverse events. Additional time has been realised by commissioning a retired consultant psychiatrist to work three sessions per week and utilising a limited amount of time from a single improvement advisor to support this work. There are currently 123 outstanding adverse events. Some mitigation exists in all events being considered when they happen, and any required immediate actions progressed through operational management systems. **Community Mental Health Team (CMHT)** Referral rates continue to rise with no sign of plateauing. For CMHT West, the pre-COVID average of 65 per month, now has an average of 150. For CMHT East, those same rates are 65 and 120, i.e. nearly double the pre-COVID rate.

	Patients are informed in writing of the acceptance of the referral. This notification can be either the offer of an appointment or to inform them that they have been placed on a waiting list. Contained within this letter is information about how to access mental health support in hours via the duty worker and out of hours including NHS24 for both statutory and third sector agencies. This letter also includes a Recovery Road Map QR code with access to local third-sector support services. Referrals for assessment and treatment of ADHD account for a very significant proportion of the increased referral rate. The ultimate solution to the difficulties being experienced will lie in the redesign of Community Mental Health Services.
Dundee Drug & Alcohol Recovery Service	DDARS continues to record six risks. The majority are showing a reducing risk exposure rating score, and one risk (1129) is to be transferred to the Alcohol and Drugs Partnership to link in with national work regarding the Benzodiazepine Pathway. Significant delays in receiving postmortem and toxicology are impacting on the ability to identify key learning for the organisation. This minimises the ability to implement any potential changes to practice that could mitigate any risks to patient care. A key risk for the service currently relates to the required activity to manage adverse events, in particular Morbidity and Mortality reviews. The required demands relating to this includes on a weekly basis - 1 wte administrator, 1 day Medical/Nurse team leader report collation and analysis per patient. 1.5-2 days of a manager chairing reviews and managing adverse event system. Within each mortality review required their needs to be attendance from Service Manager, Nurse Team Leader, Consultant/Medical staff, Pharmacy, Administration, and Police to ensure that a robust review has been undertaken.
Urgent and Unscheduled Care	Indicators of concern have become apparent within Dundee Enhanced Care at Home Team (DECaHT) over recent months which relates to the triage process, culture and case load management, with variations in the quality of nursing assessments. An independent quality of care review has been commissioned and is underway to enable accurate understanding of the challenges. New leadership was in place immediately prior to the initial visit and had identified similar themes with initial measures progressing to address these issues. Further work will be identified and monitored following completion of the review. Early improvement work had already been identified and implemented consistent with areas highlighted in the initial feedback and by the Team Lead, and a longer-term action plan will be developed upon receipt of the completed reports.
Nutrition & Dietetics	Ongoing risk 1105 is in relation to significant increased demand for Adult Weight Management Service, where referrals have seen a 700% increase from pre-COVID levels. The waiting list and waiting times continue to increase. Waiting time for tier 3 interventions is approximately 2 years. Waiting time for tier 2 service has reduced due to the ongoing review and redesign. In addition to the increase in demand the service is managing long term sickness absence and vacancies. Recruitment to band 6 posts is extremely challenging. A fixed term band 5 will be recruited to address the issue. Service redesign including the delivery of a dietetic support worker-led tier 2 weight management intervention, close working with partners and waiting list validation have supported increased capacity. It is however recognised that additional funding and a pause

	on referrals will be required to address current waiting lists and long-term service provision, and this is currently being explored through the Dundee HSCP management team.
Primary Care and Health Inequalities	A draft comprehensive sustainability plan is under review and will be finalised for approval. This plan focuses on: • Premises: Reviewing current buildings and exploring opportunities for improved space, co-location, or refurbishment. • Workforce: GP practices seek to recruit and continue to support training GPs. Consideration is given to job design and supporting career development to improve retention, including in the wider MDT roles. • Collaborative Working: Enhancing cross-practice and multi-agency partnerships to share resources, reduce duplication, and improve service delivery. Governance Structure Development The formal governance structure required to oversee, prioritise, and measure the impact of sustainability initiatives has not yet been fully established. Barriers to Risk Reduction Key barriers include ongoing national GP shortages, limited availability of suitable practice premises, and the complexity of implementing large-scale changes in a short timeframe. Indicators show an overall increasing demand for primary care services when considering the whole MDT resulting in waiting lists for some services and longer waits for access to routine monitoring appointments. The additional demands are placing staff under increasing pressure. Staff are working at full capacity to deliver day to day activities, with little or no scope to consider further service development.
Psychological Therapies	In September 2024 the Scottish Government wrote to NHS Tayside outlining that NHS Tayside Psychological Therapies Service was one of seven mainland Boards being placed in “enhanced support,” consequent to referral to treatment time (RTT) performance being below the 90% RTT 18-week target. Performance in April 2025 was 71.4% with 425 of the 595 patients commencing treatment within 18 weeks of referral. The total number waiting over 18 and over 52 weeks has a small but consistent downward trend. Waiting times are impacted by the higher volume specialities, particularly Clinical Neuropsychology and adult services (Adult Psychological Therapies and Psychology within CMHTs). Adult services are balanced in terms of demand and new patients seen each month but are not impacting on the total volume of people waiting. New staff scheduled to start will be used for some test of change work to reduce demand, allowing total numbers waiting to reduce. Actions being taken to impact performance include: • Agreement to recruit limited number of additional staff despite saving target (2.6wte have commenced work in late July/August) • Recruitment in September 2025 to an additional 7.2wte posts at Doctoral Level. • All additional staff will be allocated to areas of greatest need; replacement and additional posts are with HR for advertising. • Tests of change in Clinical Health Psychology to ensure full matched care model being used and only those requiring specialist and enhanced psychological care are placed on waiting

	list. • Advertise Clinical Neuropsychology posts that involve more integrated working (beginning with certain neurology sub-specialities) • Work to retain current specialist trainees due to qualify September 2025 • Psychology Director participating in Neurology whole system change work. There are 18 aggregated specialities under this target. 9 are meeting the standard consistently. 3 are currently performing well meeting the target in 80-90% of cases. The remaining 6 are the highest volume specialties (including adult psychological therapies, neuropsychology, community mental health and clinical health psychology). With the recruitment referenced above 3 of these specialist areas are predicted to meet the standard by Nov 2025, March 2026 and June 2026. • Neuropsychology posts remain hard to fill.
Community Services	**Community Treatment and Care Services (CTACS)** Increasing referrals (Transfer of Chronic Disease Monitoring from GP Practices and Reshaping Diabetes Pathway) and reduced administrative capacity have led to an increase in waiting times, particularly for Phlebotomy Services. The new Cardiovascular DES is anticipated to generate additional workload for the team. The changeover to the new Laboratory Information Management System (LIMS) planned for later this year will also result in a period of reduced capacity, and this will also have an impact on waiting times. Actions have been taken to reduce the impact of this, including ongoing recruitment, monitoring of clinics to ensure full utilisation and additional sessions (recognising that lack of available clinic space limits the ability to deliver these). Blood Bikes Scotland has increased its support to the service, reducing the need for healthcare support workers to deliver samples to Laboratory Services. Work is ongoing to identify funded service capacity to allow mapping with demand on an ongoing basis. Performance data is reported through the Primary Care Improvement Group.
Inpatient & Day Care	Services on the Royal Victoria Hospital site have recorded risks for concerns around the health environment. Risks are assessed on a regular basis, with support from Estates colleagues.
Older People's Mental Health / Care Homes	There are ongoing risks regarding the health environment due to the poor integrity of the roof on Kingsway Care Centre. This is assessed on a regular basis with Estates colleagues.

a.2 New Current Risks

There were one new current risks added to the system in this reporting period:

- Community Learning Disabilities Nursing – As a result of limited resources and staffing, the service will be unable to carry out the full volume of health checks required to comply with Scottish Government guidance.

b. Workforce Risks

b.1 There are a number of risks (7, this is a decrease of 1 since last reporting period) pertaining to workforce availability across a wide spectrum of professions, including nurses, medical staff, allied health professions and social care staff. The vast majority of teams are affected to some degree, often with mitigations impacting on those teams who are able to recruit staff. Work continues to enhance recruitment and retention, with international recruits now being widely employed.

A number of these risks have now been closed with recruitment to the vacant posts permitting this. The table below outlines the existing workforce risks across the HSCP, including those recently closed.

The open risks are reliant on successful recruitment and/or new models of care being agreed and implemented, for example risk 1129. In a number of these risks, which have been open for a number of years, while the staffing resource has increased, the expectation from staff within that service has also increased, maintaining the overall risk exposure rating.

ID	Clinical Care Group/Locality	Title	Rating (initial)	Rating (current) as at 3rd April 25	Rating (current) as at 3rd June 25	Rating (current) as at 4th August 25	Rating (current) as at 1st October 25	Risk Trend	Rating (Target)
233	Dundee Drug and Alcohol Recovery Service	Increasing patient demand in excess of resources	20	15	15	15	15	→	12
612	Dundee Drug and Alcohol Recovery Service	Insufficient numbers of ISMS staff with prescribing competencies	25	15	15	15	15	→	9
1129	Dundee Drug and Alcohol Recovery Service	Lack of resource to deliver the benzodiazepine dependence pathway compliant with guidelines	20	16	16	16	16	→	9
1086	Mental Health (Dundee)	recruitment of clinical staff	15	12	12	12	12	→	8
1341	Mental Health (Dundee)	Staffing for delivered services	15	12	12	12	12	→	9
933	CBIR	Consultant medical staff	9	6	6	6	6	→	2
1434	Allied Health Professionals (Dundee HSCP)	Capacity issue due to vacancy and new staff -- Diabetes Team	20	12	12	12	12	→	6
877	Tayside Sexual and Reproductive Health	SRH Consultant Role	16	9	9	Treated/Archived 29/07/2025			
999	Mental Health (Dundee)	Specialist psychiatrist time in Tayside Eating Disorders Service	15	9	9	9	Treated/Archived 03/09/2025		

b.2 Clinical & Care Governance Arrangements

MEETING DATE	24-Apr-24		20-Jun-24		14-Aug-24		09-Oct-24		04-Dec-24		29-Jan-25		26-Mar-25		21-May-25		16-Jul-25		10-Sep-25	
EXCEPTION REPORT	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**	**Report**	**Speaker**
Learning Disability & Mental Health	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N
Psychology	Y	N	N	N	Y	Y	Y	Y	N	N	N	N	N	N	N	N	N	N	N	N
DDARS & Sexual Health	N	Y	N	Y	N	N	Y	Y	Y	Y	N	N	N	?	Y	Y	N	N	Y	Y
Nutrition & Dietetics	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Acute & Urgent Care	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Inpatients & Day Care	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Older People MH & Care Homes	Y	Y	N	Y	N	Y	Y	N	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	N
Primary Care	N	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y
Specialist Services /Perinatal MH Team/ Maternity & Neonatal Psychology	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Y	Y	Y	Y

b.3 During this reporting period, exception reports were presented to the CCPG Group from the following services as outlined in the table above.

Psychology Services have been absent for some considerable time. While informal updates have been provided by the acting psychology director on an informal basis, due to their attendance at the meeting as Clinical Lead, there has been no formal report provided. The governance leads for HSCP have been working with the Deputy Director of Psychology to support their attendance at forthcoming CCPG Groups which also includes support to provide the relevant exception and annual reports.

b.4 Key Elements Reported in CCPG Group

Community Services

- An engagement event was held for Community Treatment and Care Services (CTACS) across Tayside regarding the requirement to provide services to children and young people. Further consultation, engagement and training has been undertaken to support this considerable shift with implementation due to commence in December 2025.
- Physiotherapy and Occupational Therapy leadership structures within adult services are being redesigned to drive enhanced effectiveness across pathways.6 of the 7 clinical leadership posts are now in post.
- There is an ongoing risk in relation to damp and mould in Ardler Clinic. Concerns have been raised with regard to staff health and absence due to respiratory conditions – this is being monitored.
- Silver Health and Safety award attained by two specialist nursing service (CTAC/COPD) and all Community Nursing Teams

Mental Health and Learning Disability

- There is currently an external joint inspection of Adult Mental Health Services by Care Inspectorate and Healthcare Improvement Scotland. A planning group is established to manage the process. A draft report is due in February 2026.
- Community Mental Health Team (CMHT): Referral rates continue to rise with no signs of plateau. For CMHT West, the pre-COVID average of 65 per month, now has an average of 150. For CMHT East, those same rates are 65 and 120, i.e. double the pre-COVID rate.
- Locum Psychiatry provision has stabilised again with the return of a second psychiatrist to CMHT West.
- From Datix analysis: Cluster of violence and aggression incidents: Small number of patients (Police already involved and behavioural management plan in place) involving verbal aggression over the phone, there have been three other in-person violence and aggression incidents within the clinic setting and one home-based incident. Weapons were involved in two of these (no bodily harm to anyone but property damage in one).

Psychiatry of Old Age (POA) In-patient and Community Services

- Community teams are now fully staffed and staff levels across the wards are improving.
- Kingsway Care Centre (KCC) building has a great number of issues for repair, especially concerning the roof. Due to recent heavy rain, it has been necessary to take some rooms out of use. Twelve desks are currently inaccessible for community staff. Ongoing Health and Safety review of the building is in place.
- Anti-ligature work has now been completed in four rooms in Ward 4, KCC.

Primary Care

- The lease process remains unclear. A Paper has been drafted for Executive Leadership Team to seek clarity and support moving this forward.
- Accommodation remains an issue for supporting clinical services across a number of areas, in terms of reduced availability and poor condition. Concerns have been raised about the potential impact on CTACS services if sufficient space cannot be found to house additional clinics.

Nutrition and Dietetics

- The Adult Weight Management waiting list continues to grow with referral rates 700% higher than pre-COVID levels. Significant redesign has occurred across the service and a paper has been compiled to seek additional funding to reduce this waiting list.
- Challenges with the paediatric and adult nutritional supplement supply to patients following contract changes and national shortages of feed are resolving. There has been a reduction in the number of adverse events reported. We continue to monitor the situation.

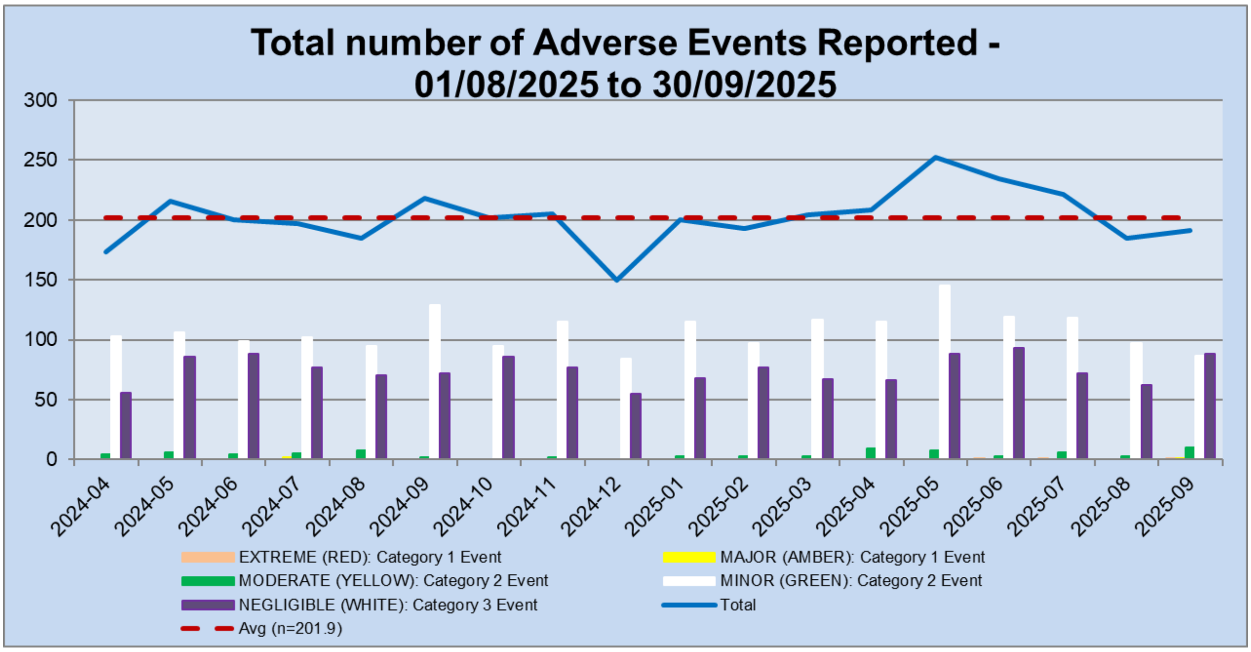
Dundee Drug and Alcohol Recovery Service

- All 10 Medication Assisted Treatment Standards are now Green in RAGB Report for Dundee HSCP.

c. Adverse Event Management

c.1 Dundee CCPG Forum regularly discusses the themes from adverse events reported, with a view to learning from adverse events and supporting quality improvement. The forum scorecards include good evidence of scrutiny and management of frequently reported adverse events.

A weekly governance huddle is well-established and supports review and management of adverse events, providing an overview of adverse events across the HSCP and early identification of changes in reporting patterns.



Current Themes

Parenteral Nutrition

Patients within NHS Tayside are currently not receiving the expected standard of care regarding Parenteral Nutrition (PN), resulting in adverse impacts on clinical outcomes and recovery times following surgery. Ongoing Datix reports continue to highlight serious concerns around the safe and timely administration of PN in surgical services. Key issues include:

- Delays in securing appropriate line access
- Increased incidence of extravasation
- Inappropriate indications for PN
- A clear need for enhanced staff education on PN administration

Without targeted intervention, patients will continue to face significant delays in meeting their nutritional needs, leading to deterioration in nutritional status and avoidable harm.
To address these concerns, a Quality Improvement (QI) team has been established with the following objectives:

- Ensure PN is used only when clinically appropriate and aligned with ESPEN guidelines
- Strengthen multidisciplinary collaboration in PN decision-making
- Improve the quality and consistency of documentation, data, and referrals
- Enhance staff knowledge and confidence in PN management
- Improve patient outcomes through standardised practices and timely reviews

While these objectives fall within the remit of the QI group, a critical barrier remains with the lack of timely access to appropriate vascular access. This issue lies outside the scope of the current QI initiative and continues to impact on nutritional care delivery.

The root cause is the absence of an agreed pathway for Peripherally Inserted Central Catheter (PICC) line insertion across NHS Tayside. Radiology services are unable to provide a responsive service due to high demand and competing priorities. Moreover, reliance on Interventional Radiology (IR) for PICC placement is neither cost-effective nor sustainable, as it diverts resources from other essential IR services.

Best practice recommends a dedicated ward-based PICC service, which would enable timely line placement and prevent delays in meeting patients' nutritional requirements. Establishing such a service would significantly improve care delivery and align with national standards.

Additionally, there is currently no dedicated resource to support the growing demand for education on PN practices within surgical services. Addressing this gap is essential to ensure safe, effective, and consistent PN management across the organisation.

Category 1 Adverse Events

There have been no Category 1 events recorded for the time period.

Significant Adverse Event Reviews (SAERs)

c.2 There are currently four active Significant Adverse Event Reviews in Dundee HSCP.

132774	Awaiting level 1 sign off
180810	Awaiting level 1 sign off
217481	Draft report being circulated for comment
240162	Lead Reviewer identified. Review to commence

DHSCP meet weekly to review adverse events. This group also commissions Significant Adverse Event Reviews and monitors progress of ongoing reviews. 75% of SAERs currently breach the 140 days target for completion. There are multi-faceted reasons for this including identification of review teams and the complexities of the adverse events being investigated.

c.3 The table below shows the number of overdue events by the year and department.

Department	2020	2021	2022	2023	2024	2025	Total*	Change**
Community Mental Health Services	2	2	13	29	27	23	96(97)	↓
Primary Care (DDARS)	0	2	6	13	7	10	38(38)	↓
West (DDARS)	0	2	0	5	17	9	33(35)	↓
General Practice - Dundee HSCP	0	0	1	3	0	27	31(27)	↑
East (DDARS)	0	3	1	1	8	14	27(34)	↓
Central (DDARS)	0	1	1	5	12	7	26(31)	↓
Psychiatry of Old Age - OPS (Dundee)	0	0	0	6	6	10	22(18)	↑
Community Learning Disabilities - Dundee HSCP	0	0	4	4	1	9	18(16)	↑
District Nursing (Dundee HSCP)	0	0	0	0	0	17	17(20)	↓
Nutrition and Dietetics (Dundee HSCP)	0	0	0	0	0	16	16(15)	↑
Other (DDARS)	0	0	0	0	6	6	12(12)	↔
Other - Mental Health (Dundee)	0	0	3	3	4	2	12(12)	↔
Area Psychological Therapy Service - MH(Dundee)	0	1	0	0	3	5	9(14)	↓
Allied Health Professions (Dundee HSCP)	0	0	1	2	2	2	7(7)	↓
Adult Psychotherapy Service - MH (Dundee)	0	0	1	0	1	1	3(3)	↔
Other - Specialist Palliative Care	0	0	0	0	0	3	3(3)	↔
MFE (Medicine for the Elderly) - OPS (Dundee)	0	0	0	0	0	3	3(3)	↔
(Risk Only) System-Wide Mental Health Risk - Dundee HSCP	0	0	0	0	2	0	2(2)	↔
Stroke and Neuro Rehab unit RVH	0	0	0	0	1	1	2(2)	↔
Health Inclusion Team, Dundee HSCP PCServices	0	0	0	0	0	2	2(1)	↑
Physiotherapy (Allied Health Professionals Dundee HSCP)	0	0	0	0	1	1	2(1)	↑
CAMHS (Child and Adolescent MH Services (in-patients) Regional)	0	0	0	0	0	1	1(0)	↑
CMHT - Social Work - DHSCP	0	0	0	1	0	0	1(1)	↔
Learning Disability - Social Work - DHSCP	0	0	0	0	1	0	1(2)	↓
General Practice - Dundee	0	0	0	0	1	0	1(1)	↔
Psychiatry of Old Age - Older Peoples' Services (Angus)	0	0	0	0	0	1	1(0)	↑
Speech and Language Therapy (AHPs, Dundee HSCP)	0	0	0	0	1	0	1(1)	↔
Adults and Older People	0	0	0	0	0	1	1(4)	↓
(blank)	0	0	0	0	1	0	1(2)	↓
Palliative Medicine	0	0	0	0	0	0	0(1)	↓
Corporate Services (Dundee)	0	0	0	0	0	0	0(1)	↓
Total	2	11	31	72	102	171	389(404)	↓

* Figures in brackets relate to the end of July 2025 report
** Since end of July 2025 report

There has been a longstanding concern regards the overdue verified events, specifically for Mortality and Morbidity Review part 2 following a death of a patient. The focus for teams is very much on contemporary adverse events rather than historical adverse events, due to the current longstanding issues with workforce availability. Other factors also contribute to these adverse events not being progressed, including awaiting toxicology results, Procurator Fiscal involvement, awaiting information from other agencies (e.g. Police Scotland) and awaiting responses from other services in NHS Tayside.

There has been a renewed focus on these through our Clinical, Care & Professional Governance Group. Mental Health & Learning Disability Services and Dundee Drug and Alcohol Recovery Services have established adverse incident review groups to further support this work.

Event Severity	2020	2021	2022	2023	2024	2025
EXTREME (RED): Category 1 Event	1(1)	0(0)	1(1)	1(1)	0(0)	2(2)
MAJOR (AMBER): Category 1 Event	0(0)	0(0)	0(0)	0(0)	1(1)	1(0)
MODERATE (YELLOW): Category 2 Event	0(0)	0(0)	1(1)	8(8)	11(11)	26(29)
MINOR (GREEN): Category 2 Event	0(0)	0(0)	4(4)	12(12)	23(29)	53(49)
NEGLIGIBLE (WHITE): Category 3 Event	0(0)	0(0)	1(1)	5(5)	7(8)	36(26)
MORTALITY LEARNING EVENT (PURPLE)	1(1)	11(11)	24(28)	46(49)	60(75)	53(50)
(blank)	0(0)	0(0)	0(0)	0(1)	0(0)	0(0)
Total	2	11	31	72	102	171

<u>d. Feedback</u>

d.1 <u>Complaints</u>

Complaints management for stage 2 complaints has seen a reduction in performance across the Partnership in this reporting period. Closer collaboration with the Patient Experience Team to improve this performance is being developed which will also include review of internal processes to support complaints management.

All teams are asked to report on their complaints through the CCPG Group and Forum to ensure the sharing of learning across the Health and Social Care Partnership.

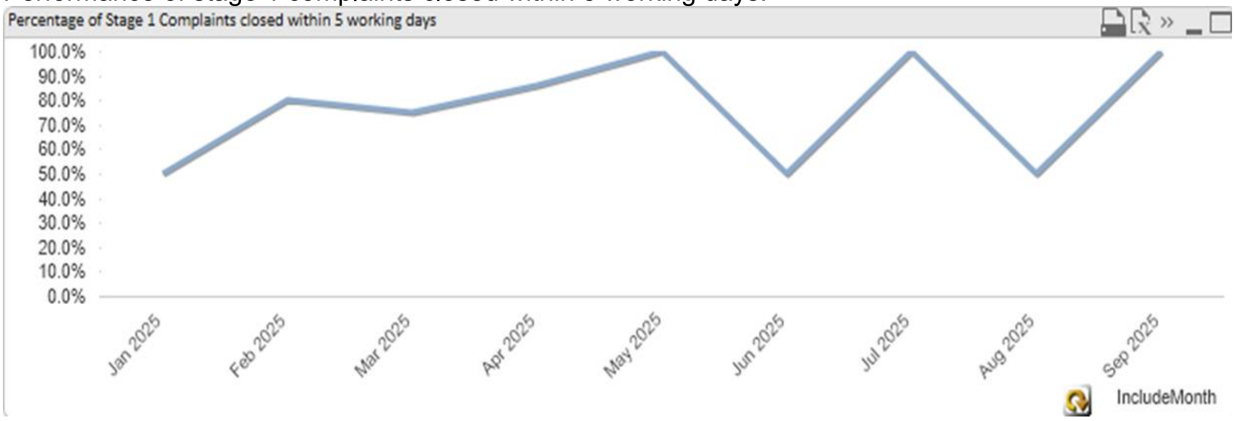
d.2 Performance for number of complaints received, number of complaints closed, and the percentage closed within timescales are shown below.

- Stage 1 complaints are within 5 working days.
- Stage 2 complaints are within 20 workings days.

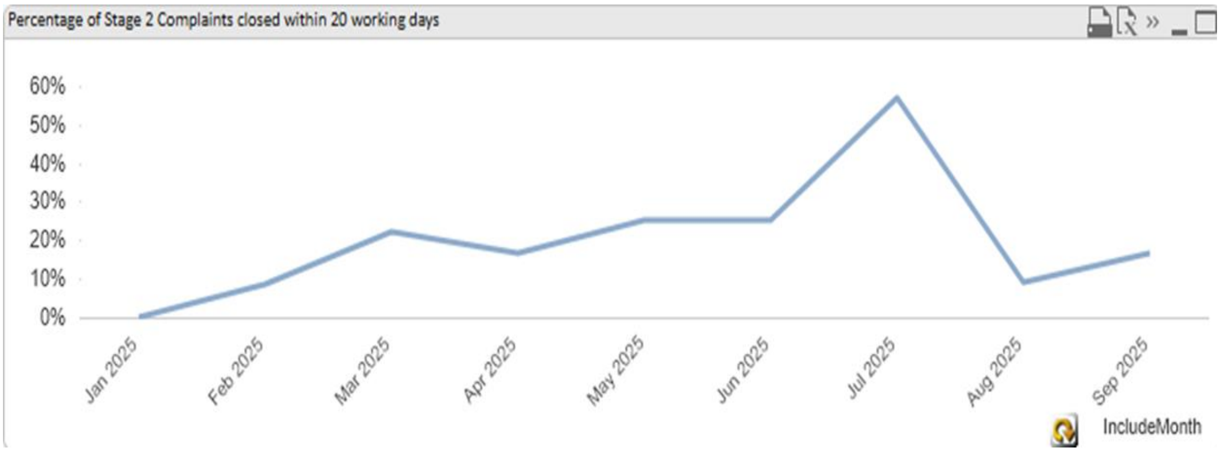
The complaints performance update for 1 January to 30 September2025 for DHSCP is:

Month	New cases received
Jan 2025	10
Feb 2025	21
Mar 2025	13
Apr 2025	16
May 2025	10
Jun 2025	15
Jul 2025	14
Aug 2025	9
Sep 2025	5
Total	**113**

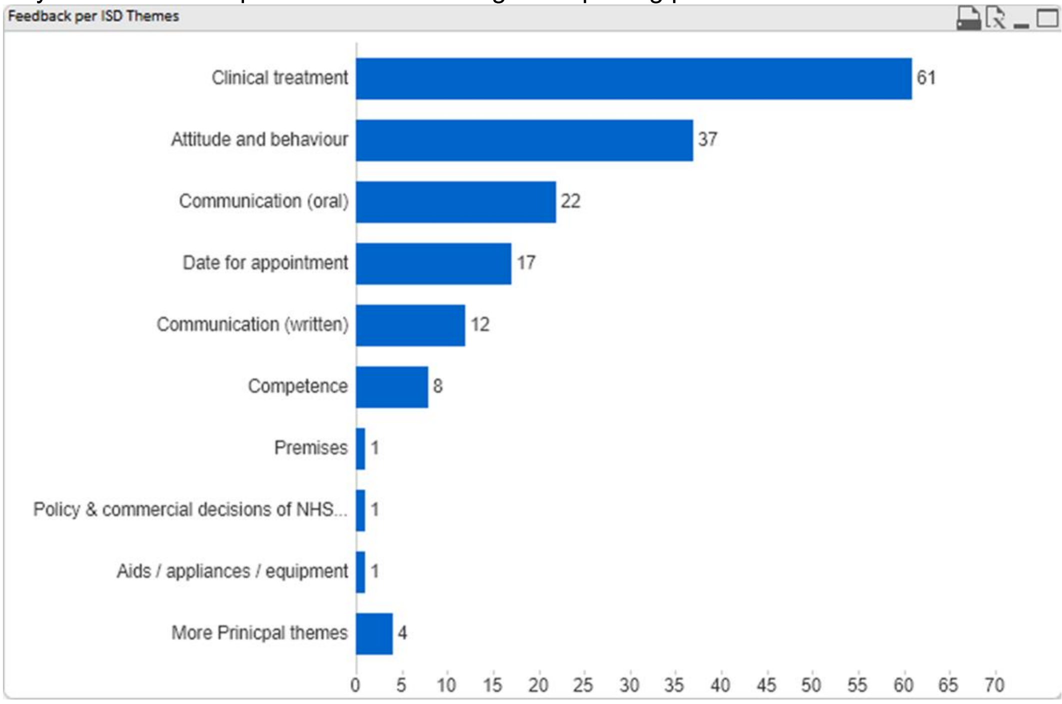
Performance of stage 1 complaints closed within 5 working days:



Performance of stage 2 complaints closed within 20 working days:



Key themes for complaints received during the reporting period:



d.3 Positive feedback

The development of the Care Opinion feedback system continues across the HSCP. This will provide additional direct patient feedback for teams to reflect upon.

d.4 Scottish Public Services Ombudsman Reports

One case was referred to the Ombudsman for review from the Community Nursing Service. No further action was taken by the ombudsmen with them reporting they were highly satisfied with the care demonstrated from the community nursing team.

d.5 External Reports & Inspections

Service	Audits/Inspections
Psychiatry of Old Age	The Mental Welfare Commission for Scotland Inspection at Kingsway Care Centre, Ward 4 in October 2024. The final report was published in March 2025. There are seven recommendations within the SMART action plan. Six of the seven recommendations have been actioned: • MDT documentation completion • Use of updated MDT document templates • Guardianship / power of attorney notification system • Consultation with welfare proxies • Locked door policy awareness • Involvement of patient and relatives in care planning One of the seven recommendations is still in progress: this is ongoing with temporary screening in place. The teams have been successful in securing funding from the Charitable foundation to upgrade the garden spaces. • Garden fencing improvements
Mental Health	A joint inspection of adult services in the Dundee Health and Social Care Partnership commenced in September 2025. This will focus on adults living with mental illness and their unpaid carers.

	A draft inspection report is due in Mid February 2026.

6.0 POLICY IMPLICATIONS

6.1 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.

7.0 RISK ASSESSMENT

Risk 1 Description	The risk of not providing sufficient assurance through governance assurance routes will reduce confidence in the ability of the HSCP to deliver safe, quality care.
Risk Category	Governance
Inherent Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Mitigating Actions (including timescales and resources)	Systems in place for all operational teams to provide exception reports to the clinical, care and professional governance group. 'Getting It Right' Group established to support development of reporting framework for HSCP.
Residual Risk Level	Likelihood (2) x Impact (4) = Risk Scoring (8)
Planned Risk Level	Likelihood (1) x Impact (3) = Risk Scoring (3)
Approval Recommendation	The risk level should be accepted with the expectation that the mitigating actions are taken forward.

8.0 CONSULTATIONS

8.1 The Chief Finance Officer, Chief Officer, Locality Managers and the Clerk were consulted in the preparation of this report.

9.0 BACKGROUND PAPERS

None

Dr David Shaw
Clinical Director

DATE: 28 October 2025

Jenny Hill
Head of Service

Angela Smith
Interim Head of Health and Community Care

Matthew Kendall
Allied Health Professions Lead

Niki Walker
Clinical Governance Facilitator

Level of Assurance		System Adequacy	Controls	□
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited	Controls are applied continuously or with only minor lapses.	
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.	☑
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.	
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.	

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ITEM No …7……….

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 19 NOVEMBER 2025

REPORT ON: CITY PLAN FOR DUNDEE 2022-2032 – ANNUAL REPORT FOR 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC38-2025

1.0 PURPOSE OF REPORT

1.1 The third annual progress report on the City Plan for Dundee 2022-2032 was considered and agreed by the Dundee Partnership in September 2025. The Dundee Partnership Management Group committed to bring updates to their individual organisations for noting.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Notes the progress made since the first report on the City Plan for Dundee 2022-32 in October 2023 (section 5 and appendix 1).

2.2 Notes that the Strategic Leadership Groups will review performance indicators that have deteriorated and take measures to improve these going forward.

2.3 Remits the Health and Social Care Partnership Leadership Team and Strategic Planning Advisory Group to monitor Dundee Health and Social Care Partnership's commitment and inputs to delivering actions supporting this plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 BACKGROUND

4.1 The Community Empowerment (Scotland) Act 2015 gave community planning partnerships (CPPs) a specific duty to improve local priority outcomes and act with a view to tackle inequalities of outcome across communities in that area. CPPs were required to prepare and publish a ten-year local outcomes improvement plan (LOIP) by 1 October 2017. The LOIP is the current term to describe the document previously known as the single outcome agreement. In Dundee, the LOIP is known as the City Plan for Dundee.

4.2 The Dundee Partnership published its first City Plan in late 2017 for the period, 2017 to 2026. The Plan fully reflected the Scottish Government's guidance for CPPs by:

- Using our understanding of local needs circumstances and opportunities to establish a clear and ambitious vision for Dundee.
- Focusing on a smaller number of key strategic priorities and setting realistic but ambitious 1, 3 and 10-year improvement targets.

- Acting to reduce the gap in outcomes between the most and least deprived groups and improving long term sustainability of public services.

- Preparing locality plans which show how we will collaborate with communities to respond to their priorities.

4.3 When the first plan was agreed it was also highlighted that the City Plan would run on a five-year rolling basis, while being subject to annual reviews and reporting, and it sits within the duties of the IJB, public bodies, and the Scottish Government in relation to Community Planning and Best Value.

4.4 The new City Plan for Dundee 2022-2032 was agreed by the Dundee Partnership in September 2022 and reported to the IJB in October 2022 (Article XIII of the minute of the meeting of the Dundee Integration Joint Board held on 26 October 2022 refers). The first annual report on this was published in October 2023.

5.0 PERFORMANCE AND PROGRESS

5.1 The City Plan for 2022-2032 focusses on a small number of priorities and sets targets which are reviewed annually. Monitoring continues in the same way as previously, showing whether they are on or close to target and whether they are showing a long-term improving trend.

5.2 The summary of the City Plan performance by priority theme in the table below shows that overall, 73% of the performance indicators have improved when compared to the previous year. The Plan contains ambitious targets and 14 of the 30 indicators have met or are within 5% of the target.

Priority Themes	Number of Indicators on or within 5% of Target	Number of Indicators that have improved over the previous year
Reduce Child Poverty and Inequalities in Incomes, Education and Health	7* (58%)	10 (83%)
Deliver Inclusive Economic Growth (including Community Wealth Building)	6 (40%)	11 (73%)
Tackle Climate Change and reach Net Zero Emissions by 2045	1 (33%)	1 (33%)
Total Improved	**14 (47%)**	**22 (73%)**
Total Number of Indicators	**30**	

*Please note the number of drugs deaths indicator in this theme has a target of reduce rather than a numerical target so won't be counted in those on or within 5% of target

5.3 The purpose of this type of reporting is to ensure focus on delivering the levels of improvement on key measurable outcomes. The Dundee Partnership Management Group reviews all areas to ensure all plans help towards the priority outcomes. Looking across the total number of indicators in the appendix, the most improved indicators and the areas for improvement are noted below. The areas for improvement will be a focus for the Strategic Leadership Groups during the next year.

The indicators showing the most improvement so far are:

1. % care experienced school leavers entering positive destinations (41% increase)
2. % point gap in numeracy in P1-7 between pupils living in SIMD 1 areas and living in SIMD
5 areas (29% decrease) *figure for 24/25 is an interim figure

3. Number of Business Gateway start-ups per 10,000 population (19% increase)
4. % point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5
areas (11% decrease) *figure for 24/25 is an interim figure
5. Youth Unemployment rate (16-24) (9% decrease)

The top five performance indicators that are furthest away from target with no improvement on the year before are listed below.

1. City Centre retail units vacancy rate (%)
2. Number of workless households
3. Active travel (walking and cycling) as a proportion of trips to work
4. Proportion of people earning less than the real living wage
5. % of Primary 1 children classified as obese or overweight

5.4 Actions and indicators that are most closely aligned with adult health and social care functions are contained within the priority theme 'Reduce Child Poverty and Inequalities in Incomes, Education & Health'. While the number of drugs related deaths has demonstrated improvement in the last year, the rate of emergency admissions where the primary cause of the admission is mental health has increased (from 2.9 last year to 3.3 this year, although the long-term trend continues to show a reduction in rate). The current actions related to these indicators have been completed and will require to be reviewed and updated as part of the refresh of the City Plan due to take place during 2026.

5.5 The appendix attached is the full report setting out progress in detail. It includes the following sections:

- Introduction (page 3)
- Background (page 4)
- Progress Summary for 2024/25 (pages 6-7)
- Areas for Improvement - progress from 2023/24 and new areas for 2025/26 (pages 8-11)
- Reduce Child Poverty and Inequalities in Incomes, Education and Health (pages 12 to 31)
- Delivery Inclusive Economic Growth (pages 32 to 48)
- Tackle Climate Change and Reach Net Zero Carbon Emissions by 2045 (pages 49 to 56)

The sections covering the three priority themes all include the following sub-sections:

- Strategic Highlights from last year
- Action in progress for completion in 2025/26
- Priorities in Action
- Performance Scorecard

6.0 POLICY IMPLICATIONS

6.1 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.

7.0 RISK ASSESSMENT

Risk 1 Description	Poor performance against actions and indicators contained within the City Plan could affect outcomes for individuals and their carers, spend associated with poor performance and the ability of the IJB to deliver fully commitments set out in their Strategic Commissioning Framework (which has overlap with the content of the City Plan).
Risk Category	Financial, Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 5 = Risk Scoring 15 (which is an Extreme Risk Level)

Mitigating Actions (including timescales and resources)	- Dundee HSCP provides senior management representation to all the relevant groups within the Dundee Partnership. - Through the HSCP structures there are existing action plans to improve performance in areas such as drug and alcohol and mental health. The IJB's own Annual Performance Reports demonstrates improvements in quality of services and examples of impacts on service users. - The PAC receives regular datasets regarding key areas contained within the City Plan, including drug and alcohol services and mental health services.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

8.0 CONSULTATIONS

8.1 The Dundee Partnership Management Group, Co-Chairs of the Strategic Leadership Groups, The Clerk and the Health and Social Care Partnership Leadership Team were consulted on the contents of this report.

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 22 October 2025

Clare Lewis-Robertson
Lead Officer

Peter Allan
Community Planning Manager, Dundee City Council

DUNDEE PARTNERSHIP

City Plan for Dundee 2022-2032

Annual Progress Report 2024-25

CONTENTS

Introduction

by the Chair of the Dundee Partnership

The Dundee Partnership brings together all the public, private and voluntary organisations who work to shape our city and the lives of people who live, work, learn and visit here. Our City Plan is the document that sets out our vision for Dundee and the action we will take to deliver that.

This is our annual report for 2024/25. It shows that we are making progress even while we have so much more to do to achieve our ambitions for Dundee. Despite the challenges we face, we continue to aspire to the challenging but realistic goals we have agreed - to grow our economy in a way that benefits everyone; to reduce the unacceptable levels of child poverty and the other social injustices we see around us; and to make our contribution to slowing down the impact of climate change.

In this report you will find examples of the excellent work happening in Dundee as well as the areas where we know improvement is needed. It tells a story of how determined we are to make Dundee a city we can all be proud of and enjoy.

Councillor Mark Flynn
Chair of the Dundee Partnership
& Leader of Dundee City Council

Background

The Dundee Partnership acts on the behalf of all the city's communities and the public, private and voluntary organisations committed to making it better. It is where our collective hopes and ambitions for Dundee come together.

The Partnership is well respected locally and across Scotland and has imagined and delivered many acclaimed projects. At the same time, the Partnership is acutely aware that the real success of the city is unequally shared. Too many Dundonians continue to experience inequalities in different aspects of their lives such as health, education and income. We must change that.

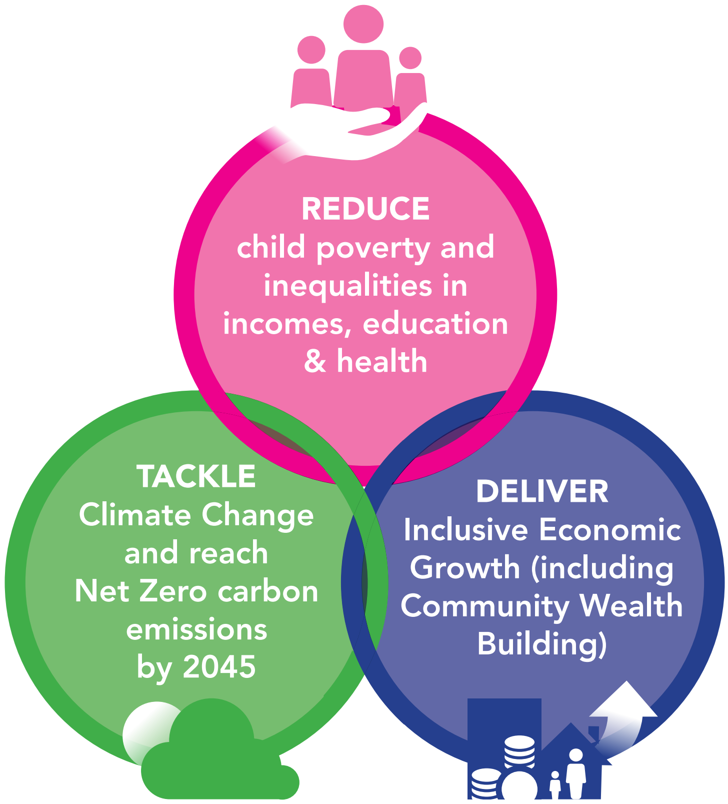
We will grow the city and make it more sustainable economically and environmentally, but we also need to continue to grow our city in ways that reduce inequality. Our ambitions are captured in the vision for the city that was agreed by the full Dundee Partnership in summer 2022.

Dundee will be a caring city which has tackled the root causes of poverty and delivered fairness in incomes, education and health.

Dundee will have a strong, creative, smart and sustainable city economy with jobs and opportunities for all.

Dundee will be a greener city, made up of strong communities where people feel empowered, safe and proud to live.

The three strategic priorities provide the framework for our action plans, that reflect both the needs of our population and the aspirations of our communities, with the overall aim of reducing deprivation and inequalities, as follows:



Progress Summary 2024-2025

The table below shows that overall 47% of the performance indicators in the City Plan are on or within 5% of the target. The table also shows that overall 73% of performance indicators improved when comparing the latest figure to the previous year.

Table 1: City Plan Performance indicators

Priority Theme		Indicators on or within 5% of Target	Indicators that have improved over previous year	Total Indicators
	Reduce Child Poverty and Inequalities in Incomes, Education and Health	7*	10	12
	Deliver Inclusive Economic Growth (including Community Wealth Building)	6	11	15
	Tackle Climate Change and reach Net Zero Emissions by 2045	1	1	3
Total		**14 (47%)**	**22 (73%)**	**30**

*Please note the indicator "Number of Drugs Deaths" which is contained within the "Reduce child poverty and inequalities in incomes, education and health" theme does not have a specific numerical target associated with it – the target is to reduce.

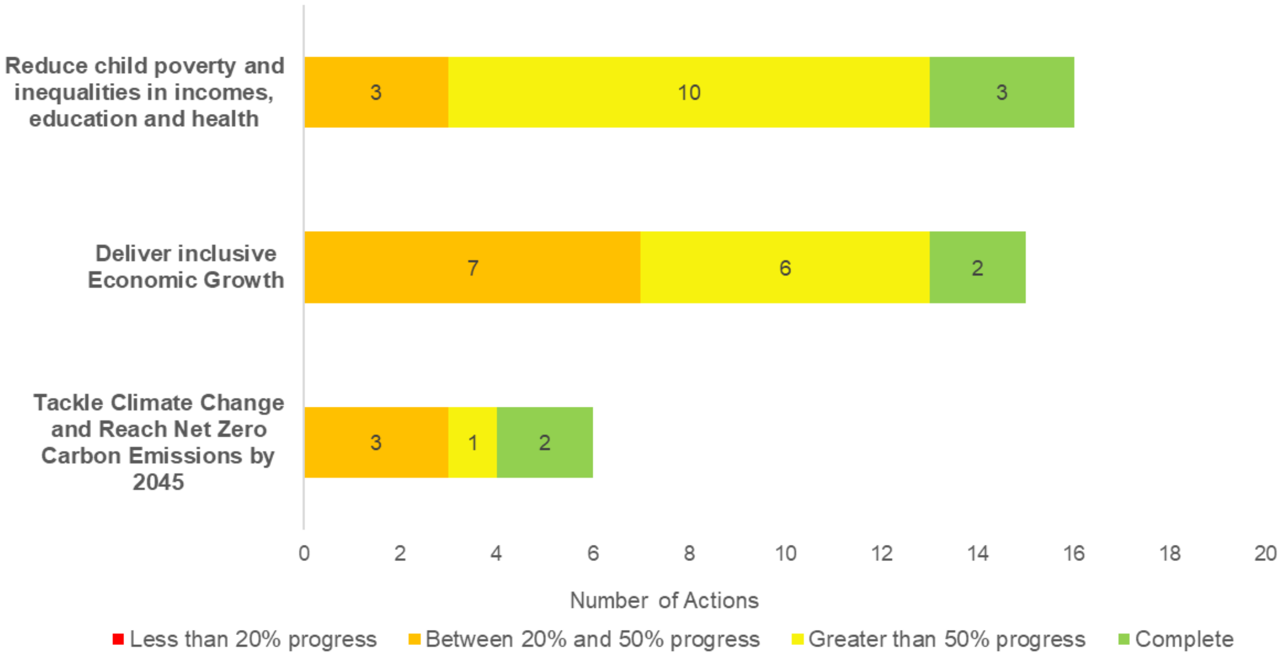
Graph 1 shows the progress of all the actions contained in the City Plan. The percentage complete is a self-assessment of the progress of the individual actions contained in each theme of the plan. Officers who are assigned each action are advised to use the following guidance when assessing the progress of their action.

%	Definition
20%	The task is defined and agreed by relevant partners/stakeholders
40%	Necessary tasks planned and implementation in early stages
60%	Number of key actions achieved/agreed process or improvement taking shape or in place or underway
80%	Majority of actions achieved/agreed process or improvement largely in place or underway leading to confidence that the overall action will be delivered in full/on schedule
100%	Action has been completed, and objectives have been achieved

City Plan Action Progress

Graph1 below shows the majority of actions are in progress which means someone has been assigned, briefed and already taken steps towards achieving the action. Of the 37 actions in the City Plan, 7 (19%) have been completed, with 17 actions (46%) making progress of greater than 50%. Thirteen actions (35%) have made progress of between 20% and 50% which is not unexpected three years into a ten year plan.

Graph 1: City Plan Actions Progress



Areas for Improvement

This annual report addresses the third year of an ambitious ten-year plan and reflects the progress in the year 2024/25. Progress in some areas may therefore be modest and demonstrate the significant challenges ahead given the difficult social and economic context that currently exists.

Updates on areas for improvement identified in the 2023/24 annual report:

The following table shows the performance indicators which were highlighted as areas for improvement in the 2023/24 City Plan Annual Report. Whilst work continues to implement actions to address these areas, we acknowledge that there are areas where greater progress is needed and must be pursued.

Areas for improvement	
Performance Indicator	**Latest Position**
% of young people 16-24 who are unemployed	Statistics published on the NOMIS website reported in the period January to December 2024, the youth unemployment rate in Dundee decreased to 28.9% from the 31.7% reported for the period January to December 2023.
% point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5	In 2023/24 the percentage point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5 stood at 4.3. This reduced slightly to 4.2 in 2024/25. Improving attendance remains a key priority as one of our stretch aims for the Strategic Equity Fund. The Scottish Government is now producing fortnightly attendance data, published at local authority level and supplied to us at school level. We are supplying our schools with an analysis of the data to enable them to track absence and attendance.

Areas for improvement	
Performance Indicator	**Latest Position**
% of working age people with no qualifications	In 2023/24 it was reported that 7.7% of working age people in Dundee had no qualifications. This improved slightly to 7.2% in 2024/25. Whilst there has been a year on year reduction in the percentage of working aged people with no qualifications, it remains above target and addressing this is a priority for providers of education and employability services within the Council and across the wider Dundee Partnership.
Rate of emergency hospital admissions where primary cause of admission was regarding mental health	In 2023/24 the rate of emergency hospital admissions where the primary cause of admissions was regarding mental health stood at 3.58 this decreased to 3.3 in 2024/25. This equates to an improvement of 7.8%.
% of the Dundee Workforce in employment	In 2023/24, 63.7% of the working age population in Dundee were in employment. This increased to 69.1% in 2024/25. This indicator has been the subject of ongoing monitoring by the Inclusive Economic Growth Strategic Leadership Group since the pandemic due to a worrying decline in recent years. Actions to grow the economy and support people back into work have been progressed and it is positive to note that in the last year there has been a significant increase, albeit that the current rate remains below target and below the Scottish average.

The following indicators were identified as areas for improvement in the 2023/24 report and have again been highlighted as areas for improvement in this year's annual report.

- % active travel (walking and cycling) as a proportion of trips to work
- Percentage of Primary 1 children classified as obese or overweight.

Current Areas for Improvement

Based on analysis of performance against targets in the City Plan, the following performance indicators are furthest away from target with no improvement on the year before. A summary of what has been done to improve performance in these areas will be reported on in next year's annual City Plan report.

Current Areas for Improvement

Performance Indicator	Reason why this has been selected as an area for improvement
City Centre retail units vacancy rate (%)	City Centre vacancy rates increased from 17.7% in 2023/24 to 19.8% in 2024/25. The Council remains committed to bringing vacant spaces in town and district centres back to life to make Dundee a vibrant city centre. The Council's City Centre Strategic Investment Plan sets out our ambitions for the development of the city centre up to 2050. The Council is making significant strides to improving public spaces, including pedestrian areas and green spaces to make the city centre more attractive.
Number of workless households	The data for this performance indicator is sourced from the ONS Annual Population Survey the latest data available is for January – December 2023. It was reported that there were 14,300 workless households in Dundee during this period - an increase from 10,300 reported in the period January to December 2022. Reducing the number of workless households in the city is a key priority for the Discover Work Employability Service. This is done through addressing the employability needs of individuals and adopting a whole family approach where appropriate and where resources allow. The latest figures exhibit a concerning increase, however it should be noted that there is a time lag in the availability of this data with the latest figures relating to 2023.
Active travel (walking and cycling) as a proportion of trips to work	The data for this performance indicator is sourced from the Scottish Household Survey. The latest data relates to the 2023 survey which was published in 2024. This showed that 13% of respondents in Dundee stated that they used active travel (walking and cycling) as a proportion of trips to work. This decreased from 18% in the 2022 survey.

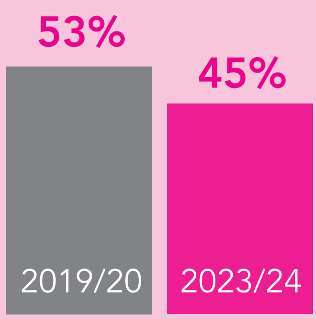
Current Areas for Improvement	
Performance Indicator	**Reason why this has been selected as an area for improvement**
Proportion of people earning less than the real living wage	The provisional proportion of people earning less than the real living wage reported in the ONS Annual Survey of Hours and Earnings 2024 was 12% in Dundee this increased from 9.8% which was reported in the 2023 Survey. The Dundee figure for 2024 is higher than the Scottish proportion which stood at 11.4%.
% of Primary 1 children classified as obese or overweight	Figures from Public Health Scotland reported that the percentage of Primary 1 pupils in Dundee who were classified as being obese or overweight stood at 25.1% in 2023/24 this increased from 23.8% in 2022/23. The situation remains a significant concern, both in Dundee City and across Scotland, as levels remain stubbornly high and are greater than prior to the pandemic. Coupled with the rise in cost of living, ongoing disruption to global supply chain and food inflation families are living with food insecurity which has widespread impact, including increasing the risk of poor diet quality and obesity and further driving the socioeconomic inequalities in child healthy weight.

Reduce Child Poverty and Inequalities in Incomes, Education & Health

"Dundee will be a caring city which has tackled the root causes of poverty and delivered fairness in incomes, education and health."

100% of care experienced school leavers entered a positive destination in the period 2023/24.

Percentage gap in attainment tariff average scores between school leavers living in SIMD 1 areas and SIMD 5 areas reduced from 53% in 2019/20 to 45% in 2023/24



91.3% of 16-19 year olds in Dundee were participating in Education, Employment or Training.

Strategic Highlights

- The 2024-25 Fairness and Local Child Poverty Plan Report was agreed by the City Governance Committee in June 2025. In preparing the report, there were engagement sessions with key services and Dundee Fighting for Fairness to review the existing actions, assess progress and set new priorities. The report highlights that we remain committed to tackling child poverty and promoting fairness across the city. For more detail the report can be found on the **Dundee City Council website**.
- Locality based work has continued to provide a strong drive to tackling child poverty through the Fairer Futures Partnership in Linlathen & Mid Craigie, and the Local Fairness Initiative in Stobswell West and Linlathen.
- Our Advice Strategy continues to guide progress in maximising the incomes of our citizens, most recently through targeted outreach to older people on Pension Credit and other relevant benefits.
- The Mental Health and Wellbeing Strategic Plan for 2024-27 aims for Primary Care to enable people to receive the support at the right time and in the right place.

Actions in progress

Actions in progress for completion 2025/26

There are 0 actions within this theme due for completion by 31st March 2026.

The following action within this theme has been completed since last year's report:

- Promote the uptake of concessionary travel scheme for young people, ensuring quick and easy access to entitlement.

There are 10 actions in this theme which have progress greater than 50%:

- Implement the 'Dundee Promise' that offers an apprenticeship to all care experienced children, young people and care leavers.
- Continue to develop and implement the local fairness initiatives in Linlathen and Stobswell West.
- Increase the number of opportunities for our young people to gain work experience, and paid internships across the public, third and private sectors, through schemes like Career Ready.
- Support closing the gap in positive destinations for 16-19 year olds, in particular those who are care experienced and those from SIMD 1 areas, transitioning from school into work or higher education.
- Ensure maximum take up of all UK and Scottish Welfare Benefits.
- Implement the new advice strategy for Dundee and maximise provision.
- Ensure that cash first, dignified and sustainable approaches are in places across the city to support those dealing with fuel or food poverty.
- Develop and publish the next Local Child Poverty Action Plan (including wider fairness actions) and track progress to ensure that commitments made are delivered.
- Improve ongoing participation, in particular for care experienced young people and those from SIMD 1 areas.
- Increase the number of mentors across the public, third and private sectors supporting our young people through the MCR pathways approach.

Fairer Futures Partnership in Linlathen and Roll Out

A targeted door knocking and outreach approach has engaged 272 families in Linlathen, supporting them through targeted interventions and self-identification. There are 313 children in these households including 48 aged under four. Key workers provide support with advocacy, access to services, and follow-up checks. In Mid Craigie, targeted outreach has so far reached 91 out of 98 identified families receiving Housing Benefit and Council Tax benefit with no earned income. Additionally, 161 other households in Mid Craigie sought support, totalling 252 families and 236 children.

Since October 2022, the multi-agency drop-in has assisted with 4,426 concerns including energy support (1,535), benefits / cost of living support (1,158), employability/upskilling (660), and housing issues (373). Support has also been provided for domestic abuse, mental health crises, and emergency needs.

Of the 660 visits that involved employability / upskilling support provided mainly by adult and youth employability teams, 394 job related calculations were provided, leading to employment or college placements for some individuals. Linlathen families have made financial gains of £190,256 and Mid Craigie families £72,273 from successful job offers.

Financial Outcomes from the Child Poverty Pathfinder drop-ins include:

- Linlathen families received additional financial support totalling £278,403 from earned income and other sources. Benefit uptake added £93,891.
- Mid Craigie families received additional income totalling £117,145 and benefit gains of £49,524.
- Due to the 'no wrong door' approach, 768 families from other localities attending the drop-in gained £619,029 from non-benefit sources and £141,352 from benefit sources.

Local Fairness Initiative in Linlathen and Stobswell West

The Local Fairness Initiative (LFI) aligns with the Dundee City Plan 2022–2032, targeting improvements in income, health, and wellbeing by addressing the three key drivers of child poverty. The LFI brings together local partners, coordinated by Dundee City Council, including other public sector entities, third sector organisations, community groups, and local residents, to reduce the financial pressures on families in the community. Part of this has been achieved through income maximisation efforts that have put tens of thousands of pounds into local households. Employability support through the LFI (and the Fairer Futures Partnership in Linlathen) is another aspect of the initiative that has helped a number of people to gain additional income. Additionally:

In Linlathen:

- A whole-family approach to tackle intergenerational worklessness and build long-term resilience. This includes barrier-free access to employment support, including flexible childcare and outreach to families with no working adult.
  - Forty-four children are utilising a new, free out-of-school care service.
  - 103 individuals have been supported into employment city-wide via the Linlathen Works drop-in; included in these are 27 from Linlathen, 10 from Mid Craigie.
- 31 residents accepted college places, with additional accredited courses delivered locally through the D&A College Community Project to help increase uptake and confidence.
- There have been 456 visits to the drop-in for employability / upskilling, and 327 better-off-in-work calculations provided.
- 60 volunteers contributed 6,432 hours, with several progressing to employment, college, or university.
- Continued collaboration with D&A College, Discover Work, and Community Learning Development (CLD) to embed employability into wider wellbeing strategies.
- A comprehensive programme of external wall insulation and other energy efficiency measures aims to lower energy bills for many households in the area.
- New community groups have been formed and are working on making positive changes in the area. These include offering free local family activities during the day and evenings, creating a local litter picking hub, and collaborating with services to address local community priorities.
- DCC allocated £60,000 for active play trails for children at three sites within the area, with the local community collaborating in designing and establishing these.
- Close liaison with the Fairer Future Partnership has enabled both initiatives to support each other with their linked aims around increasing household incomes.

In Stobswell:

- A new multi-agency drop-in service, coordinated by Dundee International Women's Centre (DIWC) was launched in May 2025. It provides coordinated access to employability, housing, income maximisation, wellbeing support and more.
- The Stobswell Connect Shop, Arthurstone Library, Boomerang Community Centre and Morgan Academy are active hubs for community engagement and service delivery.
- A dedicated coordinator has been appointed to support partnership development, stakeholder engagement and data-informed service planning in the area.

- A collaborative employability offer involving DCC Employability Team, CLD and All in Dundee has been put in place. This offer is designed to provide holistic and accessible support for individuals in Stobswell West, ensuring they have the resources and guidance to succeed. This includes:
  - Key Worker Support at Morgan Academy providing weekly support for young people and parents, aligned with the Positive Destinations Framework.
  - Weekly Drop-in Support sessions.
  - A Job Shop at Arthurstone Library every Thursday.
  - 1:1 full-time tailored employability guidance.
  - Taster Sessions, Employability Academies and SQA Qualifications covering career exploration and job readiness.
  - Targeted employer engagement, creating local job opportunities.
  - CLD's Skills for Life – Introduction to Employment, supporting young people with essential job market skills.
  - All in Dundee's Enable Works providing drop-in support, health and wellbeing workshops, and practical employability sessions.
- Events such as a Volunteering Information Day have encouraged local involvement and strengthened community ties.
- Collaboration with Columba 1400 is helping to shape the long-term development of the initiative.

Concessionary Travel for Young People

By the end of March 2025 there were 24,309 Under 22s with a National Entitlement Card (NEC) that incorporates free bus travel. This is 81% of the Dundee 5-21 year old population. Systems are in place to increase and maintain the take up of NEC by Under 22s for free bus travel. In addition to the Scotland wide Get Your NEC (GYNEC) page, specific application routes in Dundee include:

- Customer Services support either face to face by appointment or over the telephone, with drop off points available for evidence in support of applications.
- The Parents Portal has been adopted and rolled out in Dundee.
- Schools offer support to apply but also signpost young people to use GYNEC and Parents Portal.

Reaching out to entitled young people that have not yet acquired a free bus pass will continue.

Dundee: Living Wage City

The Making Dundee a Living Wage City Action Group actively promoted the Living Wage initiative at the Meet the Buyer Event in March 2025, where they hosted a dedicated stall. The event attracted over 600 attendees, providing an excellent opportunity to engage with local businesses, suppliers and stakeholders about the benefits of Living Wage accreditation. Participation reinforced Dundee's ongoing commitment to being a Living Wage City, ensuring that fair pay remains at the heart of our city's economic growth and business practices.

The Promise – Implementing Recommendations

The '**Our Promise Annual Report**' submitted to Elected Members in October 2024 illustrated significant progress in the balance of family-based versus residential care and in outcomes for care experienced children and young people. The service continues to build capacity across kinship, foster care and local residential care options. The Fostering, Adoption and Continuing Care Service recently improved inspection grades across all three categories. Three of the seven Children's Houses have recently been inspected and two were graded Good and Very Good. The other had experienced challenges and the team at that location continues to receive support with making improvements.

Welfare Benefit Uptake

The Pension Credit / Council Tax Reduction take-up campaign, delivered by Council Advice Services working with Dundee CAB, began on 22nd February 2024 after extensive planning to identify potential recipients. In the sixteen months following its launch, engagement with 612 older people has taken place and led to £3,420,336 in financial gains (as at 25/6/25). The latest Council Advice Services benefit gains for 2024/25 now total £17,008,442, a 37% increase on the previous year.

Advice Strategy and Increased Provision

Agencies have successfully planned and implemented joint work to cover older people's benefit take up in 2024/25. Regular Advice Workers Forum meetings are considering further take-up campaigns in 2025/26 relating to Scottish Child Payment and Carers Benefits as well as continuing with the Older People Campaign. Recent joint work has also concentrated on the issues relating to Universal Credit Migration from Employment Support Allowance, escalation routes to Social Security Scotland and monitoring the issues faced by ex-service men in Dundee. Collating outputs in relation to benefit claim levels achieved by the various organisations in 2024/25 is currently underway.

Cash First Approach: Providing Dignified and Sustainable Poverty Support

A full programme of cash first assistance is in place at Dundee Foodbank including remote access to advice via Attend Anywhere. This backs up emergency food provision with access / referrals to financial advice services to ensure that those assisted are in receipt of all benefits they are entitled to. In turn this helps to reduce future food insecurity.

Steps are continuing to be made to invite other food organisations and larders to offer similar advice in their settings across the city. The Connect Team offer access at twelve community venues, and the Welfare Advice and Health Partnership offers support in twelve Dundee GP surgeries across the city. All services actively support a cash first approach whilst at the same time linking into the foodbank for additional emergency support.

Positive Destinations for Care Experienced Young People

Key workers in the Youth Employability Service are continuing to support Care Experienced Young People (CEYP) across Dundee into positive destinations. The young people referred to the service are offered bespoke 1:1 support to address their needs and aspirations, enabling creation of action plans with them. These action plans address topics including; CV creation, job applications, college applications, accessing training or preparing to join the workforce. This helps the young people feel ready to enter a positive destination, whether that be work, education or training. When an individual has entered a positive destination, they continue to receive aftercare support from their key worker, which helps them to sustain their progress.

Improve ongoing participation, in particular for care experienced young people and those from SIMD 1 areas

Insight data tells us that of the fifteen looked after children who left school in session 23/24 all of them were in a positive initial destination. There were 616 leavers in 2023/24 living in SIMD Quintile 1. Of these, 93.2% went on to initial positive destinations, slightly lower than the national average of 93.6% but higher than Dundee's benchmarking virtual comparator figure of 92.3%.

The Skills Development Scotland participation measure for 2025 reported that 87.3% of Dundee's 16-19 years olds living in SIMD Quintile 1 were participating in education, employment or training. This was lower than the Scottish figure which stood at 88.8%.

MCR Pathways: Mentoring Our Young People

The programme is currently under review, and as such, there may be changes soon including that group work will no longer be included in the programme. However, staff met with MCR Pathways leads in August to evaluate and plan the most effective way forward. This meeting focused on maximising support for participants, discussing recruitment strategies, and addressing ongoing recruitment efforts across sectors.

Work Experience for Young People

Engagement continues with all secondary schools with the Startup Sherpas Real Work platform which provides live paid work experience opportunities for young people. A new cohort of Career Ready participants launched in November 2024 with 64 young people involved. They will all be engaged in a four week paid internship in Summer 2025.

A pilot programme, Pathway to Success, with St John's HS and Braeview Academy has fifteen young people engaged in a one day a week work experience related to trades - electrical, plumbing, construction, and automotive. Attendance and engagement have been very positive and feedback from all stakeholders is currently being sought. A new cohort of this programme is underway for session 25/26.

A cohort of ten young people are engaged with John Clark Motors / BOSH Training. These young people attend John Clark garages on a weekly basis, whilst also undergoing Basic Occupational Safety & Health (BOSH) training. If successful they will be offered an apprenticeship in September 2025. A further cohort of young people are currently being recruited for school session 25/26.

Dundee Mental Health and Wellbeing Strategic Plan 2024-2027

Developed during 2023/24 The Dundee Mental Health and Wellbeing (MHWB) Strategic Plan 2024-2027 recognises the unequal distribution of mental ill health. It is promoting a shift towards support being offered within local communities, so that more people can be supported where they live by accessing informal locality-based interventions and activities. The vision is to provide mental health and wellbeing services in Primary Care that enable people to access the right support at the right time, in the right place through staff who are knowledgeable and skilled to deliver this. This is achieved through the Primary Care Mental Health and Wellbeing (MHWB) Framework offering easy to access locality-based care, advice and support utilising a multi-disciplinary team.

Deliver on the Child Healthy Weight Strategy

The overall proportion of children with an unhealthy weight remains higher than pre-pandemic levels in Dundee and marked socioeconomic inequalities in child healthy weight still remain.

The Tayside Child Healthy Weight Strategy aims to address childhood obesity through a whole systems approach, involving local authorities and various partners. The strategy's first ambition is to recognize child healthy weight as a society-wide issue. However, progress has been slow due to capacity and resource challenges.

The second ambition focuses on giving children the best start in life. In February 2025, the Tayside Infant Food Insecurity Pathway was launched to provide sustainable support for parents and carers facing food insecurity, prioritizing a cash-first approach.

The third ambition aims to create an environment that supports healthier choices. This includes developing a Food and Health Padlet for schools and early years settings, which had 450 unique visitors between August 2024 and February 2025. Additionally, a multiagency working group is developing a Food and Health Framework and Policy Guidance for schools.

The strategy advocates for long-term, incremental changes through collaboration with many partners. Despite existing strategic commitments, additional support is needed to build capacity and transform current practices.

The agenda is supported by the Good Food Nation (Scotland) Act 2022, which mandates the creation of Good Food Nation Plans to achieve food-related outcomes. The proposed national plan includes indicators for monitoring child health, diet, and weight outcomes. The Population Health Framework, published in June 2025, also supports this agenda with a 10-year vision to improve health and reduce inequalities, with a focus on tackling obesity and promoting healthy weight.

Together, the Good Food Nation Act, local Good Food Nation Plans, and the Population Health Framework will support the ongoing implementation of the Tayside Child Healthy Weight Strategy.

Updates by Priority Theme

The tables below provide an update on progress towards targets and the actions being taken within each theme of the City Plan. The following legends are used within the tables.

Performance Indicator Key

Status		Short Term Trend		Long Term Trend	
	More than 5% away from Target		Improving		Improving
	Within 5% of target		Maintaining		Maintaining
✓	On Target		Deteriorating		Deteriorating

Action progress symbols and stages explained

	Unassigned - The action has been created on the system but hasn't yet had the required relevant officers assigned to it.
	In Progress - Action is progressing well, on target for achieving all objections set in the initiation phase. **20%** - The task is defined and agreed by relevant partners/stakeholders. **40%** - Necessary tasks planned and implementation in early stages. **60%** - Number of key actions achieved/agreed process or improvement taking shape or in place or underway. **80%** - Majority of actions achieved/ agreed process or improvement largely in place or underway leading to confidence that the overall action will be delivered in full/on schedule.
	Overdue - Action is still progressing; however, it has exceeded its due date.
✓	**Completed** - Action has been completed, and objectives have been achieved.

Performance Scorecard

Priority	PI on Target	PI within 5% of Target	PI not on Target	Total	Met the Year 3 Target	Improved or the same as last year (% of total)
Reduce Child Poverty and inequalities in Incomes, Education & Health	5	2	4	12*	3 (25%)	11 (92%)

*The number of drugs deaths has a target of reduce as opposed to a numerical target so won't be counted within the on, within 5% or not on target columns in the above table but is counted in the overall total.

Most Improved PIs	Most Deteriorating PIs
% of care experienced leavers entering a positive destination	Percentage of Primary 1 Children classified as obese or overweight
% point gap in numeracy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	
% point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Children living in poverty to be reduced by half by 2030*	27.1%	28.2%	26.1%	19.3%	11%			Figures for the period 2023/24 were published by End Child Poverty in June 2025. It is estimated that 26.1% of children (7,041 children) in Dundee City were in poverty after housing costs.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
✓	% of 16-19 year olds participating in Education, Employment or Training	89.4%	90.5%	91.3%	92%	100%			Skills Development Scotland Published their Annual Participation Measure for 2025 on 26th August 2025. It reported that 91.3% of 16-19 years olds in Dundee were participating in Education, Employment or Training. It stated that of this 68.4% were in education, 19.7% were in employment and 3.1% were in training or development.
	% of 16-19 year olds participating in Education, Employment or Training from SIMD 1	84.1%	87.3%	87.3%	90%	100%	=		Skills Development Scotland published their participation measure for 2025 on 26th August 2025. It was reported that 87.3% of 16-19 year olds in Dundee City living in SIMD Quintile 1 were participating in education, employment or training. This is consistent with the figure reported in 2024.
✓	% of care experienced school leavers entering positive destinations*	83%	71%	100%	93%	100%			Key workers in the youth employability service are continuing to support care experienced young people (CEYP) across Dundee and support them into positive destinations.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% gap in attainment tariff average scores between school leavers living in SIMD 1 areas and SIMD 5 areas *	48%	49%	45%	47%	22%			Dundee City Council has seen a steady decrease in the percentage gap in tariff scores from 53% in 2019/20 to 45% in 2023/24. The percentage gap in 2023/24 is now the same as that seen nationally.
	% point gap in literacy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	19.9%	16.6%	14.7%**	14.3%	N/A***			The latest figure is the interim figure for the period 2024/25, this figure is subject to final Scottish Government assurance checks. Using this interim figure, the literacy attainment gap reduced from 16.6% in 2023/24 to 14.7% in 2024/25.
	% point gap in numeracy in P1-7 between pupils living in SIMD 1 areas and living in SIMD 5 areas	16.3%	14.3%	10.2%**	13.0%	N/A***			The latest figure is the interim figure for the period 2024/25, this figure is subject to final Scottish Government assurance checks. Using this interim figure, the numeracy attainment gap reduced from 14.3% in 2023/24 to 10.2% in 2024/25.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% point difference attendance gap between children living in SIMD 1 areas and the average for SIMD 2-5	4.3	4.3	4.2	3.1	2.2			The percentage point difference attendance gap between children living in SIMD 1 areas and the average from SIMD 2-5 decreased from 4.3% in 2023/24 to 4.2% in 2024/25. Pupil attendance continues to be regularly monitored.
	% of Primary 1 children classified as obese or overweight*	26.6%	23.8%	25.1%	23.5%	14.8%			The situation remains a significant concern, as it does across Scotland, as levels still remain stubbornly higher than prior to the pandemic. Coupled with the rise in cost of living, ongoing disruption to global supply chain and food inflation, more families are living with food insecurity which increases the risk of poor diet quality and obesity further driving the socioeconomic inequalities in child healthy weight.
Data Only Indicator	Number of drugs deaths****	38	46	42	Reduce	Reduce			National Records of Scotland Drug Related Deaths in Scotland 2024 publication reported that there were 42 drug misuse deaths in Dundee City in 2024. This has decreased from 46 deaths reported in 2023.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Rate of emergency hospital admissions where the primary cause of admission was regarding mental health	2.9	3.58	3.3	2.9	2.0			Improvement on last year, 7.8% fewer emergency admissions when comparing 2024/25 to 2023/24.
✓	Number of people employed by accredited living wage employers in Dundee	35,324	43,466	43,627	42,468	N/A*****			There are 126 accredited Living Wage employers in Dundee, who have collectively uplifted 2,128 staff to the real Living Wage. These employers collectively employ 43,627 staff who are covered by a Living Wage commitment.

* Data is a year behind i.e the latest figure and the target is for 2023/24.

** This is an interim figure for 2024/25 subject to final Scottish Government quality assurance checks.

*** Current targets are sourced from the Children and Families Stretch Aims which are set for the Scottish Government these targets don't currently go as far as the year 10 period.

**** The number of drugs deaths is a data only indicator which has a target of reduce as opposed to a numerical target.

***** A new Living Wage Plan has been published for the period 2025-2028, therefore the targets in this plan don't currently go as far as the 10 year period.

Progress of Actions

Status	Action	Progress %	Due date	Notes	Lead
✓	Increase the uptake of the under 22s free bus travel, ensuring that young people in the most deprived areas are benefitting at comparable levels to those in less deprived areas	100%	31st March 2027	This indicator will continue to be monitored and reported on via the service plan for the Chief Executive's Service.	Dundee City Council NEC Group
✓	Develop and deliver the replacement strategic framework and delivery plan for drug and alcohol recovery services	100%	31st March 2032	In January 2023 the Alcohol and Drug Partnership (ADP) published its new five-year strategic framework and delivery plan. Implementation of the delivery plan has already begun and the ADP will now develop a specific performance framework to monitor the implementation of the plan.	Dundee Health & Social Care Partnership / Alcohol and Drug Partnership
✓	Deliver on the Dundee Mental Health and Wellbeing Strategic Plan 2019-2024	100%	31st March 2032	Strategic plans are in place to deliver mental health and wellbeing services in Primary Care that enable people to access the right support at the right time, in the right place by skilled and knowledgeable staff.	Mental Health and Wellbeing Strategic Commissioning Group
▶	Implement the 'Dundee Promise' that offers an apprenticeship to all care experienced children, young people and care leavers	85%	31st March 2032	The Council has made significant progress in the balance of family-based versus residential care and in outcomes for care experienced children and young people.	Discover Work Partnership

Status	Action	Progress %	Due date	Notes	Lead
▶	Continue to develop and implement the local fairness initiatives in Linlathen and Stobswell West	80%	31st March 2032	A recent evaluation of the Linlathen LFI confirms that it is achieving its aim of reducing financial pressures on families. The Stobswell LFI is making strong progress with the opening of a multi-agency local drop-in session, employability outreach work and efforts to respond to the difficulties faced by private tenants in the area.	Local Fairness Initiatives Project Board
▶	Increase the number of opportunities for our young people to gain work experience, and paid internships across the public, third and private sectors, through schemes like Career Ready	80%	31st March 2032	Various programmes are effectively providing opportunities in all our secondary schools.	Discover Work Partnership / Tayside Regional Improvement Collaborative
▶	Support closing the gap in positive destinations for 16-19 year olds, in particular those who are care experienced and those from SIMD 1 areas, transitioning from school into work or higher education	80%	31st March 2032	Key workers in the youth employability service are continuing to support Care Experienced Young People (CEYP) across Dundee and support them into positive destinations. Aftercare is available to help individuals to sustain their positive destinations.	Discover Work Partnership / Tayside Regional Improvement Collaborative / FE & HE Partners

Status	Action	Progress %	Due date	Notes	Lead
▶	Ensure maximum take up of all UK and Scottish Welfare Benefits	75%	31st March 2032	The Pension Credit Older People take-up campaign began on 22/02/24 and has engaged with 612 older people's households.	Department of Work and Pensions / Social Security Scotland / Dundee Welfare Rights Forum
▶	Implement the new advice strategy for Dundee and maximise provision	70%	31st March 2032	Agencies have successfully planned and implemented joint work to cover older peoples' take up in 2024/25. Regular Advice Workers Forum meetings are considering further take-up campaigns in 2025/26.	Dundee Welfare Rights Forum
▶	Ensure that cash first, dignified and sustainable approaches are in places across the city to support those dealing with fuel or food poverty	70%	31st March 2032	All services actively support a cash first approach whilst at the same time linking into the Dundee Foodbank for additional emergency support.	Dundee Welfare Rights Forum / Dundee Community Food Network
▶	Develop and publish the next Local Child Poverty Action Plan (including wider fairness actions) and track progress to ensure that commitments made are delivered	65%	31st March 2032	The Fairness and Local Child Poverty Action Plan Report (LCPAR) was presented to the City Governance Committee on 23rd June 2025. New actions included the recommendations from the recent Fairness Leadership Panel report.	Dundee City Council / NHS Tayside

Status	Action	Progress %	Due date	Notes	Lead
▶	Improve ongoing participation, in particular for care experienced young people and those from SIMD 1 areas	60%	31st March 2032	All of the looked after children who left school in session 23/24 entered a positive destination.	Discover Work Partnership / Tayside Regional Improvement Collaborative / FE & HE Partners
▶	Increase the number of mentors across the public, third and private sectors supporting our young people through the MCR pathways approach	60%	31st March 2032	Currently 128 pupils in our secondary schools are Meeting/Match Identified with a mentor with a further 69 in the pipeline.	Tayside Regional Improvement Collaborative
▶	Continue to develop and implement the Child Poverty Pathfinder	50%	31st March 2032	The Linlathen Pathfinder has supported 272 local families in households where 313 children live. The model has now been extended to Mid-Craigie where 98 families have been identified as potentially requiring support and 161 other families in Mid Craigie have sought support.	Dundee Child Poverty Pathfinder Programme Board

Status	Action	Progress %	Due date	Notes	Lead
▶	Deliver on the Child Healthy Weight Strategy	40%	31st March 2032	Marked socioeconomic inequalities in child healthy weight remain. This trend is similar to the picture at a national level. A Food and Health Framework and Policy Guidance for all early years, primary and secondary school settings is in development.	Dundee Healthy Weight Partnership (DHWP)
▶	Maintain the commitment to being the Living Wage City	35%	31st March 2032	Despite financial pressures on local companies, Living Wage accreditation in Dundee remains consistent. The Living Wage Action Group signed off an action plan, with targets for the next three years, in August.	Living Wage Action Group

Deliver Inclusive Economic Growth and Community Wealth Building

"Dundee will have a strong, creative, smart and sustainable city economy with jobs and opportunities for all."

4.5% ▲ increase in the numbers of visitors to Dundee, from **1,357k** in 2023/24 to **1,418k** in 2024/25.

19% ▲ increase in the number of Business Gateway Start-ups per 10,000 population.

9% ▼ decrease in the youth unemployment rate (those aged 16-24 years).

Strategic Highlights

- Engaging Local Businesses - The 'Dundee Economic Advisory Forum' held its first meeting in March 2024, involving key city business stakeholders from across the city. The key output was the creation of a City Vision and Action Plan which is under development. A proposal for a Dundee Economic Summit led to this event taking place in June 2025, with over 150 delegates.
- Attracting More Skilled Green Jobs - Work is taking place with the Scottish Offshore Wind Cluster, the Energy Skills Partnership, and Forth & Tay Offshore, to arrange a series of events promoting the sector / career opportunities to pupils, students, parents, and carers around the east coast of Scotland including Dundee. The aim of these events is to lead to an increase in the number of skilled green jobs.
- Despite ongoing economic challenges, the number of Living Wage accredited employers has shown a small positive increase, indicating continued engagement with the Living Wage commitment. In 2024/25, there were 126 accredited employers in Dundee, collectively employing 43,627 staff. Of these 2,128 staff have been uplifted to the real living wage rate.
- Plans for the Eden Project Scotland are ongoing, with permissions granted for the use of the proposed site and funding for the Capital works being sought.

Actions in progress

Actions in progress for completion 2025/26

There are 0 actions within this theme due for completion by 31st March 2026.

The following actions within this theme have been completed since last year's report:

- Create a Dundee Economic Advisory Group to provide regular engagement with local business and political leaders.
- Deliver an extensive community wealth building strategy, ensuring the maximum level of investment possible is retained within Dundee to support local jobs.

There are 6 actions in this theme which have progress greater than 50%:

- Deliver the Tay Cities Deal and the Dundee Projects supported by the programme.
- Deliver Michelin Scotland Innovation Parc's vision and business plan to attract more jobs.
- Continue to raise the profile of the City through a range of marketing activities, promoting key message, assets and opportunities to businesses, investors, developers and visitors.
- Build on Dundee's Scotland Loves Local Campaign.
- Increase the number of start-ups and SME's in the city and support their expansion.
- Maximise apprenticeship opportunities.

Priorities in Action

Deliver Michelin Scotland Innovation Parc's Vision and Attract More Jobs

In January 2025, it was announced that Angus based textiles company, J&D Wilkie is to become the majority shareholder in MSIP and move its manufacturing operations from Kirriemuir and Forfar to Dundee. This move will see Wilkies potentially increase its workforce in Dundee up to 600, in addition to the 200 jobs already on the parc and invest a further £50m in cutting edge infrastructure, technology and development.

Under the change in ownership, the MSIP Innovation Campus remains at the core of the parc, with Wilkies using the large, currently vacant units to the south of the site for its manufacturing operations.

Raise Dundee's Economic Profile

The **Invest in Dundee web platform** has been refreshed with new content, merging the dundeewaterfront.com and investindundee.com websites into a single, streamlined site. The updated website includes a Meet the Team section, offering a more personal and accessible approach for those looking to connect with us. The official launch is scheduled for summer 2025.

Beyond the website, the Invest in Dundee team is actively promoting the city, with LinkedIn as the primary platform for engagement. Additionally, a programme of company engagement activities has been launched, including business visits, event sponsorships, and attendance at key industry events.

Deliver the Tay Cities Deal

Construction of the Life Sciences Innovation Hub (with additional funding confirmed from Scottish Enterprise in July 2024 of £8m) led to the Hub opening in Spring 2025. The first company working from the Hub is Hawkhill Therapeutics who are developing anti-obesity drugs that also preserve muscle mass.

The Tay5G project has seen completion of eight use case trials, and a second Challenge Fund round saw approval of a further four use case trials for completion in 2025. The Tay Cities Skills Programme is offering support in digital skills and SME upskilling.

Dundee's Scotland Loves Local Campaign

DCC & Dundee & Angus Chamber of Commerce implemented a new action plan to relaunch the Dundee Loves Local Scheme, renamed Dundee Gift Card. The relaunch took place on the 4th July 2025. Engagement with key stakeholders took place at a Meet the Buyer Tayside event in February 2025 and through other routes including a social media campaign and press activity developed for the relaunch.

Some of the aims of the rebranding and relaunch include doubling corporate spend, trebling consumer spend and increasing the onboarding of businesses by 20%.

Creation and Expansion of Start-Ups and SMEs

Business Gateway Tayside Service continues to meet or exceed performance targets. UK Shared Prosperity Funding (UKSPF) has been used in 2024/2025 to provide digital supports to SMEs, provide grant support (Dundee Business Growth and Innovation Grant; SME Development Grant; Overseas Market Development Grant); provide SME skills support via D&A College and to support delivery of a Digital Accelerator programmer. Two Community Advisers have also been employed using UKSPF to offer outreach support to start-ups and SMEs.

Maximise Apprenticeship Opportunities Within DCC

Education continues to work with Learning and Organisational Development to look at ways of promoting apprenticeship and other job opportunities within the Council. Pilots have been agreed with schools in exploring 'A Day in Life of' e.g. a Civil Engineer and arranging opportunities for young people to visit / immerse themselves in the work of departments across the council.

Work continues in all secondary schools with Vocational Learning Advisers to support writing of CVs, application form completion and interview techniques. The potential apprenticeship opportunities offered through Community Wealth Building are also being reviewed.

More Jobs at Dundee Waterfront

The BT development on Site 1 is complete with BT taking occupancy of the office component of the development in early 2025. The Sleeperz hotel has been rebranded as Four Points Flex by Sheraton. Now part of the Marriot Bonvoy group, the hotel will benefit from being part of the world's leading hotel loyalty programme.

Construction of the James Thomson House continues and is due for completion in 2025. Discussions are continuing with prospective tenants for the office space and ground floor commercial units.

Employment Pathways

The second phase of the Council's new single Corporate Employability Service has progressed during 2024/25 with full implementation due in the near future. The Council's new approach will complement the outcome of the Challenge Fund and further support the vision and goals outlined in the **Discover Work Strategy & Action Plan 2022 – 2027**. In addition, elements of All in Dundee's service offer are to be scaled up following the award of additional No One Left Behind funding for Specialist Employability Support. Information on performance of the Employability Pathway Programme for 2024/25 will be reported to the Fair Work, Economic Growth and Infrastructure Committee in October 2025.

Further progress has been made with the agreed Positive Destination Improvement Plan (PDIP) which responds to findings of our report **A Step Change in Positive Destinations for Young Dundonians**. This has included the establishment of Improvement Groups within each Secondary School and as part of offsite Learning & Training.

Progress with the PDIP, corresponding Improvement Framework, and Improvement Groups activity continues to be the responsibility of the Positive Destinations Implementation Group.

Skills Development Scotland Published their **Annual Participation Measure for 2025** on 26th August 2025. It reported that 91.3% of 16-19 years olds in Dundee were participating in Education, Employment or Training this is our highest participation level since 2016 When broken down 68.4% were in education, 19.7% were in employment and 3.1% were in training or development.

Life Sciences Innovation District Development

A Shadow Board with representation from Dundee City Council, Dundee University and Scottish Enterprise is in place and meeting quarterly to oversee the process of developing the first phase of the Life Sciences Innovation District at Dundee Technopole. Highlights in 2024/2025 included the opening of the Life Sciences Innovation Hub providing state of the art incubation facilities for spin-out and spin-in companies. A proof of concept fund for potential spin-outs was also delivered in 2024/2025. In 2025/2026 work will be undertaken to develop branding, wayfaring and signage for phase 1.

Eden Scotland

The preferred site for the development of the Eden Project Scotland is the former Gas Works site on East Dock Street. The development phase includes planning, and planning permission for separate land remediation works has been granted and is underway. Planning applications for the main project proposal and enabling bridge elements have also been approved. Discussions continue with the project team on detailed design, land acquisition and fund raising for the capital element of the project.

City Centre Investment Plan Implementation

Major housing developments have been progressing around the city centre. While Phase 1 of Douglas Street's student accommodation is complete, other construction is continuing. GIS mapping for further development opportunities is in place.

Discussions regarding redeveloping the Wellgate Centre as a new college campus are ongoing, and efforts to establish a Business Improvement District are advancing following recent stakeholder meetings.

Hospitality and entertainment venues are being encouraged to boost the evening economy, most notably with the opening of Live House Dundee music venue in May 2025. Cruise ship offerings and visitor welcomes are being improved, supported by a new attraction map, and a five-year tourism strategy and event planning for 2025/26 are underway. Completed infrastructure projects include McManus Galleries' feature lighting, while the Caird Hall's application is in review.

The Bell Street Transport Hub is aiming for an autumn 2025 completion, alongside active travel plans funded by Transport Scotland. Secure cycle parking is nearly ready pending electrical approval. A sustainable transport plan has also been finalised, and tenders are being reviewed for a comprehensive traffic study.

Tree survey recommendations aim to improve CCTV lines, and grant applications for façade and interior improvements are under consideration. Regular meetings occur with police, youth agencies, and development staff to address security and inclusivity, including plans for a youth mural and continued work on cleanliness initiatives like painting and graffiti removal. A three day **community clean-up event** took place in March 2025. Finally, additional support measures have been put in place following overdose incidents in the Overgate area.

Performance Scorecard

Priority	PI on Target	PI within 5% of Target	PI not on Target	Total	Met the Year 3 Target	Improved or the same as last year (% of total)
Deliver Inclusive Economic Growth (including Community Wealth Building)	3	3	9	15	3 (20%)	11 (73%)

Most Improved PIs	Most Deteriorating PIs
Number of Business Gateway start-ups per 10,000 population	Number of workless households in Dundee
Youth Unemployment rate (16-24)	Proportion of people earning less than the real living wage
% working age people in employment	City Centre retail units vacancy rate (%)

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% of the Dundee Workforce in employment	68.8%	63.7%	69.1%	73.5%	78.8%			This indicator has been the subject to ongoing monitoring by the Inclusive Economic Growth SLG since the pandemic due to a worrying decline in recent years. Actions to grow the economy and support people back into work have been progressed and it is positive to note that in the last year there has been a significant increase, albeit the current rate remains below target and below the Scottish average. This figure is from January to December 2024.
	Median earnings of total resident workers as a percentage of Scottish average	91%	87.5%	91%	96.8%	100%			There has been an improvement in the past 12 months in the average earnings for Dundee residents relative to the Scottish average, nevertheless, they continue to trail the National average by nine percentage points, reinforcing the need to continue to attract and catalyse quality jobs and invest in skills provision needed to enable Dundee residents to compete in the labour market.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
✓	Gross weekly pay for full time employees living in the area	£586.70	£624.80	£673.30	£665.63	£936.61	▲	▲	There has been a positive increase in the average earnings for full time employees in the city with current levels exceeding target. The challenge is to ensure that Dundee residents can compete for better paid employment given the gap between residents earnings and employee earnings which include commuters from neighbouring authorities. This will continue to be a priority for the Discover Work Employability Service and HE/FE organisations in the city.
●	% of employees in Dundee earning less than the real living wage	7.2%	9.8%	12.0%*	10.3%	7.2%	▼	▼	Provisional figures in the ONS Annual Population Survey estimated that 12.0% of employees in Dundee were earning less than the real living wage. This has increased from 9.8% reported in 2023. Please note due to a change in methodology data for 2023 and 2024 is not directly comparable with data for 2022 and earlier years.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Number of living wage accredited employers based or headquartered in Dundee	122	128	126	126	N/A**			There are 126 accredited Living Wage employers in Dundee, who have collectively uplifted 2,128 staff to the real Living Wage. These employers collectively employ 43,627 staff who are covered by a Living Wage commitment.
	% participation rate of young people from SIMD 1 and 2	85.3%	87.8%	88%	89.0%	95.4%			Skills Development Scotland published their Annual Participation Measure for 2025 on 26th August 2025. It was reported that 88.0% of those aged 16-19 years living in SIMD Quintile 1 and 2 were participating in Education, Training or Employment.
	Number of workless households in Dundee	10,500	10,300	14,300	8,145	5,688			Reducing the number of workless households in the City is a key priority for the Discover Work Employability Service. This is done through addressing the employability needs of individuals and adopting a whole family approach where appropriate and where resources allow. The latest figures exhibit a concerning increase; however, it should be noted that there is a time lag in the availability of this data with the latest figures relating to 2023.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% of young people 16 to 24 who are unemployed	21.7%	31.7%	28.9%	18.7%	13.1%			The Discover Work Employability Pathway the Council and partners have dedicated resources to support young people back into the labour market and will continue to prioritise this alongside delivery of the Step Change for Young Dundonians Youth Participation Improvement Plan. This figure is from January to December 2024.
	Claimant Count 16+	4,420	3,920	3,790	3,738	2,610			The claimant count remains above the target but there has been a positive downward trend over recent years.
	16-24 Claimant Count	830	830	820	669	467			The number of 16-24 year old claimants remains above target, however, there has been a positive downward trend over the past 5 years and continuing to support young people remains a priority for the Discover Work Service. The figure is from April 2024 to March 2025.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	Claimants as a proportion of economically active residents aged 16+	4.3%	4.2%	4%	3.8%	2.6%			The percentage of claimants remains above target but has reduced steadily over the past 5 years. It remains a priority for the Discover Work Service to support both the unemployed and those further from the labour market to progress towards work. The data is for the financial year April 2024 to March 2025.
	% of working age people with no qualifications	6.7%	7.7%	7.2%	5.6%	3.9%			There has been a year on year reduction in the percentage of working age people with no qualifications, however, it remains above target and addressing this is a priority for providers of education and employability services within the Council and across the wider Dundee Partnership. The data is for calendar year January to December 2024.
	Number of Business Gateway start-ups per 10,000 population	14.7	16.2	19.3	19.68	27.69			The number of business gateway start-ups per 10,000 population increased from 16.2 in 2023/24 to 19.3 in 2024/25. The Dundee figure was higher than the Scottish figure which stood at 12.4 business gateway start-ups per 10,000 population

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
✓	Visitors to Dundee (000's)	1,249	1,357	1,418	752	1,227	▲	▲	Dundee's visitor numbers have shown strong and sustained growth. After a dip during the pandemic, figures have rebounded sharply, almost doubling in just three years. The current trend is upwards, with performance exceeding targets year-on-year which reflect a healthy and growing tourism economy for the city. This year's growth of 4.5% was driven by a rise in staying visitors, major event activity, new hotel openings and increased cruise ship arrivals.
●	City Centre retail units vacancy rate (%)	18%	17.7%	19.8%	11.1%	7.8%	▼	▼	Filling vacant units is part of the City Centre Investment Plan to deliver a vibrant City Centre.

*Provisional figure for 2024 may be subject to revision by Office for National Statistics
** A new Living Wage Plan has been published for the period 2025-2028, therefore the targets in this plan don't currently go as far as the 10 year period

Progress of Actions

Status	Actions	Progress %	Due Date	Notes	Lead
✓	Create a Dundee Economic Advisory Group to provide regular engagement with local businesses and political leaders	100%	31st March 2032	The Dundee Economic Advisory Forum's vision and action plan are being developed. A successful Economic Summit was held recently.	Dundee and Angus Chamber of Commerce
✓	Deliver an extensive community wealth building strategy, ensuring the maximum level of investment possible is retained within Dundee to support local jobs	100%	30th Nov 2024	Dundee City Council's Community Wealth Building strategy and action plan were agreed, and implementation is underway across the CWB 'pillars'.	Dundee City Council Community Wealth Building Group and additional partners
▶	Deliver the Tay Cities Deal and the Dundee Projects supported by the programme	80%	31st March 2032	Significant progress was achieved including the Life Sciences Innovation Hub, the Tay 5G project and Tay Cities Skills programme.	Tay Cities Board
▶	Deliver Michelin Scotland Innovation Parc's vision and business plan to attract more jobs	70%	31st March 2032	J&D Wilkie has announced that it will move its manufacturing operations from Kirriemuir and Forfar to MSIP.	MSiP Board

Status	Actions	Progress %	Due Date	Notes	Lead
▶	Continue to raise the profile of the City through a range of marketing activities, promoting key message, assets and opportunities to businesses, investors, developers and visitors	70%	31st March 2027	The Invest in Dundee team launched a programme of company engagement activities including business visits, event sponsorships and attendance at key industry events.	Invest Dundee / Tourism Leadership Group
▶	Build on Dundee's Scotland Loves Local Campaign	60%	31st March 2032	DCC and Dundee & Angus Chamber of Commerce launched the redesigned and rebranded Dundee Loves Local Scheme, now named Dundee Gift Card. Key stakeholders attended the Meet the Buyer Tayside event in February 2025.	Dundee & Angus Chamber of Commerce / Dundee City Council
▶	Increase the number of start-ups and SME's in the city and support their expansion	60%	31st March 2027	UK Shared Prosperity Funding has been used to provide digital supports to SME's, provide grant support, provide SME skills support via Dundee & Angus College and to support delivery of a Digital Accelerator Programmer.	Business Gateway
▶	Maximise apprenticeship opportunities	55%	31st March 2027	Education continues to promote apprenticeships and other job opportunities within the Council. Potential apprenticeship opportunities offered through Community Wealth Building are also being reviewed.	Discover Work Partnership

Status	Actions	Progress %	Due Date	Notes	Lead
▶	Continue to grow the number of jobs within Dundee Waterfront	50%	31st March 2027	The James Thomson House office development is nearing completion, and lease negotiations with prospective tenants are ongoing. The BT building is completed, and officers liaise regularly with other developers to ensure that the waterfront can accommodate new residential, commercial and office development as national policies and economic challenges are resolved. Due to escalating costs, the Tay Cities marina project is now under review.	Dundee City Council / Scottish Enterprise / Dundee and Angus Chamber of Commerce
▶	Increase and enhance employment pathways, in particular supporting around 11,000 economically inactive people towards job seeking and 16-19 year olds into positive destinations	40%	31st March 2027	The new Employability Service has been established and 'All in Dundee' is to be scaled up with more specialist employability support. A Positive Destination Improvement Plan (PDIP) was agreed which includes Improvement Groups within each Secondary School and offsite Learning & Training.	Dundee Work Partnership
▶	Attract more skilled green jobs	40%	31st March 2032	Working with the Scottish Offshore Wind Cluster, The Energy Skills Partnership, and Forth & Tay Offshore to arrange a series of events promoting the sector / career opportunities to pupils, students, parents / carers around the east coast of Scotland including Dundee.	Dundee City Council / Scottish Enterprise / Dundee Port / MSiP
▶	Implement the long-term City Centre Investment Plan to deliver a vibrant City Centre	40%	31st March 2027	Significant developments include the opening of Livehouse, improvements to McManus Galleries and better resources for cruise visitors. Future highlights include the Bell Street Transport Hub and Dundee and Angus College's ambitious proposals for the Wellgate Centre.	Dundee City Council / Dundee and Angus Chamber of Commerce

Status	Actions	Progress %	Due Date	Notes	Lead
▶	Continue to work with partners to take forward proposals for Eden Scotland	40%	31st March 2032	Planning permission for the main project proposal and enabling bridge elements has been approved. Discussions continue with project team on detailed design, land acquisition and funding raising for the capital element of the project.	Eden Project Dundee
▶	Continue work with partners to explore options to develop a Life Sciences Innovation District	35%	31st March 2032	A partnership is meeting quarterly to oversee the process of developing the Life Sciences Innovation District at Dundee Technopole. Highlights in 2024/25 included the opening of the Life Sciences Innovation Hub providing state of the art incubation facilities for spin-out and spin-in companies.	Scottish Enterprise / University of Dundee / Dundee City Council
▶	Further grow the number of local organisations registered as Living Wage Employers	30%	31st March 2032	Despite ongoing economic challenges, the number of accredited employers has shown a small but positive increase, indicating continued engagement with the Living Wage City commitment.	Living Wage Action Group

Tackle Climate Change and Achieve Net Zero by 2045

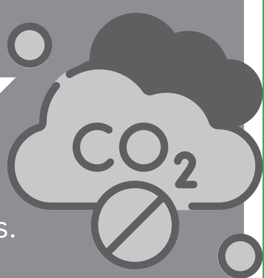
"Dundee will be a greener city, made up of strong communities where people feel empowered, safe and proud to live."

£745k

in grant funding awarded by Transport Scotland to develop and design proposals for a new "Sustainable Transport Corridor" along the Lochee Road and Arbroath Road arterial routes.

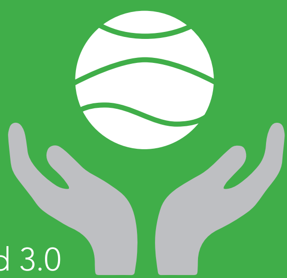
4%

reduction in Citywide CO_2 emissions.



10

projects received funding through the Dundee Climate Fund 3.0



Strategic Highlights

- The **Local Area Energy Plan (LAEP) was approved by Committee on 23rd September 2024 and the Local Heat and Energy Efficiency Strategy** (LHEES) was approved by Committee and published in April 2024. Together, these plans take a whole system approach to decarbonising, decentralising and digitising heat and energy systems at local level.
- Both of the above items contribute to the **Dundee Climate Action Plan** and **Net Zero Transition Plan 2024-2030**, which aim to see Dundee reach Net Zero by 2045.
- Dundee's **Sustainable Transport Delivery Plan** adds another aspect to this overall race towards Net Zero.

Actions in progress

Actions in progress for completion 2025/26

There are 0 actions within this theme due for completion by 31st March 2026.

The following actions within this theme have been completed since last year's report:

- Develop a City Energy Masterplan that takes a whole systems approach to decarbonising, decentralising and digitising heat and energy production.
- Implement the Dundee Climate Action Plan and adopt new emissions modelling tools to inform decision-making.

There is 1 action in this theme which has progress greater than 50%:

- Manage waste sustainably by reducing, reusing, recycling and recovering waste to improve resource efficiency whilst working towards a circular economy.

Priorities in Action

Dundee Climate Action Plan

The Dundee City Council Local Heat and Energy Efficiency Strategy (LHEES) was published in April 2024 and the accompanying Delivery Plan in December 2024. The LHEES is a long-term plan for decarbonising heat in buildings and improving energy efficiency across an entire local authority area. The Strategy sets out a strategic approach for improving the city's buildings by removing poor energy efficiency as one of the causes of fuel poverty and decarbonising heating systems in buildings and the Delivery Plan outlines 39 deliverable actions with a 5-year plan for the actions based on target completion timescales.

The Local Area Energy Plan has now been published, providing an understanding of the nature, scale, rate, and timing of the changes needed for Dundee to transition to a net zero energy system by 2045 and describes the priority interventions and recommended actions that will support the city in delivering its net zero target. The LAEP incorporates outputs from Dundee's statutory Local Heat and Energy Efficiency Strategy (LHEES) and captures the wider components of power and transport, energy distribution systems and storage. Work is underway to implement this and the LHEES. A technical feasibility study for a Local Heat Network is almost complete with the next steps being options appraisal and stakeholder engagement. Various options for Public Sector decarbonisation funding are being investigated, and the Housing team are working on Net Zero funding applications for housing. Climate View (an emissions modelling tool) is being updated with the LAEP Interventions to give a more accurate picture of the net zero pathways.

A technical feasibility study for a Local Heat Network is almost complete with the next steps being options appraisal and stakeholder engagement. Various options for Public Sector decarbonisation funding are being investigated, and the Housing team are working on Net Zero funding applications for housing.

Reduce, Reuse, Recycle and Recover

The Waste Strategy Team have been working on a range of activities to help reduce waste and increase recycling within the City. The Mobile App continues to gain traction with householders, with approximately 11,500 users and is now an established platform for providing updates and information to users.

The team have been updating the 2025 -2030 waste strategy for review and publication later this year. An interface with key actions and aspects of the Take Pride campaign will be included in the updated plan.

Community Engagement on the Climate Challenge

Dundee Climate Fund Round 3 took place using a participatory budgeting model, with the public vote closing on the 17th March 2025. A total of ten projects benefitted from the £106,762 funding available.

Sustainable Dundee Network meetings have continued and hosted a Networking Evening on the 18th March as part of Earth Hour. This included invitations to new groups to broaden participation.

Climate Vulnerability Assessment and Adaptability

A Climate Risk and Vulnerability Assessment has been updated and approved at Committee in April 2025. Next step to appraise the recommended options with relevant internal stakeholders. Business Continuity Plans have recently been updated. The assessment helped to inform the **Dundee Climate Action Plan**.

A new Regional Adaptation Partnership has been established called Climate Ready Tayside to address regional impacts with larger scale solutions, attract bigger funding and investment opportunities, increase engagement and education and provide feedback to the Scottish Government of the challenges on the ground.

Decarbonising Transport Systems and Improving Active Travel Routes

The Council remains committed to securing external funding to advance public transport projects and initiatives that support the decarbonisation of the transport system, as set out in the **Sustainable Transport Delivery Plan 2024–2034**. Most recently, £745,000 in grant funding was awarded by Transport Scotland to develop design proposals for a new 'sustainable transport corridor' along the Lochee Road and Arbroath Road arterial routes. This design phase will build upon and integrate earlier concepts focused on enhancing active travel and improving bus priority.

Performance Scorecard

Priority	PI on Target	PI within 5% of Target	PI not on Target	Total	Met the Year 3 Target	Improved or the same as last year (% of total)
Tackle Climate Change and Reach Net Zero Carbon Emissions by 2045	1	0	2	3	0 (0%)	1 (33%)

Most Improved PIs	Most Deteriorating PIs
Dundee City $C0_2$ Emissions (kt $C0_2$)	Active travel (walking and cycling) as a proportion of trips to work
	Percentage of household waste recycled or composted

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
✓	City-wide $C0_2$ Emissions (Kt $C0_2$)	674	621	599*	630.8*	397.6	▲	▲	This data is derived from 'The UK local authority greenhouse gas emissions statistics, 2005 to 2023'. This publication shows UK local authority area greenhouse gas emissions ($ktCO_2e$) allocated on an 'end-user' basis where emissions related to energy use are distributed according to the point of energy consumption. Previous versions of this publication only covered carbon dioxide (CO_2) emissions. This has now been expanded to include estimates of methane (CH4) and nitrous oxide (N_2O). There is a two-year time lag on this data. 2023 is the latest available figure, published by the UK Government on 3 July 2025.

Status	Indicator	Yr-2	Yr-1	Latest Figure	Current Target	Yr 10 Target	Short Term Trend	Long Term Trend	Notes
	% Active Travel (Walking and Cycling) as a proportion of trips to work	Not Available	18%	13%	22%	30.9%			The data for this performance indicator is sourced from the Scottish Household Survey 2023 which was published in December 2024. This report stated that the active travel percentage stood at 13% in Dundee (12% stated walking and 1% stated cycling).
	% of Household Waste Recycled	35.6%	36.6%	36.4%**	40.2%	56.5%			The latest recycling rate shown in the table relates to 2024. This figure is provisional and is still to be reviewed and verified by SEPA. This process is expected to be undertaken in September/October 2025.

*Data is two years behind i.e the latest figure and the target is for 2023
**This is a provisional figure, figures are expected to be confirmed by SEPA in September/October

Progress of Actions

Status	Actions	Progress %	Due Date	Notes	Lead
✓	Implement the Dundee Climate Action Plan and adopt new emissions modelling tools to inform decision-making	100%	31st March 2032	The Local Area Energy Plan has now been published and further engagement and funding applications are underway.	Dundee Climate Leadership Group
✓	Develop a City Energy Masterplan that takes a whole systems approach to decarbonising, decentralising and digitising heat and energy production	100%	31st March 2027	The Local Area Energy Plan (LAEP) and the Local Heat and Energy Efficiency Strategy (LHEES) were approved by Dundee City Council in September and April respectively.	Dundee Climate Leadership Group
▶	Manage waste sustainably by reducing, reusing, recycling and recovering waste to improve resource efficiency whilst working towards a circular economy	60%	31st March 2032	The Dundee MyBins mobile app is firmly established and well used. The Waste Strategy for 2025-2030 will be published later this year.	Dundee City Council
▶	Take action to ensure our communities, green networks and infrastructure are adaptable to a changing climate and reduce the risks and vulnerability to unavoidable impacts	45%	31st March 2032	A Climate Risk and Vulnerability Assessment was updated and approved in early 2025. The 'Climate Ready Tayside' partnership is now pursuing funding and investment to regional initiatives.	Dundee City Council
▶	Engage with communities about the climate challenge and foster participation and collaboration to enable local action	40%	31st March 2032	The third round of public voting on the Dundee Climate Fund closed in March 2025. Further engagement continues through the Sustainable Dundee Network.	Sustainable Dundee

Status	Actions	Progress %	Due Date	Notes	Lead
▶	Support the decarbonisation of transport systems and improve infrastructure for walking, cycling, wheeling and reducing the need to travel	40%	31st March 2032	£745,000 in grant funding was secured from Transport Scotland to develop design proposals for new 'sustainable transport corridors' along the Lochee and Arbroath Road arterial routes.	Dundee City Council

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DUNDEE PARTNERSHIP

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or visit the website

www.dundeepartnership.co.uk

Design by DCC Comms KL/8/25

ITEM No …8………..

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 19 NOVEMBER 2025

REPORT ON: OUR PROMISE 2023-26 ANNUAL UPDATE

REPORT BY: CHIEF OFFICER

REPORT NO: PAC40-2025

1.0 PURPOSE OF REPORT

1.1 This report provides the Performance and Audit Committee with the annual update on the implementation of Our Promise to Care Experienced Children, Young People and Care Leavers in 2023-26 (Appendix 1). The report outlines key developments over the last 12 months and priorities going forwards, including developments in respect of Scottish Government Whole Family Wellbeing Funding (Appendix 2) and whole family support opportunities.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

2.1 Note continued progress made in the implementation of Our Promise 2023-26 and improved outcomes for care experienced children, young people and care leavers (section 4).

2.2 Remit the Chief Social Work Officer to provide a further update on Our Promise in 12 months.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 Background

4.1.1 The Children and Young People (Scotland) Act 2014 requires Local Authorities to develop what it refers to as a 'Corporate Parenting Plan' to outline how it will meet the needs of 'Looked After Children'. The Independent Care Review published in February 2020 was critical of this stigmatising language and promoted a stronger collective ambition to achieve transformational improvements in the way we provide support to vulnerable families. There is an emphasis on ensuring that families can remain together and when this is not possible that children live in family-based care settings. The review outlined five foundations: Family; Care; People; Voice; and, Scaffolding.

4.1.2 Although Dundee IJB is not a listed Corporate Parent under the Children and Young People (Scotland) Act 2014, both Dundee City Council and NHS Tayside, and therefore Dundee Health and Social Care Partnership, must consider and comply with duties in the course of their operations. However, the IJB has an interest in being informed of and co-operating with work to support, protect and improve outcomes for care experienced young people from a variety of perspectives:

- In Scotland, care experienced young people have additional protections and entitlements in law up until their 26th birthday and therefore are likely to be accessing and supported by a range of adult health and social care services.

- Services commissioned by the IJB will support adults who are connected to care experienced children and young people, whether as part of whole family support or for Kinship and Foster Carers.

- An effective approach to supporting care experienced children and young people is essential to reducing the inequalities gap in terms of health and social care outcomes, and in doing so contributes to reducing future demand for adult health and social acre services.

4.2 Developments

4.2.1 In response to the Independent Care Review, Dundee City Council developed Our Promise to mirror the five foundations. Out of the total of 29 initiatives outlined in the current plan, work has started on all of them, 19 have been completed and 10 are making good progress. As outline in Appendix 2, the 16 initiatives allocated WFWF funding have also been active in building the capacity of 6 existing services to help maximise resources or delivering 10 new services to help address priorities. Some trends, benchmarking and further learning over the last 3 years now includes:

- **Number in care** - the total number of care experienced children and young people reduced from 374 in March 2023 to 335 in March 2024 and 309 in March 2025. This 14% reduction compares with an overall national reduction of 6% and Social Work teams continue to support families on a voluntary basis where alternatives are not required. Over the period, there has also been an increase in Compulsory Supervision Orders (CSO) at home from 52 to 83, when children previously in care continue to receive support.

- **Balance of care** - the balance of family based versus residential care has increased from 85.7% in March 2023 to 91% in June 2025. This also compares favourably to a national average of 90%, although it remains behind an exemplar Local Authority where the balance is 95%. As this depends upon other care options being available, the service will continue to prioritise building the capacity of internal Kinship Care, Foster Care and Houses.

- **Missing episodes from Children’s Houses** - a marked reduction in ‘missing episodes’ from Children’s Houses from 470 in 2020 to 185 in 2024 and a projected 140 in 2025. Whilst a ‘missing episode’ is very broadly defined and includes instances of being late to arrive home in the evening, this is indicative of greater stability in the houses. All instances of more than 12 hours are escalated, and the service is now routinely collating data on episodes to pro-actively address themes as they emerge. In 2025, 8 (6%) of the 140 episodes were for more than 12 hours and the service adapted support to the young people concerned.

- **School attendance** – the overall attendance rate for care experienced pupils is now 82.8%, higher than the Local Government Benchmarking Framework Family Group average of 80.5%. The average figure is adversely affected by the significantly lower attendance levels of children and young people subject to a CSO or in Kinship Care, which is a key priority.

- **Attainment** – the percentage of care experienced pupils achieving one or more awards at SCQF Level 4 or better has steadily increased from 73% in 2020-21 to 81% in 2024-25. For the past four years the average achieving one or more awards at SCQF Level 5 or better has been 53% and they still lag their peers in educational attainment overall.

4.2.2 The key objectives of keeping vulnerable families together, supporting children and young people in family-based settings and improving outcomes are therefore being increasingly realised. However, as reported in last year’s Annual Report, children and young people on CSOs at home or in Kinship Care continue to experience poorer outcomes; the recruitment of Foster Carers remains a challenge to sustain the drive towards family-based care; and educational outcomes need to continue to improve. These remain key priorities and further details on more recent and planned activity are outlined in this report.

4.3 People

4.3.1 In relation to the workforce, the service is implementing a Social Work/School cluster model to promote consistent support to families. In response to the identified needs of some families during evenings and weekends, the WFWF funded Total Mobile project involves a review of the working hours of Children's Social Work teams. It has included full consultation with the workforce and Unions and will make recommendations in November 2025, with a test for change to focus on one or more of the Social Work/School clusters providing support to vulnerable families at home, in schools and in the community.

4.3.2 The 5 other WFWF projects intended to re-design the delivery of services and maximise support are the Dundee Voluntary Action (DVA) development of a Volunteer Strategy; the Dundee Independent Advocacy (DIAS) development of an Advocacy Strategy; the Advice Infrastructure Fast Online Referral Tracking (FORT) system; the Mental Health Foundation coordination of Together to Thrive; and the Council development of a multi-disciplinary hub for adolescents. Four of these projects will be finalised this year and Together to Thrive will be scaled to further enhance the capacity of teams to respond to neuro-developmental concerns.

4.3.3 To evaluate and help further improve Children's Social Work practice, audits of assessments, plans, chronologies and engagement continue to be carried out 3 times a year. When this programme started in May 2021, 58% were graded as Good or better overall. This rose to 93% in June 2023 and 94% in December 2023. In an audit carried out in May 2024 focused specifically on support to adolescents, 83% were graded as Good or better. In the most recent audit in June 2025 focused on children and young people on CSOs at home, 93% were rated as Good or better and the activity described in paragraph 9.1 will extend support to this group.

4.3.4 The Children's Social Work teams continue to operate with an average caseload of 12 families per Social Worker, which is below the indicative optimum of 15 suggested by the Setting the Bar Report published in May 2022. To reduce the burden of administrative tasks and enable teams to increase direct support to families, the service is extending Magic Notes which utilises AI to transcribe reports. In a pilot carried out in the Community Justice Service, the system reduced the time spent on administrative tasks by an average 7 hours a week per worker. The case file audits include a focus on supervision and indicate teams receive close support.

4.3.5 In both the Children and Families Service and Health and Social Care Partnership, teams also continue to operate a national Newly Qualified Social Worker (NQSW) scheme, which places restrictions on the number of families they work with during the first 12 months of their career and provides protected learning time to enhance professional development and retention. A new Supervision Framework which promotes a focus on support, development, accountability and mediation has been developed in consultation with teams and will be launched in November 2025.

4.4 Family

4.4.1 The details in Appendix 2 provide an overview of progress with the other WFWF projects. As Scottish Government has extended funding to March 2027, the Council is currently exploring opportunities to coalesce the range of services into a Whole Family Support project and utilise remaining funding to further build capacity. Discussions with key partners are at an early stage but there is a shared commitment to learn from wider initiatives such as the Linlathen Pathfinder and develop a data-driven place-based focus on addressing child poverty, including with families in the 6 Child Poverty Priority Groups and families with children aged 0-5 years.

4.4.2 The Children and Families Service is also about to finalise a review of Third Sector commissioned services, which currently involves £2.3m annual funding to 14 organisations. They deliver a range of services, from supported accommodation to substance use, parenting, mediation, one parent families, advocacy and disability. The review is informed by the 10 principles of flexible family support outlined in the Independent Care Review and is designed to meet varying overlapping needs in more integrated, accessible and responsive ways, with a similar focus on the 6 Child Poverty priority groups and families with children aged 0-5 years.

4.4.3 In relation to Early Years, as infants aged 0-5 years remain disproportionately represented on the Child Protection Register or provided with alternative care and in recognition of the importance of the first 1,000 days of a child's life, the service has continued to provide or coordinate a range of support to vulnerable families. Currently, 26% of care experienced children are aged 0-5 years compared with a national average of 17%. The New Beginnings Team is being supported by NHS Tayside Lead Clinicians for Infant Mental Health to implement the Infant Pledge and help encourage positive attachment between parent and baby.

4.4.4 This continues to strengthen the support provided by the New Beginnings Team and will be scaled to other Social Work teams supporting parents or carers with babies and infants. Over the last 12 months, 70% of referred babies were able to remain either at home in the care of their parent or with a Kinship Carer. The 2 WFWF initiatives focused on early years, delivered by Alternatives Counselling and Tayside Council on Alcohol, have similarly provided support to other vulnerable women with emotional health concerns and/or who have previously experienced children removed from their care.

4.5 Voice

4.5.1 For younger children, the New Beginnings Team has also been trained in using a Mental Health Observational Indicator Set to make observations of children with their main care giver and inform support. To help drive measurable improvements, the service has started to gather data on the proportion of 0-5's who either attend or, more frequently, have their views represented at key decision-making meetings in their absence. The first audit completed in June 2025 established a 50% baseline for this age group compared with 65% overall and this informs an action plan, which includes the development of resources to enable their views to be heard.

4.5.2 For older children, Mind of My Own (MOMO) forms one of several ways of obtaining children and young people's views to inform support. It provides an alternative option to 1:1 methods and Champions Boards have commented positively this year on its use. Where they need additional support to be heard, a Who Cares? advocacy service engaged with 83 children and young people. It retains a strong presence in all Children's Houses and advocated for 31 young people in external Foster Care and residential care. The audit of views provided at key meetings showed that 81% of children over 6 years attended or had their views represented.

4.5.3 The WFWF also contributes towards the delivery and evaluation of What Matters to You, which the Council continues to coordinate with the Hunter Foundation, BBC Children in Need and local communities. Increasingly, the approach involves the use of Cafe Conversations to pro-actively listen and respond to the needs of local communities, including how they might lead or contribute towards developments. Communities play a central role in the allocation of a Make it Happen Fund to enhance support. A full report on the initiative and next steps will be provided to the Children and Families Committee on 1 December 2025.

4.6 Care

4.6.1 A similar range of developments continue to strengthen support to children, young people and care leavers in different care settings. In response to the lower school attendance and attainment levels of children and young people on CSOs at home or in Kinship Care, the range of existing supports are being extended and systems tightened. In addition to welfare rights assessments, a Place2B online parenting programme, school holiday activity camps, targeted leisure and sports activities, engagement with What Matters to You and trauma informed support from 2 Clinical Psychologists:

- Education and Social Work leads are ensuring that all pupils on CSOs or in Kinship Care have a Coordinated Support Plan, including support from Pupil Support Workers.
- Mentoring providers in MCR Pathways, Volunteering Matters and Tayside Council on Alcohol will work as a collaborative to target available capacity at this cohort.
- The WFWF funded Total Mobile flexible working project will involve targeted out-of-hours and weekend engagement at home and in the community to this cohort as a priority

4.6.2 In relation to Foster Carers, key developments over the last 12 months include a Care Inspectorate inspection of the Fostering, Adoption and Continuing Care Service published in January 2025. In 2 out of 3 inspection categories, the Fostering and Continuing Care Teams improved from Adequate to Very Good and the Adoption Team improved from Adequate to Good. In the other category, they all improved from Weak to Adequate. In respect of the latter, the key cross-cutting area for improvement related to the oversight of panel functioning and membership. This related to a recruitment challenge and was addressed by March 2025.

4.6.3 However, both nationally and locally Children's Social Work services and Third Sector providers continue to experience challenges in the recruitment of new Foster Carers. The response to recruitment campaigns has been limited and the number of internal Foster Carers has gradually declined from 109 in 2022 to 95 in 2023, 83 in 2024 and 74 in 2025. Similarly, external Foster Carers recruited by Third Sector organisations and commissioned by the service have also declined over the same period from 95 to 75. It reduces opportunities to support children and young people in family-based settings and remains a key priority.

4.6.4 In the last 12 months the Care Inspectorate also carried out annual inspections of 3 Children's Houses. The inspections focused on 2 Quality Indicators of children and young people being safe, feeling loved and getting the most out of life; and leaders and staff having the capacity and resources to meet and champion their needs. In both categories, Forrester House improved from Good to Very Good; Gillburn Cottage maintained a grading of Good; and The Junction declined from Very Good to Adequate. The grade at The Junction mirrored very specific circumstances and all requirements and areas for improvement have been addressed.

4.7 **Summary and Next Steps**

4.7.1 This report describes how Our Promise continues to have a positive impact in supporting vulnerable families. The number of children and young people in care have continued to reduce; the balance of family-based care has increased; foundational Social Work practice is improving; children, young people, parents/carers and communities are increasingly listened to; Care Inspectorate inspections of regulated services are getting better overall; missing episodes from Children's Houses are reducing; costs are reducing; and WFWF initiatives are either contributing towards enhanced support or show promise.

4.7.2 However, there still remains a disproportionate number of babies and infants subject to formal Child Protection processes and ultimately in care; children and young people on CSOs at home and in Kinship Care are less likely to progress well at school; there are significant challenges in the recruitment of Foster Carers; and the care experienced population still lags their peers in educational attainment by some margin. These concerns are informing Council and partnership priorities, including the development of a data-driven place-based Whole Family Support initiative. In relation to the 10 actions not yet completed but making good progress:

- Review of Advocacy Services – WFWF funding has been allocated to a DIAS led collaborative and new Advocacy Strategy and Delivery Plan will be finalised in late 2025.

- Scale What Matters to You – Cafe Conversations and a Make it Happen Fund are operating in 3 localities and will be scaled to the other 5 over the next 12 months.

- Edge of care offer – the review of commissioned services in the context of Whole Family Support priority groups including early years is due to make proposals in November 2025.

- Review of working arrangements to provide support in times of need – WFWF funding was allocated to Total Mobile and proposals will be presented in November 2025.
- Contextual Safeguarding – delayed due to other priorities but will be progressed using co-located multi-disciplinary services at Crichton Street as a platform from March 2026.

- Secure Care self-evaluation – key provisions of the Care and Justice (Scotland) Act 2024 have been implemented, and a multi-agency group will evaluate practice in March 2026.

- Implement Getting it Right for Every Child Practice Profile – guidance has been developed, Team Around the Child data gathered and qualitative evaluation in March 2026.

- Revise Children's Social Work procedures to be compatible with Our Promise – several procedures have been updated and 12-month rolling schedule was finalised in October 2025.

- Explore and apply models of best practice in family support – review of commissioned services informed by principles of Flexible Family Support in the Independent Care Review.

- Develop and implement Foster Carer support strategy – Care Inspectorate inspection showed marked improvements and recruitment/retention remains a key priority.

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 A risk assessment has not been provided as this report is being provided to the Integration Joint Board for information only.

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 BACKGROUND PAPERS

8.1 None

Dave Berry
Chief Officer

DATE: 22 October 2025

Glyn Lloyd
Chief Social Work Officer

Appendix 1

Our Promise to Care Experienced Children, Young People and Families 2023-26
Action Plan

Foundation	Actions	Leads	Measuring Impact	Timescales
Voice	**Implement Infant Pledge for babies and toddlers in care** - 'Hello in There Wee One' has now been published and is being implemented in the New Beginnings Team.	Service Manager	Audit of practice in test sites	¼ audits
	Coordinate Champions Boards – now operate in all 7 Secondary Schools and are attended by the Chief Executive, Executive Director and Heads of Service.	Education Officer	Survey Champions Boards	¼ meetings
	Review advocacy to improve access and impact – WFWF funding to DIAS collaborative and draft Advocacy Strategy and Delivery Plan to be finalised in 2025-26.	Service Manager	% offered and accessing	March 2024
	Implement findings of survey on brother/sister care – teams received training on being together, informing care plans, having contact and/or knowing of whereabouts, where appropriate.	Service Manager	Implementation of plan	March 2025
	Implement and scale What Matters to You in locality areas – Cafe Conversations and Make it Happen Fund operating in some locality areas to be scaled across the city.	Head of Service	Formal evaluation	March 2026
	Include a focus on voice in audits of practice – audits now provide data on different age group attendance and/or representation at key decision-making meetings.	Service Manager	% where voice informed plans	¼ audits
Family	**Coordinate targeted deployment of WFWF** – all WFWF funding up to March 2026 allocated and partnership exploring options for SG extension and increase to March 2027.	Head of Service	Develop specific measures	Nov 2023
	Develop a clear edge of care offer to all families – relates to review of commissioned services and options appraisal delayed due to other priorities but to be finalised in October 2025.	Senior Manager	Numbers in care	June 2024
		Senior Manager	Family stability/disruption	June 2024

	Review working arrangements to provide support at time of need – WFWF Total Mobile initiative will make final proposals for additional evening/weekend working in October/November 2025.			
	Conduct Welfare Rights assessments with all families at risk – families with Kinship Care arrangements all receive Welfare Rights assessment.	Practice Manager	Income maximisation	June 2024
	Implement Contextual Safeguarding for adolescents at risk – delayed pending developments with co-located multi-disciplinary team at Crichton Street due to be launched in February 2026.	Senior Manager	Audits of Child's Plans	March 2024
	Explore and apply models of best practice in family support – relates to review of commissioned services and options appraisal delayed due to other priorities but to be finalised in October 2025.	Senior Manager	specific measures	March 2025
Care	**Develop and implement brothers/sisters practice guidance** – developed and implemented across teams, which continue to navigate complexities in care arrangements.	Senior Manager	Measures inform by survey	June 2025
	Implement therapeutic and other supports to Kinship Carers – Corra funded Clinical Psychologists provide routine trauma informed advice and support to both Kinship Care Team and Kinship Carers	Service Manager	Numbers in Kinship Care	June 2025
	Target school attendance support to pupils in Kinship Care – additional supports being extended and systems tightened to more effectively target	Education Officer	Educational outcomes	March 2024
	Develop and implement new Foster Carer support strategy – strategy developed and implemented. Inspection showed substantial improvement but still challenges with recruitment	Service Manager	Recruitment and satisfaction	Nov 2023
	Complete secure care self-evaluation and implement improvements – not progressed due to competing priorities but multi-agency group will progress September to March 2025-26.	Senior Manager	Compliance with standards	June 2024
	Develop and implement new Continuing Care practice guidance – developed and implemented so Aftercare Team now receive advance notification and transfer aged 16 years	Senior Manager	Compliance with standards	June 2024

	Review Aftercare support to care leavers aged up to 26 years – reviewed and high % of eligible care leavers receive support, including Unaccompanied Asylum-Seeking Children (UASC)	Senior Manager	% supported and outcomes	June 2024
	Enhance supportive post-care housing support - new provision at Reid Square and Fairbairn Street. Policy of no 16–17-year-olds in homeless accommodation	Senior Manager	Homelessness	June 2024
	Implement Youth Participation action plan – being implemented with Youth Participation Group including additional capacity from WFWF and extension of mentoring support	Senior Manager	Positive destinations	June 2024
People	**Implement risk assessment and defensible decision training** – initial focus on Children's Homes and now delivered to all front-line Social Work teams	Service Manager	Audits of practice	¼ audits
	Implement Welfare Rights training – Welfare Rights member of Our Promise Partnership; routine assessments of Kinship Carers; and advice/guidance available for other families	Service Manager	Audits of practice	¼ audits
	Implement an annual foster carer training plan – developed and implemented and now also extends to Kinship and Foster Panels to promote consistency of approach	Service Manager	Attendance and satisfaction	Annual
	Ensure high quality Child's Plans for all care experienced children – audits show marked improvements in the % graded as Good or better	Service Manager	Audits of practice	¼ audits
	Scale parenting programme training across teams – Place2B used by Kinship Team and review of commissioned services to include a focus on parenting	Service Manager	Audits of practice	¼ audits
Scaffolding	**Fully implement GIRFEC Practice Profile in all sites –** guidance developed for all sites and data gathered on Team Around the Child Meetings. Audit of quality to take place in late 2025-26.	Education Officer	Audits of practice	Bi-an audits
	Implement new Social Work Practice Standards – implemented across all teams and supporting workforce to prioritise support in accordance with levels of risk and need	Senior Manager	Audits of practice	January 2024

Revise all Social Work procedures to be Our Promise compatible – some procedures reviewed update report outlining next steps to be approved in October 2025	Service Manager	Audits and staff survey	March 2024

APPENDIX 2

Appendix 2 **Whole Family Wellbeing Fund**			
Organisation	**Funding**	**Description of service provided**	**Service Delivery Update**
Alternatives	Yr1 - 20,110 Yr2 - £34,159 Yr3 - £34,267 **£89k**	Early intervention support to expectant or new parents with emotional health and wellbeing concerns, including group therapy. ***Reflects the Early Years priority***	2024 – 2025 • Referral redirected to Adult Psychological Services: 1 • Women engaged in counselling: 13 • Total perinatal sessions delivered: 177 • Sessions for miscarriage/termination support: 52 • Assessment/pregnancy choice sessions: 55
Tayside Council on Alcohol	Yr1 - £148k Yr2 - £249k Yr3 - £263k **£662k**	For The Birch Programme providing support to women who have had children removed from their care, remain vulnerable and are at risk of further pregnancy. ***Reflects the Early Years priority***	2024-25 • Referrals - 34 • Group Sessions: 66 • 1:1 Appointments Offered: 908 (attended 651) • Peer Support Appointments: 63 (attended 55)
Mental Health Foundation – Together to Thrive	Yr1 – £0 Yr2 – £157k Yr3 – £157k **£314k**	For Together to Thrive, a model which enhances the skills of teams providing support to parents of primary aged children with neuro-developmental concerns. ***Reflects the Mental Health priority***	2024-25 • Referrals - 168 • Accepted – 132; not accepted 22; waiting allocation 14 • 1:1 support: 92 children/families • Group support: 40 children/families • Training cohorts: 6 • Practitioners trained: 88 • Coaching sessions: 100
Read Dundee	Yr1 – £44k Yr2 – £45k Yr3 – £46k **£135k**	For Talk and Play Together, a service which supports whole families to improve literacy skills whilst enhancing relationships and addressing barriers to learning. ***Reflects the Inequalities priority***	2024-25 • Total Sessions: 30 • Total Families: 63 • Total Children: 71 • Books and Resource Packs Gifted During Delivery: 775
The Yard (1)	Yr1 – £22k Yr2 – £54k Yr3 – £57k **£133k**	For Family Support and Summer Play activities for families with children and young people with a disability, including play sessions for 5 days a week. ***Reflects the Child Poverty priority***	2024 – 2025 • Number of school holiday sessions run - 20 • Number of weekend play sessions run - 50

			• Number of children/young people supported- 213 • Number of families supported - 100
The Yard (2)	Yr1 – £8k Yr2 – £41k Yr3 – £50k **£98k**	For additional support provided to pupils with ASN transitioning from Primary to Secondary school. ***Reflects the Inequalities priority***	2024 – 2025 • Number of transitions sessions run - 17 • Number of school pupils attending sessions - 63 • Number of schools worked with - 10 • Number of families taking up wider support - 2
Advocacy (DIAS)*	Yr1 – £29k Yr2 – £99k Yr3 – £92k **£219,227**	For the coordination and maximisation of multiple advocacy services across the city. ***Reflects the Inequalities priority***	Additional partnership working with Reach Advocacy to assist with the completion of the strategy document, with Action Plan now complete and due to be submitted to Strategic Leadership Group for approval in early 2026.
Dundee Bairns	Yr1 – £48k Yr2 – £93k Yr3 – £98k **£238,201**	For a capacity building approach towards child healthy weight, involving volunteer coaching in budgeting and nutrition and an expansion of tea clubs. ***Reflects the Child Poverty priority***	Tea clubs run in 23 schools and serving approx. 750 meals per week. The Healthy Eating Coordinator worked in 19 schools and engaged with 154 pupils with an average feedback score of 4.38 out of 5 for delivery and quality of food.
DVVA *	Yr1 – £35k Yr2 – £73k Yr3 – £77k **£186k**	For the coordination and maximisation of multiple volunteer services across the city, with a view to consistent volunteer development, pathways and targeting. ***Reflects the Inequalities priority***	Partnership working and research to gain clearer understanding of volunteering challenges, which has led to the design and introduction of the Volunteer Passport. Launch of the passport scheduled for late 2025.
Advice Infrastructure FORT *	Yr1 – £0 Yr2 – £54k Yr3 – £54k **£108,000**	Reinstate the Fast Online Referral Tracking (FORT) triage function for a coordinated partnership system and to accelerate access to services. ***Reflects all priorities***	2024 – 2025 • 123 whole family referrals • 191 referrals to wider support services
Dundee REP	Yr1 – £0 Yr2 – £77k Yr3 – £80k **£157k**	A Creative Family Wellbeing Service that offers 1:1 and group dramatherapy sessions and psychoeducational support. ***Reflects the Child Poverty priority***	September 2024 – March 2025 • 24 referrals from various sources • 8 clinical sessions being held weekly supporting 13 clients • Waiting list of 11 referrals (21 clients)
Total Mobile*	Yr1 – £0 Yr2 – £85k Yr3 – £0 **£85k**	Commissioned Consultancy Service to explore options to extend Children's Social Work out-of-hours support. ***Reflects all priorities***	Consultation and proposals will be completed in November 2025.

What Matters To You*	Yr1 – £44k Yr2 – £0 Yr3 – £0 **£44k**	Data collation, analysis and learning in 2 pilot sites, feeding into both LCPPs. ***Reflects the Child Poverty priority***	1 year allocation to support evaluation of WM2U.
DCC Holiday Programme Partnership	Yr1 – £31k Yr2 – £123k Yr3 – £127k **£281,661**	School holiday, including Summer Play, activity for priority children, young people and families, including low income, disabilities and in kinship care. ***Reflects the Child Poverty priority***	April, Summer & October 2024 holidays • 7,720 pupils attended • Schools reporting increase in attendance of children • Reduction is crisis intervention
DCC Discover Work	Yr1 – £0 Yr2 – £101k Yr3 – £105k **£205k**	Implementation and delivery of the Improvement Framework for Positive Destinations. ***Reflects the Child Poverty priority***	From Aug 2025 all schools will have a Positive Destinations Core Implementation Group operating in accordance with the framework.
DCC Social Work Crichton Street Hub*	Yr1 – £260k Yr2 – £91k Yr3 – £91k **£442,000**	Renovation costs for the co-location of a multi-disciplinary team at Crichton Street. ***Reflects all priorities***	Building work to renovate the property will begin in October 2025, with scheduled completion and opening in February 2026.

ITEM No …9………..

REPORT TO: PERFORMANCE AND AUDIT COMMITTEE –19 NOVEMBER 2025

REPORT ON: QUARTERLY FEEDBACK REPORT – 1st and 2nd QUARTER 2025/2026

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC46-2025

1.0 PURPOSE OF REPORT

The purpose of this report is to summarise feedback received for the Health and Social Care Partnership (HSCP) in the first and second quarters of 2025/26. The complaints include 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 Performance and Audit Committee (PAC):

2.1 Note the complaints handling performance for health and social work complaints set out within this report.

2.2 Note the work which has been undertaken to address outstanding complaints within the HSCP and to improve complaints handling, monitoring, and reporting.

2.3 Note the recording of Planned Service Improvements following complaints that are upheld or partially upheld.

2.4 Note the work ongoing to implement Care Opinion as a feedback tool for all services in the Health and Social Care Partnership.

3.0 FINANCIAL IMPLICATIONS

None

4.0 MAIN TEXT

4.1 Since the 1st April 2017 both NHS and social work complaints 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. Complaints about the delivery of services are regularly presented to the Clinical, Care and Professional Governance Group to inform service improvement.

4.3 While the first graph advises the volume of complaints received during the period, this report is based upon complaints closed within the period.

4.4 Please note that not all figures will add up to 100% due to data quality issues within the data provided from the corporate complaints systems (for example, missing fields or complaints received but transferred to a non-DHSCP service) .

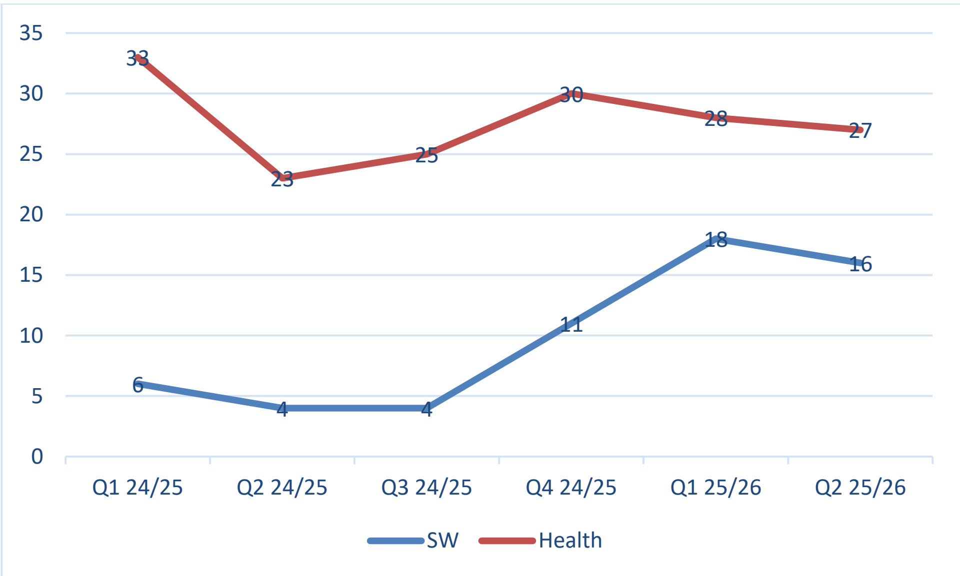
4.5 Whilst the SPSO mandatory complaint reporting categories only apply to non-NHS complaints the Health and Social Care Partnership has committed to providing a cohesive complaint report that supports IJB members to compare complaints activity and outcomes across the multiple processes as easily as possible. Therefore, NHS complaints have been included in the same category of reporting. However, there are some difficulties in gaining timeous access to the NHS complaint data to allow categorisation to be undertaken and reported.

5 Complaints Received

5.1 In the first quarter of 2024/25 a total of 17 complaints were received about social work or social care services, which is the highest within quarterly number within the last year. In the second quarter 16 complaints were received.

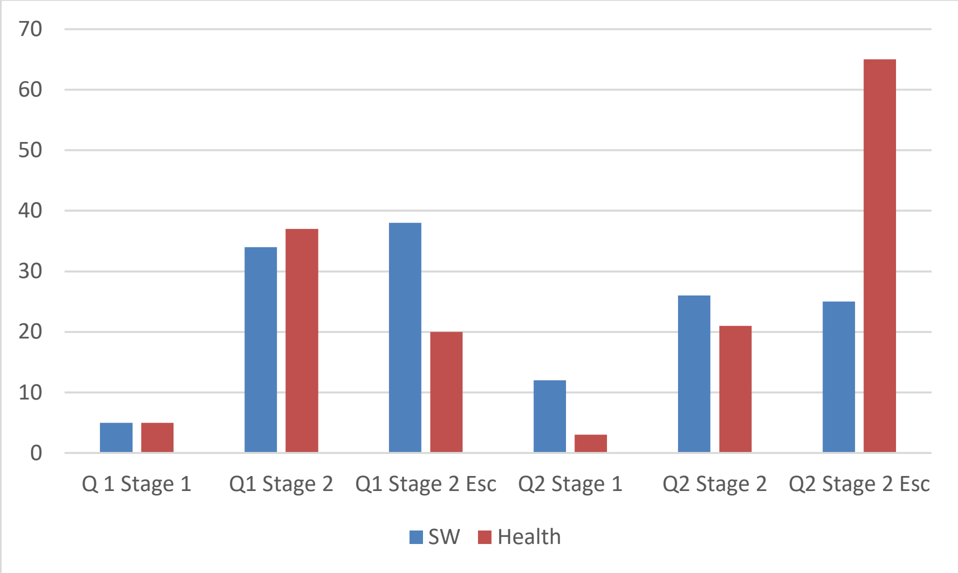
5.2 Health received 28 complaints for Q1 within in the Dundee Health and Social Care Partnership. In the second quarter 27 complaints were received.

Number of complaints received quarterly



The graph shows that social work complaints have seen a sustained increase received over quarter one and two, compared to the previous year.

5.3 Average Days to Respond



The graph indicates that Stage 1 complaints are being responded to within timescales (Stage 1 – 5 days with potential to extend to further 10 days). However Stage 2 Complaints are not being responding to within timescales (Stage 2 – 20 days with potential to extend further).

5.4 Complaints Stages – Closed within Timescale

Stage 1 complaints are completed within 5 days or given a maximum extension of a further 10 days.

Stage 1	Q1 2024/25		Q2 2024/25		Q3 2024/25		Q4 2024/25		Q1 2025/26		Q2 2025/26	
Social Care	2	67%	1	33%	0	0%	4	44%	4	57%	3	33%
Health	16	89%	9	90%	11	79%	8	62%	9	100%	6	100%

For the past two quarters all Stage One Health complaints have been closed within timescales.

5.5 Stage 2 complaints are completed within 20 working days and can be extended also.

Stage 2	Q1 2024/25		Q2 2024/25		Q3 2024/25		Q4 2024/25		Q1 2025/26		Q2 2025/26	
Social Care	1	100%	1	33%	0	0%	0	0%	2	29%	2	29%
Health	7	39%	9	47%	13	45%	7	25%	5	31%	9	60%

5.6 For the second quarter Stage 2 Health complaints saw an increase in being completed within timescales..

5.7 Feedback teams are working together and regularly reviewing open complaints to understand where improvements can be made in ensuring timescales can be met. However, due to the nature of our services, there will be complaints which cannot be completed within timescales due to their complexities.

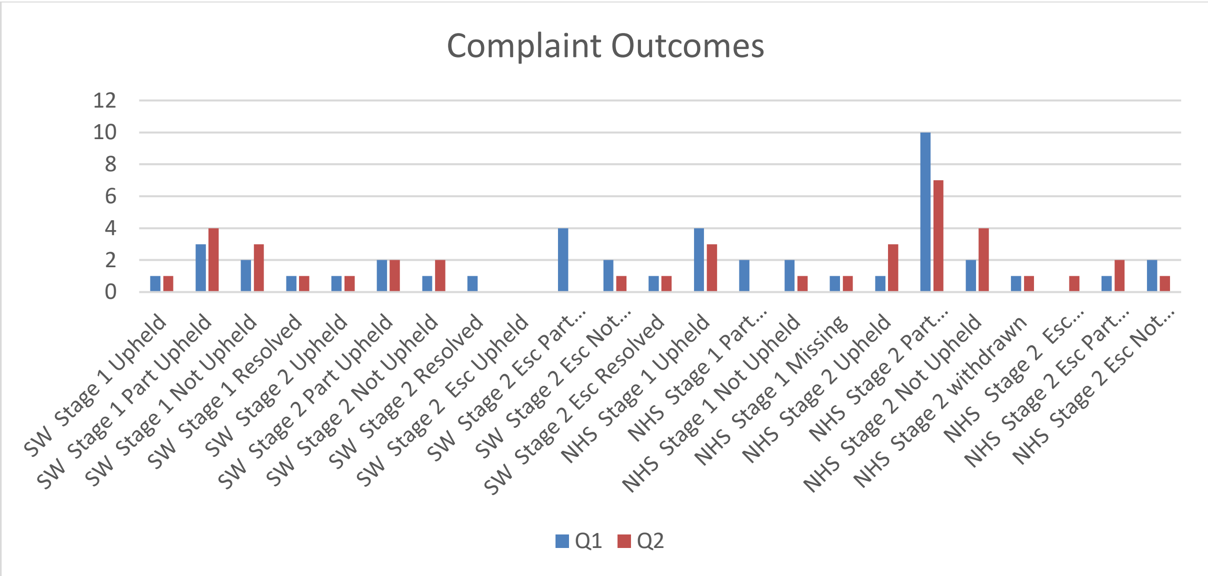
5.8 Regular communication with staff working on complaints, especially the overdue responses has been ongoing and are aware that where possible timeous responses should be sent.

5.9 There has also been discussion of the DHSCP complaints staff having access to Qlikview for easier access to complaints information and to improve complaints handling.

6 Complaint Outcomes

6.1 Over quarters One and Two there is a wide range of complaint outcomes recorded for completed complaints.

This wide range of complaint outcomes suggests that all complaints are investigated fully and where the complaint is upheld that means that the DHSCP agree with the complainants' reasons for complaint.



7 Planned Service Improvements

7.1 Partially upheld and upheld complaints receive planned service improvements logged against them by the allocated complaint investigator, and these must be completed within a set timeframe.

7.2 These planned service improvements can range from process improvements or re-design to team briefings regarding staff attitude and behaviour.

7.3 Over Quarters One and Two there were 52 partially upheld or upheld complaints for social care and health which have all identified a cause and have service improvements planned to address these. By putting these planned service improvements in place, the Partnership aims to minimise complaints of the same nature being received.

7.4 An example of this is complaints which were received regarding changes to allocated social worker to be communicated in writing, including details of any interim arrangements and a multi-disciplinary annual review of service provision.

8 Open Complaints

8.1 On the 5th November there were a total of 59 open health and social care complaints.

	Total Open	20 days or less	21-39 days	40-99 days	100 days +	180 days +	Average Days
Social Care	5	2	1	2	0	0	39
Health	16	9	5	2	0	0	20

8.2 Fifteen of the open complaints currently sit within the Mental Health Service which by the nature of the service are more complex and can take longer to resolve.

8.3 There were currently four Health complaints which are under consideration by the Scottish Public Services Ombudsman. Two of which have come back with no further action required from the service. One complaint we were required to provide the complainant with a further response and one complaint is still under review awaiting further information from the Mental Health service.

9 Compliments

9.1 We are receiving compliments on Care Opinion. One received was about the Macmillan Nurses based at Stracathro Hospital and the care they gave to a patient with a palliative diagnosis. Another compliment was about the Dundee Enhanced Care At Home Team following a patient's anaemia diagnosis.

10 IJB Complaints

10.1 No complaints about the Integration Joint Board have been received.

11 Care Opinion

11.1 Dundee Health and Social Care Partnership has subscribed to the Care Opinion platform and work is underway with a small team to develop and implement the system within all service areas across the partnership.

11.2 Care Opinion is an independent not-for-profit website which has been backed by the Scottish Government for use across all NHS boards in Scotland since 2013.

11.3 The majority, at least 70%, of stories submitted to Care Opinion are positive pieces of feedback. Care opinion makes it easier for staff to hear how their work has made a difference and is valued by the local community. The online feedback tool contributes towards a culture of openness, fairness, and transparency. All services provided by DHSCP will be available on Care Opinion.

11.4 Currently DHSCP are identifying Teams to add to the 'service tree' and working with National Care Opinion team to have these teams added to Care Opinion.

11.5 Currently activities for fully utilising Care Opinion include:

- Mapping over where services previously sat on the NHST or other Tayside HSCP Care Opinion (negotiating process for delegated services)
- Identifying who will respond from each team, adding them to Care Opinion as responders, creating alerts for them and ensuring they have login details and access to training / support
- Ordering materials (included in subscription)
- Creating bespoke posters using service specific QR code (awaiting a more final service tree)
- Communication Plan

11.6 Regular metrics and reporting of Care Opinion activity will be incorporated into the standing feedback items presented to the IJB and CCPG.

Metrics may include:

- No. of stories received
- Positive vs negative feedback %
- Breakdown of services receiving feedback
- Actions or changes taken

12 POLICY IMPLICATIONS

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

13 RISK ASSESSMENT

13.1 This report has not been subject to a risk assessment as it is provided for information and does not require a policy decision from the PAC.

14 CONSULTATIONS

The Chief Officer, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

15 BACKGROUND PAPERS

None

Christine Jones
Acting Chief Finance Officer

DATE: 5 November 2025

Clare Lewis-Robertson
Lead Officer

ITEM No …10………..

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 19 NOVEMBER 2025

REPORT ON: DHSCP STRATEGIC RISK REGISTER UPDATE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC45-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Performance and Audit Committee in relation to the Strategic Risk Register and on strategic risk management activities in Dundee Health and Social Care Partnership.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

2.1 Note the content of this Strategic Risk Register Update report, including the extract from the strategic risk register contained within Appendix 1.

2.2 Note the ongoing work, led by the Partnership's Senior Management Team, to revise the strategic risk register.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 STRATEGIC RISK REGISTER UPDATE

4.1 There have been no changes to the content of the Strategic Risk Register since the last report to PAC in September 2025 (article IX of the minute of the meeting of the Performance and Audit Committee held on 24 September 2025 refers). This has been due the short time period elapsed and busy period of annual leave. A full extract of the risk register is attached as Appendix 1 for information. Key points include:

- Six risks have a score of 20 or above (high risk categories), with four having the maximum score of 25: Staff Resource; Lack of Capital Investment in Health and Social Care Integrated Community Facilities (including Primary Care); Unable to Maintain IJB Spend; and Restrictions on Public Sector Funding.

- No new risks or archived risks have been identified since the last report. New risks regarding prescribing costs and fire safety are being fully developed as part of the review of the strategic risk register (see section 5).

4.2 As reported to the PAC in September 2025, the Senior Management Team are continuing work to review of arrangements for recording, managing and reporting strategic risk across both the IJB and the Health and Social Care Partnership (article IX of the minute of the meeting of the Performance and Audit Committee held on 24 September 2025 refers. It is anticipated that the review process will be completed and reported to the IJB by the end of 2025.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

6.1 No risk assessment is necessary for this report.

7.0 CONSULTATIONS

7.1 The Chief Officer, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None

Christine Jones
Acting Chief Finance Officer

DATE: 23 October 2025

Clare Lewis-Robertson
Lead Officer

Description	Lead Director/Owner	Current Assessment			Status	Date Last Reviewed
		L	C	Exp		
Unable to maintain IJB Spend IJB is unable to maintain spend within allocated resources which could lead to being unable to deliver on the Strategic & Commissioning Plan. **Latest update** An update of the financial recovery plan for delegated health and social care services for 2024/25 was presented to the IJB on the 11.12.2024 **Control factors** • Financial monitoring systems • Increase in reserves • Management of vacancies and discretionary spend • MSG and external audit recommendations • Savings and Transformation Plan • Financial Recovery Plan	Dundee HSCP Chief Finance Officer	**5**	**5**	**25**	→	22.08.25
Restrictions on Public Sector Funding Continuing restrictions on public sector funding will impact on Local Authority and NHS budget settlements in the medium term impacting on the ability to provide sufficient funding required to support services delivered by the IJB. This could lead to the IJB failing to meet its aims within anticipated timescales as set out in its Strategic and Commissioning Plan. **Latest Update** Budget Outlook paper was presented to the IJB on the 11.12.24. Given the scale of the cost pressure gap and public sector financial position, the risk has been escalated to a score of 25 Control factors • Budgeting Arrangements • MSG and external audit recommendations • Savings and Transformation Plan Financial Recovery Plan	Dundee HSCP Chief Finance Officer	**5**	**5**	**25**	→	22.08.25
Staff Resource The volume of staff resource required to develop effective integrated arrangements while continuing to undertake existing roles / responsibilities / workload of key individuals may impact on organisational	Dundee HSCP Chief Officer	**5**	**5**	**25**	→	22.08.25

priorities, operational delivery to support delivery of effective integrated services. Corporate processes in partner bodies can lead to delays in recruitment. Market conditions can impact on ability to appoint suitable staff in a timely way. Impact on levels of staff absence impact on staff resource. **Latest update** Ability to progress strategic plan actions are impacted by staff resource available and proposed future budget reductions will exacerbate this. Implementation of safe staffing act is demonstrating the levels of staffing operationally. Impact of half hour reduction of NHS workforce for Agenda for Change will mean that across services available working week hours will reduce. **Control factors** • Additional focus on Absence Management • Development of new models of care • Organisational Development Strategy • Recruitment • Safe Staffing Act recording tools • Service Redesign • Workforce plan • Workforce wellbeing actions.						
Lack of Capital Investment in Community Facilities (including Primary Care) 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. Latest update This continues to be an extreme risk. Scottish Government 2024/25 Capital Investment Resources available to LAs and NHS Boards has been severely restricted leading to minimal likelihood of resources being made available for community facilities **Control factors**	Dundee HSCP Chief Officer and Chief Finance Officer	**5**	**5**	**25**	→	22.08.25

Development of IJB Property Strategy Joint working with Partner Bodies over alternative opportunities Reshaping non-acute care project						
National Care Service The recent legislation published on the establishment of the National Care Service sets out plans to introduce Local Care Boards with the abolition of Integration Joint Boards **Latest update** National Care Service (Scotland) Bill - draft Stage 2 amendments were posted in June 2024 with a 'Call for Views'. There is recognition by Scottish Government that work is needed to confirm which legislative approach would best deliver the intended changes. COSLA issued a statement on 27th September 2024 to advise that Council Leaders have withdrawn support for the Scottish Government's revised National Care Service Bill. It is currently anticipated that Integration Joint Boards will reform to become local Care Boards. The degree of uncertainty about future arrangements and timing for implementation of planned changes means there is a significant level of risk for IJB's	Dundee HSCP Chief Officer	**4**	**5**	**20**	→	22.08.25
Primary Care Sustainability Continued challenges around the sustained primary care services, arising from recruitment, inadequate infrastructure including IT and location, and inadequate funding to fully implement the Primary Care improvement plan. **Latest update** **Sustainability of General Practice:** If there continues to be huge pressure on general practice due to increasing demand and complexity of health needs together with the increase in GP vacancies due to retirement and recruitment and retention issues then we will be unable to meet the health needs of the population. **Current Controls: I**mplementation of MOU under GMS 2018. Programme of work around sustainability encompassing GP strategy and GP premises strategy. Improved access to other services within primary care that support general practice. Informing patients about those services. Informing Reception Teams on service availability and access, further developing care navigation across all practices. Monitoring position through sustainability survey. Planned Controls: There is further work to be done to understand critical components of this risk including premises, funding, other services and staff groups (e.g. ANPs, nurses).	Dundee HSCP Chief Officer	**4**	**5**	**20**	→	22.08.25

If GP practices requests for lease assignation cannot be considered as a result of a lack of an agreed processes for practices, HSCPs and NHS Tayside regarding leases acquisition, including defining the necessary governance arrangements, then this will have a negative impact on GP partner recruitment and retention. **Current Controls**: GP Premises Strategy developed. Process in place in Dundee HSCP to consider local requests in the context of the property strategy. RAG process defined. Planned Controls: Draft process developed. Draft paper for submission to ELT (proposed Nov 2024) to be agreed across all four parties for consideration and approval of lease acquisition						
National Insurance Increase The increase in National Insurance contributions poses a financial risk particularly to third sector organisations. These organisations which often operate on tight budgets and limited funding streams face additional financial strain. This could lead to reduced capacity to deliver essential services, weakening the partnership's ability to meet its strategic objectives and compromising care delivery to vulnerable populations. Control Factors are being developed	Dundee HSCP Chief Officer and Chief Finance Officer	**4**	**4**	**16**	→	22.08.25
Cost of Living Crisis Cost of living and inflation will impact on both service users and staff, in addition to the economic consequences on availability of financial resources. This is likely to have a significant impact on population health and the challenge this will present to the IJB in delivering its strategic priorities. Latest update Sub-analyses of Engage Dundee have been undertaken for a range of at-risk groups including carers and long-term sick and disabled. Findings have been fed into a range of SPGs to identify appropriate actions. Developments include a new mental health and wellbeing section on the NHST website linking people to a service directory, including money/benefits advice, and self-help materials. Public Health has led on the production of a mental health promotion leaflet, which is being co-produced with partners, communities and	Dundee HSCP Chief Officer and Chief Finance Officer	**4**	**4**	**16**	→	22.08.25

services users. This will be targeted at the digitally excluded, linking in with local community centres and foodbanks/ larders. A multi-agency Engine Room has been formed to develop interim indicators to link work at a local and service level to the city's strategic objective of reducing inequalities in health, and assess whether services are being provided in an equitable manner. The HSCP is involved in the city's Local Fairness Initiatives and Employability Pathfinder. Tests of change are being explored with GP practices in the North-East and East End to raise awareness of community supports. Control Factors • Engage Dundee • Fairness and Equality Workstreams • Focus of Services identifying those most vulnerable						
Viability of External Providers Financial instability / potential collapse of key providers leading to difficulty in ensuring short / medium term service provision. * Inability to source essential services * Financial expectations of third sector cannot be met * Increased cost of service provision * Additional burden on internal services * Quality of service reduces Latest update Contracts Team are currently looking at improved interface with contract/finance teams to ensure more robust monitoring when risk is identified - this part of internal audit recommendations. **Control factors** • Consistent engagement with service providers • Internal audit review to partnership's approach to viability of external providers • Potential Local or Scottish Government Intervention • Robust Contract Monitoring • Co-ordination to provider services	Dundee HSCP Chief Officer	**4**	**4**	**16**	→	22.08.25

Escalation of Property Safety Issues The Health and Social Care Partnership 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 Latest update Current areas of concern highlighted are at Kingsway Care Centre and RVH. Control factors include Property Rationalisation programme and escalation of these issues by Chief Officer.	Dundee HSCP Chief Officer	**4**	**4**	**16**	→	22.08.25
Capacity of Leadership Team Capacity of management team Latest update Several factors have contributed to the increase in likelihood for this risk, including the retirement of the Chief Officer. The leadership team continue to be impacted by workload pressures of the wider workforce recruitment challenges. This is likely to be exacerbated as preparations for the intro of the NCS develop over the coming period. The implementation of the new Leadership structure on a permanent basis will consolidate and provide clarity to roles. Control factors • Response from Partner bodies • Review of Senior Management Team Structure • Sharing of Management Team duties	Dundee HSCP Chief Officer	**4**	**4**	**16**	→	22.08.25
Data Quality Data Quality of information on Mosaic case recording system is not accurate leading to difficulties in providing statutory government returns and accurate billing for billable services delivered. Latest Update Strategy and Performance research team are working with operational staff to improve data quality.	Service Manager	**4**	**4**	**16**	→	22.08.25

Forthcoming changes to IT systems include the move from Oracle to sql for hosting Mosaic and the change from DCC IT system Citrix which will impact on reporting mechanisms. Quality, Data and Intelligence team are working with IT to improve reporting mechanisms and decide on most efficient and resilient reporting systems (e.g. Power BI, Crystal.						
Increased Bureaucracy Governance mechanisms between the IJB and partners could lead to increased bureaucracy in order to satisfy the assurance arrangements required to be put in place. Latest update Potential for additional bureaucracy through Scot Gov Covid enquiry and National Care Service development. **Control factors** • Support and roles • Work with partner bodies to streamline report requirements for respective accountabilities	Dundee HSCP Chief Officer	**4**	**4**	**16**	→	22.08.25
Changes to IT Systems There are significant changes coming to IT systems across DHSCP. These include move from Citrix to AWS. There are also moves from hosting Mosaic, Case Management system from Oracle to sql and issues arising from changes to reporting. There are also difficulties in ensuring access to information on Sharepoint between DCC and NHST. Hybrid working is being affected by these challenges. Morse is being implemented in NHST. Latest Update Changes to IT Systems remain to cause challenges for DHSCP workforce. This includes differences in implementation of O365 across DCC and NHST. Implementation of Morse in NHST is also ongoing. The IT system used by DDARS for prescribing is coming to its end of life and another solution is yet to be identified. The company that owns Vision, used by NHS, i going into administration, and there is uncertainty around this.	Dundee HSCP Chief Officer	**4**	**4**	**16**	→	22.08.25
Information Governance Capacity and ability to comply with increasing number of Subject Access Requests in DCC leading to potential action from Information Commissioner		**3**	**4**	**12**	→	22.08.25

Latest Update A year-on-year increase in Subject Access Requests has meant that this is causing a significant impact on staff who undertake this task. In addition, 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 move away from Sharefile to o365 file sharing has caused issues for securely sharing large amounts of electronic documents with external requesters. Risk that we will not comply with Data Protection rules and face action from Information Commission. Control factors • Posts identified in Strategy and Performance section to undertake these tasks. Recruitment processes to begin in next six months.						
Category One Responder Additional responsibilities associated with Category 1 responder status are not supported by additional resources from Scottish Government and existing resources are not sufficient to meet statutory duties. Latest update Risk to remain on register due to finalisation of list of available DHSCP senior staff to manage rest centres, and to include Category One Responder duties in the next revision of the IJB Standing Orders in 2025. It is anticipated that once these actions are completed this risk will be able to be deactivated.	Head of Health and Community Care	**2**	**4**	**8**	→	22.08.25
Employment Terms Differing employment terms could expose the partnership to equality claims and impact on staff morale. Latest Update Management continue to have an overview of where issues arise within integrated teams with differing employment terms, and continue to assess and review within integrated teams.	Dundee HSCP Chief Officer	**3**	**3**	**9**	→	22.08.25
Governance Arrangements being Established fail to Discharge Duties Clinical, Care & Professional Governance arrangements being established fail to discharge the duties required. The IJB's Governance arrangements were assessed as weak/unsatisfactory. Latest update	Dundee HSCP Chief Officer	**2**	**4**	**8**	→	22.08.25

Reports from CCPG to the PAC consistently provide a level of reasonable assurance of good and sound governance. leading to a reduction in the likelihood of this risk occurring. This risk will be revisited when we receive the Internal and External Audit governance report conclusions, with a view to potentially archiving. Control factors • Development of IJB Member Governance development sessions • Implement Governance Action Plan • Review of processes established						

New Risks for entry

Prescribing Costs						
Fire Safety						

Archived

None						

Risk Status	
↑	Increased level of risk exposure
→	Same level of risk exposure
↓	Reduction in level of risk exposure
x	Treated/Archived or Closed

ITEM No …11……….

REPORT TO: PERFORMANCE AND AUDIT COMMITTEE – 19 NOVEMBER 2025

REPORT ON: GOVERNANCE ACTION PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC41-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Performance and Audit Committee with an update on the progress of the actions set out in the Governance Action Plan.

2.0 RECOMMENDATIONS

It is recommended that the Performance and Audit Committee (PAC):

2.1 Note the content of the report and the progress made against the actions within the Governance Action Plan (contained within appendix 1).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Appendix 1 contains an overview report detailing the current status of the actions within the Governance Action Plan. Since September 2025, no actions have been completed, no additional actions have been added and 32 remain ongoing.

4.2 Of the 32 ongoing actions there has been further recorded progress towards implementation for any one action since the last update was provided to PAC. This reflects the relatively short period of time elapsed since the last PAC meeting, the busy annual leave period and prioritisation of other urgent activity (including inspection preparation). The actions relating to the review of the IJB's Strategic Risk Register and statutory review of the strategic commissioning framework remain key priority areas. Both of these processes will be priority areas of the next six-month period, and it is therefore anticipated that associated actions within the Governance Action Plan will demonstrate progress over this period.

4.3 A work plan has now been drafted for the IJB and PAC for 2026, which will be submitted to the IJB in December 2025 for information. This sets out the schedule of expected items and reports for both meetings, including a number associated with progressing or completing outstanding actions within the Governance Action Plan.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

Risk 1 Description	Lack of progress toward completion of actions within the Governance Action Plan may undermine the sustainability of governance arrangements and assurances within the IJB.
Risk Category	Governance, Political
Inherent Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a Moderate Risk Level)
Mitigating Actions (including timescales and resources)	• All actions have now been uploaded to Ideagen system to support efficient and effective monitoring arrangements. • The process of updating the progress against each action currently being undertaken by officers across the Partnership. • Governance Action Plan updates are now being routinely reported to PAC. • A process is being established for new actions to be added to GAP, for example recommendations from audit reports.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate Risk Level)
Approval recommendation	Given the moderate level of planned risk, this risk is deemed to be manageable.

7.0 CONSULTATIONS

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

8.0 BACKGROUND PAPERS

8.1 None.

Clare Lewis-Robertson
Lead Officer

DATE: 22 October 2025

IJB Outstanding Actions – Governance Action Plan November 2025

Completed since last update

		Title and Description	Due Date	Ownership	Latest Update
		None completed since last update			

In progress

		Title and Abbreviated Description	Due Date	Ownership	Most Recent Update
1		DHSCPGAPAIAR20190212 **Improved hosted services arrangements** Development of improved Lead Authority Services arrangements around risk and performance management for lead authority services  **No change in % achieved**	31 Oct 2020	Chief Officer Chief Finance Officer	21.08.25 Bi-monthly meetings in place to discuss key risks and strategic priorities. Financial summary of Lead Partner services included in monthly finance report to HSCP managers as well as finance report to IJB. Key performance measures and activity levels are being developed to aid Tayside-wide understanding. Internal Audit of Lead Partner arrangements scheduled for 2025.

2		DHSCPGAPEA20201124 **Regular reporting against savings and transformation proposals** Updates on the IJB's transformation programme and efficiency savings are not reported to the Board on a regular basis. The position on the achievement of savings proposals and transformation should be clearly and regularly reported to members. 75% **No change in % achieved**	31 Aug 2021	Chief Officer Chief Finance Officer Head of Service, Strategic Services	21.08.25 Routine reporting for savings and transformation work within the 2025/26 is now being implemented. A comprehensive update was provided to the IJB on 20 August 2025.
3		DHSCPGAPEA20211124 **Reporting against risk management improvement actions and strategic risk register** Further improvement actions remain to be progressed associated with the IJBs risk management arrangements, including reviewing the IJB's risk management policy and developing further an understanding of the IJBs risk appetite. The Board and PAC should continue to be updated on progress on the delivery against the remaining risk management improvement actions and updates to the Strategic Risk Register.	31 Oct 2022	Chief Officer Head of Service, Strategic Services	21.08.2025 IJB has now set risk appetite via Development session held in July 2025. This will be incorporated via the overall review of the IJB's strategic risk register which is currently being progressed by the Senior Management Team.

		90% **No change in % achieved**			
4		DHSCPGAPIA20210623-6 **Compliance from Partner Bodies** There is currently no direct reporting to the IJB on its risk profile; nor direct, overt assurance on each of its strategic risks with risk monitoring occurring at the CCPG and the PAC receiving assurance on the overall system of risk management as above. Where controls sit within the partner bodies, the IJB receives only a general annual assurance through the year end processes. To further develop good governance arrangements, an IJB assurance plan could be implemented to ensure assurance on all risks is provided to the IJB, including where necessary assurances from partner organisation. 75% **No change in % achieved**	31 Dec 2021	Chief Finance Officer	21.08.25 Final actions required to complete this recommendation are to be considered and implemented as part of the ongoing review of the IJB's Strategic Risk Register. This will include consideration of the reporting format to the IJB and adjustments that might be required to include assurances from partner bodies where relevant.
5		DHSCPGAPIA20211124-1.1 **Revision of Integration Scheme**	30 Jun 2022	Head of Service, Strategic Services	21.08.25 There has been limited further progress over the summer period

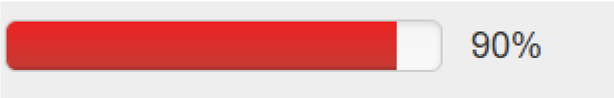
		As set out in the Integration Scheme, 'a list of targets and measures, which relate to the non-integrated functions of the partners that will have to be taken into account by the Integration Joint Board when preparing their Strategic Plan' should be included 25% **No change in % achieved**			due to need to focus on completion of range of statutory annual reports and data returns. Some preparatory work focused on mapping of existing reporting and datasets has been progressed.
6		DHSCPGAPIA20211124-1.2 **Enhanced Performance Reporting** Further developments of the performance management arrangements should include the following: Assurance and performance reports should be related to specific risks and should contain an overt conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended. 90% **No change in % achieved**	30 Jun 2022	Head of Service, Strategic Services	21.08.25 The narrative contained within performance reports continues to be developed and improved to have a clearer focus on risk. The review of the IJB's Strategic Risk Register will support this improvement; allowing a clearer structure to which performance reports can be linked.
7		DHSCPGAPIA20211124-1.5	31 Mar 2024	Head of Service, Strategic Services	21.08.25

		Development of Strategic Plan Performance Measures – 2023/24 The IJB should monitor the work of the ISPG to ensure that it develops the new SCP in such a way it embeds meaningful performance measures which can be reported regularly to allow a conclusion on whether the SCP is being implemented effectively and is delivering the required outcomes (not just inputs or outputs). 15% **No change in % achieved**			Performance measurement considerations will be a significant focus of the Strategic Planning Advisory Groups work on the statutory review of the strategic plan. It is anticipated that the group will make recommendations to the IJB regarding a sustainable approach to performance reporting as part of their recommendations from the strategic plan review.
8		DHSCPGAPIA20220622-4 **The IJB should receive relevant, reliable and sufficient assurances against its strategic risks especially high scoring ones (above the risk appetite to be established)** 90% **No change in % achieved**	31 Dec 2022	Chief Finance Officer	21.08.25 IJB has now set risk appetite via Development session held in July 2025. This will be incorporated via the overall review of the IJB's strategic risk register which is currently being progressed by the Senior Management Team.
9		DHSCPGAPIA20220622-5	31 Dec 2022	Chief Officer	05.09.25

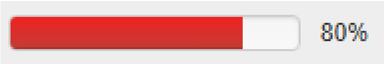
		Clinical and care governance arrangements will feed into the formation of IJB directions A draft Directions Policy & Procedure is being considered as an associated document with the revised Integration Scheme. We would reiterate our position that as part of any further developments in this area, consideration should be given as to how clinical and care governance arrangements will feed into the formation of IJB directions. 50% **No change in % achieved**		Clinical Director	Further review of IJB Directions Policy initiated with a view to bring back to the IJB by December 2025. This will include considering the interface with CCPG.
10		DHSCPGAPIA20220622-7 **Overall assessment of progress in delivering the Risk Management Action Plan is included in the Governance Action plan (40% progress as at February 2022) but the individual actions are not reported to the PAC.** Reporting should clearly set out progress against individual actions to allow for clear monitoring of the maturity assessment. 50% **No change in % achieved**	30 Nov 2022	Chief Finance Officer	21.08.25 An update on actions within the Risk Management Action Plan will be provided to the IJB prior to the end of 2025.

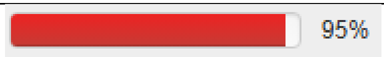
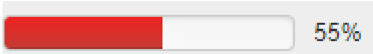
11		DHSCPGAPIA20220720-1 **Cat 1 Responder -Definition of IJB Duties** Category 1 responder resilience arrangements have not been fully and adequately incorporated into the IJBs governance structure. In addition to implementing the recommendation contained within the Internal Audit Annual Report 2020/21 (Action Point 3) relating to the PAC, it should be ensured that the duties of the IJB are fully defined. 5% **No change in % achieved**	31 Oct 2022	Head of Service, Strategic Services Head of Health and Community Care	23.10.24 This will be added to the next revision of the IJB Standing Orders in 2025.
12		DHSCPGAPIA20230130-1 **Sustainability of Primary Care - assurance from lead partner** Angus IJB, as the lead partner for primary care, should provide assurance to Dundee IJB regarding progress against the audit recommendations and management actions arising from the Internal Audit of the Sustainability of Primary Care. 5% **No change in % achieved**	31 Mar 2023	Head of Health and Community Care	05.09.25 Action to be followed up by Dundee IJB Chief Officer.

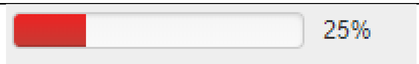
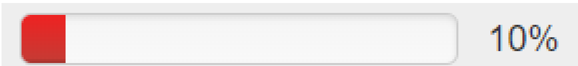
13		DHSCPGAPIA20230621-1 **Sustainability - Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge.** Delivering the IJB's strategic and commissioning priorities within the budget and resources that it has available will be a significant challenge. In these circumstances monitoring of the implementation of the SCF and of the development and then implementation of the supporting documents including the Annual Delivery Plan, Resource Framework, Workforce Plan and Performance Framework will be fundamental. Management should clearly set out how the IJB will receive assurance, including assurance over transformation. Reporting on implementation of Strategy and financial monitoring should have a clear focus on the success of transformational projects i.e. what has changed and how services are better delivered, with savings achieved, as a result of transformation. 90% **No change in % achieved**	31 Dec 2023	Chief Finance Officer	21.08.25 Routine reporting for savings and transformation work within the 2025/26 is now being implemented. A comprehensive update was provided to the IJB on 20 August 2025. Full update on progress against the Annual Delivery Plan was submitted to the IJB on 20 August 2025. This format will now be adopted to provide 6 monthly reports. Further work will also be progressed via the statutory review of the strategic commissioning framework during 25/26.
14		DHSCPGAPIA20230621-2.1	31 Dec 2023	Chief Finance Officer	21.08.25

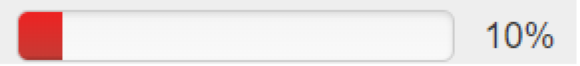
		Consideration is given to how IJB members could be involved in the development and agreement of the organisation's risk profile. The Risk Management Strategy agreed in April 2021 states that the IJB Board is responsible for 'receipt, review and scrutiny of reports on strategic risks'. The latest risk update was provided to the May 2023 PAC meeting and noted that "target risk scores will be revisited following planned Risk Appetite sessions for the recent development work around risk appetite". We welcome this intention and note that further work will also be required to identify how the new risk appetite will affect Strategy, decision-making prioritisation and budget setting and organisational focus, the 'so what?' question, which will be fundamental to making risk appetite real.  **No change in % achieved**			IJB has now set risk appetite via Development session held in July 2025. This will be incorporated via the overall review of the IJB's strategic risk register which is currently being progressed by the Senior Management Team. The submission of the revised strategic risk register will provide a further opportunity for discussion and involvement of IJB members.
15		DHSCPGAPIA20230621-2.2 **Implementation of Risk Appetite** To help implementation of the Risk Appetite to be agreed, we recommend that the IJB sets out clearly how:· risk appetite is to be taken into consideration as part of decision making· risk appetite affects	31 Dec 2023	Chief Finance Officer	21.08.25 IJB has now set risk appetite via Development session held in July 2025. This will be incorporated via the overall review of the IJB's strategic risk register which is currently being progressed by the

		monitoring and escalation processes for individual risks· Risk appetite is reflected in target risk scores and how the IJB will understand whether target is actually being achieved. 75% **No change in % achieved**			Senior Management Team. Elements relating to monitoring and escalation process will be considered as part of the review.
16		DHSCPGAPIA20230927-1.1 **Viability of External Providers - Financial Monitoring Process** It is recommended that the Monitoring and Review Protocol is enhanced to include a clear escalation process in the event that financial sustainability of a Care Provider is deemed to be at risk. This should include thresholds for each of the ratios considered in the financial monitoring template which would trigger escalation for enhanced monitoring, or other appropriate action, to ensure a consistent approach is taken.To ensure sufficiently regular financial monitoring of annual accounts is conducted for each provider, a review should be performed at least annually, including ensuring that a copy of the Care Provider's recent annual accounts is held. Overall assurance against this risk should then be reported to a pertinent Committee, or the IJB itself, and could include KPI reporting relating to the financial sustainability ratios.	31 Dec 2023	Head of Service, Strategic Services	21.08.25 Regular 6 monthly meeting now in place to consider risk register. Senior (Contracts) and Chief Finance Officer meeting to discuss and agree any follow up actions. Although it was originally intended to update the Inspection Gradings Report to reflect finance, operational and quality risks, further discussion and reflection has identified an alternative approach is needed. The Chief Finance Officer is leading work to develop a more comprehensive risk assessment matrix to support the HSCP to identify, monitor, mitigate and escalate provider risks. Examples of formats have been obtained from

		 **No change in % achieved**			other Partnerships to inform this ongoing work.
17		DHSCPGAPIA20230927-2.1 **Viability of External Providers - contract monitoring template** It is recommended that a single standardised template is developed and implemented for quarterly monitoring to ensure an agreed minimum level of quality monitoring is undertaken in respect of performance, quality, staffing levels and financial information. The template should also contain a further section which can be tailored to include any metrics specific to the provider to enable tailored monitoring as needed, above the minimum expected monitoring activities. Any monitoring reports identified which lack sufficient documentation of the quality assessment should be escalated and discussed with the Contracts Officer to ensure appropriate action is taken in conjunction with the provider. When providers are subject to external review (e.g. through the Care Inspectorate), these findings should be triangulated with previous internal quality assessments to review whether pertinent issues were picked up, and therefore if the quality of the internal assurances is sufficiently robust or requires further improvement.	31 Dec2024	Head of Service, Strategic Services	21.08.25 Agreed monitoring templates now being used routinely for each care portfolio. As part of the formal monitoring all relevant qualitative and quantitative data is considered including any recent Care Inspectorate. Inspections/Feedback sessions. Work around quality accreditation continues but current wording in Contract has once again been signed off by Legal colleagues without any need for change. Sub-group established with Social Care Contracts Team to consider contract/payment/uplift workload with the aim to preparing as much of the contractual paperwork as possible in advance of the Scottish Government uplift decisions.

		 **No change in % achieved**			
18		DHSCPGAPIA20240131-1.1 **Operational Planning - Development of operational plans** All transformation boards should articulate the pathway towards the development of their underpinning operational plan, and report on its progress to a relevant governance group.  **No change in % achieved**	30 Sept 2024	Chief Finance Officer Head of Service, Strategic Services	21.08.25 Strategic Planning Advisory Group workshop to review strategic planning and transformation group structure is scheduled for 02 September 2025.
19		DHSCPGAPIA20240131-2.1 **Operational Planning - Review of Terms of Reference** Terms of reference for governance and management groups and committees should specify the review period, generally annually, and Terms of Reference should be updated if necessary. This should, at a minimum, require that the remit of groups is reviewed each time the Strategic Commissioning Plan, or relevant strategic objectives, are updated.	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	21.08.25 Strategic Planning Advisory Group workshop to review strategic planning and transformation group structure is scheduled for 02 September 2025.

		 **No change in % achieved**			
20		DHSCPGAPIA20240131-3.1 **Operational Planning - project management arrangements** The HSCP should outline the circumstances in which it is considered appropriate that formal project management is applied, and the minimum set of controls that should be applied. The complexity of the arrangements for delivery of the Strategic Commissioning Plan, and its underpinning delivery plans and programmes of transformation, is such that it may be appropriate to adopt a principles based approach.  **No change in % achieved**	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	21.08.25 No further progress at this time. It should be noted that the HSCP delegated workforce does not include corporate project management capacity. Some specific areas of work have dedicated project managers aligned to improvement work, for example unscheduled care.
21		DHSCPGAPIA20240131-4.1 **Operational Planning - alignment to strategic plan** The HSCP has committed to the development of a revised set of Strategic Plan performance measures throughout 2023/24.Groups responsible for the implementation of delivery plans and supporting	30 June 2024	Chief Finance Officer Head of Service, Strategic Services	21.08.25 Progression of this recommendation will follow on from the Strategic Planning Advisory Group workshop to review strategic planning and transformation group structure, scheduled for 02 September 2025.

		performance management frameworks should take cognisance of this work, and in developing their own suites of performance measures, should:• Align the objectives of their implementation plans to the performance measures identified for the Strategic Plan, where it makes sense to do so• Consider other workstreams within delivery plans that contribute to the same objectives, and the relative impact. Measurement of indicators and their reporting should account for the situation where indicators at a service level are improving, while deteriorating for the HSCP as a whole, or vice versa.  **No change in % achieved**			
22		DHSCPGAPIA20250129-1 **Workforce - modelling future service demand and workforce requirements** The HSCP has not yet developed an approach to modelling Service demand to a level of detail which supports effective planning for future workforce requirements. In the absence of an understanding of the way in which future workforce requirements are likely to develop, there is a risk that workforce planning interventions may not be applied in the areas of highest risk. While there are a number of actions related to understanding Service demand and modelling staff requirement reflected in the Workforce	30 Apr 2025	Head of Service, Strategic Services Head of Health and Community Care Lead Officer, Quality Data and Intelligence	21.08.25 The revised workforce plan was approved by the IJB in June 2025. The content reflects the extent of modelling that is possible within current resources, which remains limited. Further discussions will be progressed with national bodies, including Public Health Scotland regarding any additional resource that they can contribute. It is also noted that the Care Reform

		Planning action plan, these are expressed as open ended ambitions and, as a consequence, it is difficult to gain assurance over the extent to which progress has been made towards implementation. Audit Recommendation: The Workforce Planning subgroup should establish an approach to modelling future service demand and therefore workforce requirements which can be implemented within its currently available resources. This approach should be predicated on the basis of data already available and documented assumptions where data is not available. SMART Actions within the action plan should be refined such that they set out specific deliverables which can be used to update and refine the initial assessment of future service demand, ideally with expected timescales. 75% **No change in % achieved**			(Scotland) Bill includes provisions for national development and publication of demand profiles.
23		DHSCPGAPIA20250129-5 **Workforce - workforce planning group reporting** There is no clear and explicit link between the information which is formally reported to the Workforce Planning Group and relevant risks and controls. As such, the reporting does not provide	31 Mar 2025	Head of Service, Strategic Services Head of Health and Community Care	21.08.25 The revised content and structure of the Workforce Plan, approved by the IJB in June 2025, will significantly improve the relevance and clarity of future reports to the IJB on workforce matters, including risks.

		assurance over the effectiveness of arrangements to mitigate workforce risks. 75% **No change in % achieved**			This action will be fully completed following the submission of the next workforce planning report to the IJB, due in 2026.
24		DHSCPGAPIA20240619-10 **Financial monitoring and reporting** Financial monitoring data should be enhanced to allow the Board to gauge progress against the budget especially in areas where brought forward reserves are being used to balance a budget and in savings targets. Financial reports should show actual savings assessed against planned savings. Savings should be categorised as recurring or non-recurring. 50% **No change in % achieved**	31 Oct 2025	Chief Finance Officer	21.08.25 Improvements have been made to enhance reporting information however the complexity of the integrated budgets and tracking of some savings continues to present challenges. Additional budget development sessions with IJB members were implemented during 2024/25 and a further increase is planned for 2025/26. Dedicated Budget Delivery Group meetings with senior management team have also been implemented, and meetings are also being held with Partner Body finance colleagues – all of which allows the opportunity for in-depth discussion.
25		DHSCPGAPIA20250618-2 **Budget planning**	31 Aug 2025	Chief Finance Officer	21.08.25 Enhancement of financial monitoring report content and detail

		Budget monitoring reports, identifying significant variances, are provided to each IJB meeting. Overspends are reported in almost every delegated services, and a financial recovery plan had to be put in place after Q1 in 2024/25. It could be helpful to examine initial planning assumptions to establish whether the adverse variances can be attributed to these. Lessons learned from previous years experiences should be built into the financial planning process for future years. 25% **No change in % achieved**			will be reviewed and implemented noting the recommendation. Updated financial recovery plan report to be presented to October 2025 IJB
26		DHSCPGAPIA20250618-5 **Fraud assurances to PAC** The Terms of Reference (ToR) for the PAC were updated in December 2023 to reflect their responsibility for the core areas of counter fraud and corruption. The remit of the PAC now includes "to receive assurances that effective counter fraud arrangements are in place within the partner bodies governance arrangements." No specific assurances have been presented to the PAC since update to the ToR. 10%	31 Dec 2025	Chief Finance Officer	21.08.25. Officers to liaise with partner body colleagues to obtain and report relevant assurances to PAC annually. Assurance report to be built into PAC workplan.

		No change in % achieved			
27		DHSCPGAPIA20250618-7 **Committee papers, links to strategic risk and risk appetite** Whilst papers to the IJB and PAC include a risk section, these are not always explicitly linked to the extant strategic risk. All papers that the IJB or PAC consider should be linked to, or contributing to mitigation of, a strategic risk. Where a link cannot be made to a strategic risk then consideration should be given as to whether the IJB or PAC needs to devote time and resource to it. The IJB has committed to taking forward the Committee Assurance Principles during 2025/26 and the adoption and application of these will help to ensure links to risk and performance. Example reports from ICE fieldwork include: • The financial recovery plan presented in December 2024 linked to a risk around delivering a balanced budget. However, this description doesn't appear in the strategic risk register, where the financial risks are (1) Unable to maintain IJB spend and (2) Restrictions on Public Sector Funding. • In October 2024 the IJB considered the development and implementation of the Dundee HSCP Workforce Plan 20222-2025. This report did not include a risk section on the basis that the report is for information only. However, implementation of a workforce plan	31 Oct 2025	Chief Finance Officer Acting Head of Strategic Services	21.08.25 The Senior Management Team is currently reviewing the IJB's Strategic Risk Register. This will include review of all current risks to ensure alignment with reports previously submitted to the IJB. Some initial progress has been made with report writers in terms of risk assessment sections being directly related back to strategic risks. Further work will be progressed as part of the review and implementation of the risk register.

		links directly to mitigation of the workforce strategic risk. The IJB should consider whether the progress that was reported is, in any way, mitigating the risk and lowering the risk score. 10% **No change in % achieved**			
28		DHSCPGAPIA20250618-8 **Revised NHS Tayside Clinical Governance Framework** CCPG minutes record discussion around their assurance role within NHS Tayside's revised clinical governance framework, considering spending development time to align with this structure and facilitate reporting into the new Clinical Governance Quality Assurance Meeting. The CCPG should agree what is expected of it, and what the existing Primary Governance Groups are accountable for within this revised framework. 75% **No change in % achieved**	31 Dec 2025	Allied Health Professionals Lead	21.08.25 NHS Tayside Governance Team to attend HSCP Extended Management Team Meeting and provide onsite roadshows at Kings Cross and Kingsway (RVH roadshow already complete). Further development of the Quality Management System will continue through the remainder of 2025/26.

29	✅	DHSCPGAPIA20250618-9 **Information governance assurances** The revised Integration Scheme, section 11, covers information sharing and data handling. Para 11.1 – The Parties.... will adhere to the Information Sharing ProtocolPara 11.3 – The Data Protection Officers of NHST, DCC and the IJB.... will meet annually, or more frequently if required, to review the Information Sharing Protocol and will provide a report detailing recommendations for amendments, for the consideration of the IJB, the Council and NHST.A draft Information Sharing Agreement with NHST and DCC was provided to us during our Annual Report work in June 2024. This was dated 2019 and we were informed that this was to be revisited to ensure it was signed by all parties and finalised. This has not come before the IJB yet, neither has an annual report been provided. The IJB was sighted on GDPR regulations in October 2018 (DIJB54-2018) but no formal assurances from the partners have been received since. We have previously commented that the IJB should receive assurance that its strategies and statutory responsibilities are supported by the asset and IT strategies and information governance arrangements of its partners and that these are appropriately prioritised, resourced, and monitored, as an important enabler for the delivery of genuine transformation. The outstanding resource framework to support the Strategic Commissioning Framework is intended to include digital.	31 Oct 2025	Acting Head of Strategic Services	22.10.25 Paper submitted to October 2025 IJB with previous and current versions or ISP and interim assurance regarding information governance arrangements. Full assurance report to be provided as soon as possible after the end of the financial year. 21.08.25 The Information Sharing Agreement will be finalised and presented to the IJB by October 2025. Thereafter an Annual Report will be submitted at the end of each Financial Year.

		50% **25 increase in % achieved**			
30		DHSCPGAPIA20250618-10 **Consolidated transformation reporting and results** Partnership working to transform services into a sustainable operating model is recognised as the way to deal with the ever-increasing demand for services and to improve outcomes for people. Consolidated transformation programme updates were to be provided to the IJB, but this has not progressed. We have been informed that this is in the pipeline and will be a focus in 2025/26, with reliance on the partners making transformations. 75% **No change in % achieved**	31 Dec 2025	Chief Finance Officer	21.08.25 Routine reporting for savings and transformation work within the 2025/26 is now being implemented. A comprehensive update was provided to the IJB on 20 August 2025. Further consideration is required in relation to how results are reported as transformation work progresses.
31		DHSCPGAPIA20250618-11 **Control document for suite of governance documents** We previously made recommendations about updating statutory documents and including a document control form to evidence update and review	31 Dec 2025	Chief Finance Officer	21.08.2025 Not yet progressed. To be prioritised before end of 2025.

		on a regular basis.DIJB has been working through the revision to documents such as financial regulations, standing orders etc. These have been updated at various times. To ensure that the IJB is given assurance that these are subject to regular review and kept current, a control document that would allow review of the 'suite' at a glance might be appropriate. 0% **No change in % achieved**			
32		DHSCPGAPIA20250618-12 **PAC Annual Report** Our 2021/22 Annual Report recommendation that the PAC should provide an annual report to the IJB "with a conclusion on whether it has fulfilled its remit and its view on the adequacy and effectiveness of the matters under its purview" featured in DIJB's Governance Action Plan. The first PAC annual report was in 2023 and, in our annual report 2023/24 we recommended again that the report should conclude on the adequacy and effectiveness of the work of the PAC and provide assurance that it has fulfilled its remit. This was accepted with a completion date of August 2024. The November 2024 GAP update to the PAC showed this action as completed with the second annual	31 Aug 2025	Chief Finance Officer	21.08.25 Although verbal assurance was provided when the 2025 report was presented to PAC, a written assurance statement was not included within the body of the report. This will be incorporated within the report for 2026.

		report submitted in December 2024.However, the PAC Annual Report submitted to the IJB in December 2024 still does not offer this assurance, with the purpose of the report being described as “an overview of the activities of the PAC over 2023/24”.  **No change in % achieved**			

New Actions (including initial update)

		Title and Description	Due Date	Ownership	Initial Update
		No new actions have been added since the last update			

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ITEM No …12………..

REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 19 NOVEMBER 2025

REPORT ON: DUNDEE INTEGRATION JOINT BOARD INTERNAL AUDIT PLAN PROGRESS REPORT

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: PAC43-2025

1.0 PURPOSE OF REPORT

1.1 This paper provides the Performance and Audit Committee (PAC) with an update on progress of the one remaining review from 2024/25 and the 2025/26 internal audit plan.

1.2 This report also includes internal audit reports that were commissioned by the partner Audit and Risk Committees, where the outputs are considered relevant for assurance purposes to Dundee IJB.

2.0 RECOMMENDATIONS

It is recommended that the PAC:

2.1 Notes the ongoing work undertaken on the 2024/25 and 2025/26 plan.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 The Global Internal Audit Standards require that the Chief Internal Auditor reports periodically to the PAC on activity and performance relative to the approved annual plan. We have previously set out that audit work is planned to allow the Chief Internal Auditor to provide the necessary assurances prior to the signing of the accounts.

4.2 The PAC approved the 2025/26 Internal Audit Plan at the September 2025 meeting. Internal audit work undertaken to deliver the 2025/26 plan and the one remaining review from 2024/25 is set out in Appendix 1.

4.3 FTF Internal Audit, working with our partners in Dundee City Council, is committed to ensuring that internal audit assignments are reported to the target PAC. The progress of each audit has been risk assessed, and a RAG rating added showing an assessment using the following definitions:

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

4.4 An update on the progress of all the IJB's Internal Audits is shown in Appendix 1. Resources to deliver these audits are provided by the NHS Tayside and Dundee City Council Internal Audit Services.

The Assignment plan for Internal Audit D05-25 Lead Partner Services was agreed on 19 August 2025. Fieldwork has been delayed because of work pressures and other priorities within the Dundee City Council Internal Audit Service and initial engagement with officers to progress the review, which is now well underway.

4.5 In order that all parts of the system receive appropriate information on the adequacy and effectiveness of internal controls relevant to them, including controls operated by other bodies which impact on their control environment, an output sharing protocol was developed and approved by all partners' respective Audit and Risk Committees. This protocol covers the need to share internal audit outputs beyond the organisation that commissioned the work, in particular where the outputs are considered relevant for assurance purposes. The following reports are considered relevant and are summarised here for information. It should be noted that the respective Audit and Risk/ Scrutiny Committees of the commissioning bodies are responsible for scrutiny of implementation of actions.

NHS Tayside reports:

Report Description	Assurance	Key findings
T24/26 Post Transaction Monitoring	N/A	The audit opinion categories for post transaction monitoring are pre-defined within the Scottish Government Health & Social Care Directorates (SGHSCD) Property Transactions Handbook (the Handbook). Therefore, we have not provided an overall opinion on the system but have concluded each transaction related to the Handbook property transaction categorisation requirements. In accordance with the requirements of Part A Section 6.9 of the Handbook, each transaction must be categorised as: A - Transaction has been properly conducted, or B - There are reservations on how the transaction was conducted, or C - A serious error of judgment has occurred in the handling of the transaction.

		The audit opinion for each transaction is: • Sale of Aberfeldy Cottage Hospital – A • Granting of Lease, Retail Lease on Ninewells Concourse – WHSmith - A • Acquisition by Lease, 4 South Ward Road, Dundee – B One significant and two merits attention findings were agreed. The significant finding was that the lessons learnt exercise for the 4 South Ward Road transaction, agreed at the October 2023 Asset Management Group, has not been undertaken. This creates a risk that a Handbook non-compliant decision-making process could occur again and commit partners to financially material contractual arrangements with ongoing costs.

Dundee City Council reports:

Report Description	**Assurance**	**Key findings**
Partnership Working - Dundee Alcohol and Drugs Partnership (ADP)	Comprehensive	**Scope** Review of the arrangements which underpin the Council's delivery responsibilities under the Alcohol and Drugs Partnership's Strategic Framework, including delivery plans, progress monitoring, and engagement with other members of the Partnership. **Conclusion (No Recommendations)** The Council has established effective governance arrangements that appropriately support its delivery responsibilities under the Alcohol and Drugs Partnership's Strategic Framework. Representation, planning alignment, and monitoring processes are all operating effectively. **Key Findings** We identified a number of areas of good practice: • The Council has implemented a representative structure that ensures appropriate engagement at all levels of the Alcohol and Drugs Partnership governance framework. • Council representatives who attend the main ADP group and/or its various subgroups, create a link between the ADP and Council services with information flowing through these designated staff members back to their respective service management teams. • There is a nested plan approach to ensure that ADP strategic priorities are effectively connect with service-level implementation, which enables strategic objectives established at the ADP level to cascade appropriately into operational activities at the service level. • Service plans demonstrate consideration of ADP objectives and there are mechanisms in place to

		incorporate any changes to ADP strategies into service planning. • Service performance indicators indirectly support broader substance use prevention and intervention strategies without duplicating ADP metrics. • There are monitoring and reporting processes for tracking council activities and performance indicators that directly support the priorities of the ADP

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

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

7.0 CONSULTATIONS

7.1 The Chief Officer, Regional Audit Manager and Chief Internal Auditor were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

8.1 None.

Christine Jones
Acting Chief Finance Officer

Date: 23 October 2025

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
2024/25								
D01-25	Audit Planning	Audit Risk Assessment & Operational Planning.	Complete	✓	✓	✓	✓	**N/A**
D02-25	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at PAC.	Ongoing/ May 2025	✓	✓	✓	✓	**N/A**
D03-25	Internal Control Evaluation	Holistic assessment of the internal control environment in preparation for production of the 2024/25 Annual Report. Follow up of previously agreed governance actions including Internal Audit recommendations.	IJB meeting June 2025	✓	✓	✓	✓	**Both the Internal Control Evaluation (ICE) and the Annual Report 2024/25 were reported at the June 2025 IJB meeting. Progress to address ICE findings will be reported to the IJB PAC within the Governance Action Plan.**
D04-25	Annual Report 2024/25	Chief Internal Auditor's annual assurance statement to the IJB with fieldwork to support this.	IJB meeting June 2025	✓	✓	✓	✓	

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D05-25	Lead Partner Services	Lead Partner Governance and Assurance arrangements Scope to review status of information sharing related to finance / financial outlook / risks / clinical and care governance / activity and strategic planning. **Update:** Assignment plan was agreed with the Chief Officer on 19 August 2025 and fieldwork is ongoing.	~~May 2025~~ ~~September 2025~~ ~~November 2025~~ TBC (next meeting)	✓	✓			
2025/26								
D01-26	Audit Planning	Audit Risk Assessment & Operational Planning.	September 2025	✓	✓	✓	✓	**N/A**
D02-26	Audit Management	Liaison with management, Pre-Audit Committee liaison with Chief Finance Officer, preparation of papers and attendance at Audit Committee.	Ongoing May 2026	✓	✓			
D03-26	Internal Control Evaluation (reported in March)	Holistic assessment of the internal control environment in preparation for production of 2024/25 Annual Report. Follow-up of previous agreed governance actions including Internal Audit recommendations.	March 2026	✓				

Ref	Audit	Indicative Scope	Target Audit Committee & current RAG status	Planning Commenced	Work in Progress	Draft Report	Completed	Grade
D04-26	Annual Report 2025/26 (reported in July)	CIA annual assurance statement to the IJB and fieldwork to support this.	IJB Meeting June 2026					
D05-26	Partner Bodies Support Services	Review of support services received from partner bodies (NHST and DCC) as stated within the Scheme of Integration: *'It will be the responsibility of the Parties to work collaboratively to provide the Integration Joint Board with support services which will allow the IJB to carry out is functions and requirements', including 'professional, technical and administrative resource."*	TBC					

ITEM No …13………..

PAC48-2025

PERFORMANCE AND AUDIT COMMITTEE – ATTENDANCES - JANUARY 2025 TO DECEMBER 2025

COMMITTEE MEMBERS - (* - DENOTES VOTING MEMBER – APPOINTED FROM INTEGRATION JOINT BOARD)					
Organisation	**Member**	**Meeting Dates 2024**			
		31/01	22/5	25/9	20/11
NHS Tayside (Non Executive Member)	Bob Benson *	✓	✓	✓	
Dundee City Council (Elected Member)	Siobhan Tolland *	✓	✓	✓	
Dundee City Council (Elected Member)	Dorothy McHugh *	✓	✓	✓	
NHS Tayside (Non Executive Member)	David Cheape *	✓	A	A/S	
Chief Social Work Officer	Glyn Lloyd	✓	A	A	
Chief Officer	Dave Berry	✓	A	✓	
Acting Chief Finance Officer	Christine Jones	A	✓	✓	
NHS Tayside (Registered Medical Practitioner – not providing primary medical services)	Sanjay Pillai	A	A	✓	
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	A	A	A	
Carers' Representative	Martyn Sloan	✓	✓	A	
Chief Internal Auditor ***	Jocelyn Lyall	✓	✓	A/S	

✓ 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

* Denotes Voting Members

** Denotes Office Bearer. Periods of appointment are on fixed terms in accordance with legislation.

*** The Chief Internal Auditor is a member of the Committee and is not a member of the Integration Joint Board.

**** Audit Scotland are not formal members of the Committee and are invited to attend at least one meeting of the Committee a year.

(Note: First meeting of the Committee was held on 17th January, 2017).

(Note: Membership are all members of the Integration Joint Board (only exceptions are Chief Internal Auditor and Audit Scotland).