



Involvement for the Strategic Commissioning Framework (SCF)

The information and views that shaped the development of the Strategic Commissioning Framework 2023 were shared through a variety of methods. The process started by considering information from review of the previous plan in 2021/2 and the review of the Integration Scheme in 2022. Additional information was available from ongoing development and strategic work for specific care group and service areas. Throughout 2022 and into 2023 officers heard views, information and priorities from people in strategic forums including: Learning Disability Planning, Mental Health Planning, Carers Partnership development, Alcohol and Drug Partnership Planning, Protecting People Meetings, Health Inequality Work, Community Planning Partnership, NHS and DCC Equality Meetings, Community Planning Meetings and the Building Stronger Communities Forum. It was agreed that further involvement to gain insight from people who use health and social care services and supports, families, unpaid carers, communities and the health and social care workforce would be related to both the replacement SCF and Mainstreaming Report and Equality Outcomes for 2023.

The SCF Engagement Process

From Late October 2022 there was a 'Call for Views' from people who access care and support or may access care and support in future; carers of people living in Dundee and young carers in Dundee; colleagues and volunteers across services and supports (including the workforce from NHS, Council, Third Sector and Independent Sector.) A mixed method approach was applied included face-to-face meetings and going to where people were already meeting, phone calls and one-to-one meetings, on-line survey and focus groups.

A call for views was issued late October 2022. This was widely publicised on Social Media, email and with A4 posters. In January 2022 there was a further invite to engage via on line or in person focus groups, however there was little interest in this and other arrangements were made to hear views. It was agreed to combine (where appropriate) this engagement activity with engagement about GP premises.

It was hoped that we might have stakeholders, the public coming forward who might form a Reference Group but there were not enough people who wanted to do this.

An interim involvement report was produced in March 2023 detailing meeting and responses received. This information directly shaped the production of the first and subsequent drafts of the SCF; culminating in a final consultation draft of the SCF being approved by the IJB in April 2023.

From late April 2023 until the end of May 2023 information on how to access the consultation draft was circulated (on-line) with an electronic feedback form. There was also a further offer to hear views about the consultation draft in other ways and to print and post copies for discussion.



Feedback on the Engagement Process

During the engagement process some people took the opportunity to tell us about how our approach to engagement could be improved in the future. People indicated that in order to effectively engage and give views, information about services, supports, systems and planning must be shared effectively with them. People want to hear about plans through meetings and discussions as well as more accessible documents in printed form. Some people pointed out that *'don't like QR codes, not everyone has smart phones, not everyone can use QR code.'* People also said that there should be a range of ways to have a dialogue with people- digital and on-line suits some people but not all.

People recognised and noted that they appreciate having information in accessible formats, for example the video interview about the Learning Disability Plan, as well as paper formats of this plan and information about the plan. People have said often that the "easy read" formats of some documents use good explanations and clear language but because they include many pages they can become difficult for those who need accessible information. The Partnership has tested short information documents about plans previously and this has been well received. For the final consultation period a summary version of the consultation draft was produced and made available alongside the full draft.

During the April 2023 call for views links were made with Leisure and Culture Dundee to distribute posters throughout their venues across the city, this included telephone contact information and the offer to provide printed copies of the consultation draft, summary version and response form. No requests were received as a result of this approach.

The groups visited, including workforce groups, wanted a continued involvement and update about the strategic commissioning framework and its outcomes. This feedback will be considered as part of ongoing plans for workforce and public communication.

Initial Survey – December 2022/January 2023

The initial electronic survey in December 2022/January 2023 had just under 60 responses. A significant number of these were from the workforce. Almost all respondents lived or worked in the Dundee area (57); just under one-third described themselves as an unpaid carer (18); just over half described themselves as some who uses or might use services and supports provided by DHSCP (33); and, a very large proportion of respondents said that as well as being citizens in Dundee they either work or volunteer within DHSCP or its partner agencies (44)

Initial Survey Findings

Vision

Although a majority of respondents felt the current vision is right for the next plan (65%), these respondents highlighted two possible concerns regarding the vision:

- That in practice it may not be achievable.



- That accessibility is of critical importance – people must be able to easily and equitably access information, supports and services for the vision to be realised.

Respondents who were supportive of the current vision stated it is clear and simple, inclusive of all and that equity is important.

Respondents who were either unsure or did not agree that the current vision is right for the next plan (45%) highlighted the following key concerns:

- It is not achievable in practice.
- It is too broad, specifically that a 'fulfilled life' is beyond the remit of the IJB.
- It is too vague / poorly defined and therefore not meaningful to the public– 'fulfilled life' in particular was highlighted.
- Should be more explicit about reducing inequalities.
- Should be more ambitious and take a public health orientated perspective, moving away from a focus on individuals to a population wide approach.

One respondent suggested the following replacement;

"Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life when they need it, where they need it and for as long as they need it, having the opportunity to self empower along the way."

Principles

Respondents were asked to rank themes in terms of their importance in informing the next strategic plan. Overall ranking from most important to least important was as follows:

- Respect
- Dignity
- Choice and control
- Human rights
- Living an independent life
- Equality of outcome
- Integrity
- Connections in the community
- Capacity to contribute



Other themes that were suggested as being important were: honesty – openness, transparency and accountability including about the IJB's capacity to deliver and to invest; empowering people and communities including promoting self-care; collaboration with and listening to people and communities; information and access; equality of opportunity / recognising and responding to difference/individuality; quality of life; early intervention and prevention; and, compassion.



Respondents were also asked to rank themes in terms of their importance in the delivery of supports and services. Overall ranking from most important to least important was as follows:

- Accessibility – affordability, inclusivity, physical accessibility
- Availability
- Quality
- Trust
- Empowerment
- Entitlement
- Non-judgemental
- Acceptability
- Generating self-respect



Other themes that were suggested as being important were: good quality and accessible information; timing – having the right support at the right time, including out-of-hours; individual choice; supported self-management; consistency; and, compassion.

Strategic Priorities – Health Inequalities

Almost all respondents (58) supported the continued inclusion of a priority focused on health inequalities, fairness and equality in the next plan. This was viewed as being an important area where significant further work is required to enhance early intervention, improve the impact of health and wellbeing outcomes for disadvantaged populations and reduce pressure on statutory services.

“equity is important - those in greatest need deserve more”

“Targeting inequalities is the most effective way of improving the most significant health and wellbeing issues affecting the Dundee population, and the upstream determinants of poorer wellbeing and life experience”

“We cannot eliminate inequalities - but it is important to me that Dundee has a stated aim to try”

It should be noted that a significant minority of people whilst agreeing with retaining this priority felt the focus should be on equal opportunity and outcome for all and did not support targeted / enhanced services for specific geographic areas or population groups.

Suggestions were made that the wording of the priority may need to be reviewed to better reflect the wider context of the cost of living crisis, and that more work needs to be done on measuring inequalities and reporting changes achieved. Overall more than 50% of respondents favoured the following wording:



Health inequalities across Dundee will reduce so that every person, regardless of income, where they live or population group, will experience the support they need to achieve positive health and wellbeing outcomes.

However, some strong comments were made about whether this was achievable, that there should be a more explicit focus on disadvantaged people and the need for clear communication of a commitment to prioritise those in most need / at most disadvantage. A number of respondents suggested the wording needs to be simplified and more easily understandable, the following suggestions were provided:

“Everyone in Dundee, regardless of their circumstances, will get the help they need to live a healthy life.”

“Through a continued commitment to prioritise resources towards people and communities with the greatest need, every person will experience the support they need to achieve positive health and wellbeing outcomes and health inequalities will be reduced.”

Strategic Priorities – Early Intervention and Prevention

There was a high level of support (52 respondents) for retaining the current early intervention and prevention priority within the new plan.

“Early intervention can reduce issues further down the line and encourages individuals to take control, this in turn can help promote ongoing well being and reduce reliance on services.”

Respondents were supportive of the need to move away from crisis intervention and were particularly supportive of the following approaches:

- Focus on empowerment of individuals and communities.
- Health promotion and self-care.
- Better use of resources and skills in the third sector.
- Enhanced public communications and information resources.
- Development of community hubs, integrated triage approaches etc to ensure earlier and more appropriate access to services and supports.

However, there was also caution about whether this priority can be realistically achieved and whether ‘shifting resources’ from crisis to early intervention is possible and desirable; with a number of respondents that investment is needed across the whole system. Some respondents also suggested that an approach to implementing, resourcing and measuring the impact of early intervention and prevention needs to be on a Dundee Partnership wide basis.

Strategic Priorities – Locality Working and Engaging with Communities

Again, there was a high level of support amongst respondents (47) for retaining this priority within the new plan. However, the detailed comments provided suggested that within this priority there is a need



for a different focus. Respondents expressed significant concern about current levels of demand (translating into waiting times and unmet need) and advocated for an approach that focused more on collaboration with communities to understand their needs and preferences and to develop new, sustainable and localised models of care.

"People in the local area will always have a better idea of the challenges so should be part of the discussion."

"the nature of 'community' is now very different to that which the priority is based on - need to look at what community currently is and possibly redefine and then adjust accordingly."

"services across Tayside and even Dundee, are massively centralised and I don't think decision makers (who can drive, access information, have lots of time to look after themselves) understand how inconvenient this is for people. de-centralised, community based services is a long needed change to Dundee services."

Some respondents highlighted that this might be outwith the scope of the IJB and require a greater contribution from Children and Families and Communities, as well as collaborative working with the third sector.

Strategic Priorities – Models of Support, Pathways of Care

Although the majority of respondents also favoured retaining this priority, levels of support were significantly lower (32) than for other priorities. Of those who did not support retaining it approximately 50% said no and 50% were unsure.

Detailed responses highlighted, once again, concern about whether the priority can be implemented in practice given current levels of needs, demands and resources. There was a call for greater emphasis on accessibility, transparent services information, personalisation, self-care and empowerment rather than on service based models and pathways.

"But with the caveat that we don't pigeon hole people into pathways or models - we are dealing with humans and although there may be normal trends not everyone fits into a model."

"Models of support should be support to enable independence and a clear path to self care."

Some respondents also highlighted potential overlap with the Locality Working and Engaging with Communities priority and one suggested a single, merged priority titled

'Accessing Support Services Closer to You.'

Value Statements

Overall there was a high level of support for the new plan containing a statement of values or principles held by the IJB. However, the following caveats were noted:



- This should only be done if there is a mechanism by which to hold the IJB accountable against these.
- This should only be done if the values and principles are implemented consistently in practice across the organisation.
- They should be set out as a separate cross-cutting statement not attached to individual priorities.

A general theme also emerged across a survey sections and responses that there is a need to revise and simplify all of the language in the new plan, but specifically the wording of the vision, strategic priorities and any value statements. The use of acronyms and technical / organisational language was specifically challenged by respondents.

Engagement Activity Record – October 2022 – March 2023

Beehive Group	In person	10 older women
Pensioners Forum	In person	20 older people
Green Partnership	On line	5 colleagues
Balcarres Care Home	In person	3 residents 3 colleagues
Care at Home Providers Forum	In person	10 colleagues
Care Home providers	In person	20 colleagues
Day care Providers	In person	8 colleagues
West end Blethers	In person	20 people (mainly older people)
Healthy Minds Network	In person	5 people
Advocating together	In person	3 advocates
Carers Centre	In person	In person / on-line focus group
Care Management Older People Physical Disability Team Managers	In person	4 colleagues
Community Health Advisory Group	In person	11 people – mix of colleagues and community members
Public BSL Meetings	In person	4 British Sign Language users
Scottish Refugee Council	On line	1 colleague
Aphasia Organisation	In person	1 colleague
Individual responses (carers- service users/patients) email views, in person interview, phone calls		

Information from Engagement Activity

Regarding health and social care services in general, people expressed positive responses about the majority of services and supports that are delivered. For example, some recently introduced supports were praised by one Care Home provider the Care Home Support Service. Pharmacy services reviewing medication on admission to care home was seen as a particular advantage to new residents.



Cost of Living

People are extremely concerned about how cost of living changes will affect them and how they will affect vulnerable citizens. Particular concerns were raised about people with life long disabilities whose circumstances mean that they, their family and carers might experience more significant impacts. Carers of children with disabilities find that they are less able to work than their peers due to lack of (affordable) alternative childcare and a need for them to meet the child's needs.

Concerns over workforce capacity

One family member expressed concern over a lengthy delayed discharge of a very elderly relative and concluded that '*We are desperately needing more Social Care Staff to support the most vulnerable citizens in Dundee*'. The workforce expressed that they feel a loss of power due reduced capacity and pressures associated with this. Someone who is a carer for an adult son with disabilities said that overall they were impressed by the support arranged for their son and the process of arranging it. She said 'every social worker that my son has had over the years is keen and helpful, but too often seem to become overwhelmed and end up taking time off with stress'

Dignity in Care

The public are concerned about the social care workforce vacancies and workloads. A carer said the care at home offered to her aunt was not sufficiently individual or person-centred, perhaps a result of time pressures, there was a 'production-line' approach which sometimes lacked dignity. The carer was appreciative of Team Manager input that made sure the care was right and included a partnership with them as the carer. Some retired people said that former 'trusting relationships with health care professionals are being eroded', although they thought that some recently developed supports are helpful e.g. pharmacist reviews in GP Practices and social prescribing workers.

Health and Social Care Supports and Services

One carer advised that 'It's quite overwhelming knowing what to expect, what is available'. This was reiterated by carers of children with disabilities, who sometimes felt they and their child faced an uncertain future in terms of care and support provision. A carer with a disability expressed concern about quality of life for disabled people recognising that peoples life expectancy has been extended often due to medical breakthrough and feel 'It's ok for people living longer so long as they have a quality of life'.

There were concerns about how some things might have changed after covid and that must not be used as an excuse. Changes to GP provision was a particular concern, particularly access when disabled and unwell. Although many people think that the changes have been made because of the pandemic they said that services need to develop the right Primary Care access for the future.



Some people thought that '*continuity of support is needed to maintain wellbeing*' and that sometimes people were moved away from targeted support without enough ways to reconnect (without a lengthy wait) when needed.

People from a Mental Health Group said that health and social care provision has improved and has become more of a "with and by" the people affected rather than "to and for" people. Someone identified that third sector provision seems to provide a more private /dignified way of meeting needs. However, someone else said that there are "*too many wee groups- there should be more partnership between them.*"

Some older people still felt the impact of ageism from some of the workforce in services and supports and low expectations.

People whose first language is British Sign Language (BSL) were keen to emphasise the need for BSL interpretation in health and social care services and how it supported them to access services. Although interpreters are easily booked for Health and Social Care Partnership work on some occasions their requests are not acted on. They would welcome effective ways of flagging up their communication needs when referred to new professionals. People who use other languages agreed with this. They are concerned that when a family member helps them once it is common for assumptions to be made that they will be able to continue to do this or that they might prefer or want this every time.

Some colleagues saw some of the new services that had been developed as helpful to providing a seamless service. Provisions like the "Urgent Care" team have good relationships with providers of services and a high level of skill and knowledge that supports individuals to get the best health care. People welcomed developments like the Community Care and Treatment Service and appreciated that they could have a choice of community venue for some health related issues. They said it was important to ensure that "sign posting" of these services was clear when you reached the venue, including who to contact if the arrangements did not go to plan.

Concern about Potential Budget Reductions

Parents of an adult who was supported by Wellgate Day Support expressed sincere and warm appreciation for the service but also expressed concerns that financial pressures might impact the service in the future. In general, there was a level of confidence about supports and services available from health and social care services, some older people were concerned that reduced capacity for preventative work could potentially lead to greater demands on services in the future.

People said that services need to be sure we that they can find ways of meeting needs and giving the right care, in the right place, at the right time. A local carer identified a need for support groups outwith



office hours “I find that any supports available through groups ...those that are available during the day when I am at work”.

Some people said that services need to find “More proactive ways are needed to offer and encourage people to take support...” before people become critical “...Homelessness and eviction are a real concern and Homeless facilities need to be improved”. Some people said “More help is needed for people with autism- it is hard because people with autism don’t always seek help and can find it hard to take the initiative.”

Children with disabilities -Transition

A colleague expressed concern about young people and potential gaps when they become an adult. Partnership working is needed so that sufficient advice, information and support is accessible and available for the young person and their parents who transition to become carers.

Strategic Planning

Some retired people concluded that: “the vision should include something about choice and independent living- at home or somewhere that feels like home. Sometimes practical support will be needed for independence. Also need a balance of privacy with help when you need and want it.”

Final Consultation – May 2023

During May 2023 final views were sought about the contents of the consultation draft of the strategic commissioning framework. Some people sent views directly by email or gave views at meetings where the draft document was shared. This included Dundee City Council Leadership Team, NHS Tayside Executive Leadership Team, the IJB and members of the Strategic Planning Advisory Group.

16 people responded via the online feedback form. Almost all respondents lived or worked in the Dundee area (15); only 3 respondents described themselves as an unpaid carer; just under half described themselves as someone who uses or might use services and supports provided by DHSCP (7); and, a very large proportion of respondents said that as well as being citizens in Dundee they either work or volunteer within DHSCP or its partner agencies (13)

There was a strong endorsement of both the draft ambition statement and value statement.

Each of the strategic priorities also received a high level of support, with no-one suggesting any alternative or additional priorities.

The majority of respondents could not identify any negative impacts of the draft strategic framework on people with protected characteristics (in terms of the Equality Act 2010) (13) or people affected by poverty and poor social circumstances (15). Only one person said they could identify negative



impacts on people with protected characteristics, but they did not provide any further detail when prompted.

Respondents were asked to rate the overall accessibility of the draft strategic framework (including the length and use of plain language) on 1 to 10 scale (with 1 being very poor and 10 being very good). Responses ranged from 4 (1 respondent) to 10 (2 respondents). The average score was 7, with 11 respondents rating the plan as 6 or above and 5 respondents rating it as 5 or less. A range of additional comments were provided about accessibility, which can be summarised as follows:

- Overall, the plan is too high level and general, more detail is needed about the specific steps that are going to happen to make the changes and achieve the priorities.
- Overall, the plan is too long and complex.
- The use of plain language is very helpful.
- The language is too complex and needs to be simplified.

Contributions outwith the feedback form were received from officers working across partner agencies. Specifically these highlighted:

- There should be more focus on leadership and organisational culture within the medium and long-term strategic shifts under the 'Workforce'.
- Enhanced emphasis should be given to the IJB's contribution to reducing carbon emissions, implementing Community Wealth Building, supporting the young workforce and supporting access for communities to green spaces.
- Additional national, regional and local policy documents that should be referenced within the plan.
- Additional terms that should be added to the glossary section of the plan.

Future involvement for Strategic Planning

Throughout this engagement people suggested that '*we need creative new ways to support co-production*'. Recent changes in world circumstances are known to have affected public and workforce attitudes and it is recognised that planned changes in Scotland (in particular National Care Services) will influence overall engagement with Integration Joint Boards planning and development activities. The ambition is to get closer to learning quality information from stakeholders and having an ongoing dialogue with them as well as providing short opportunities to hear what developments are needed and to respond to draft documents.

The intention is that there is support for existing good quality listening processes that go beyond a tick box or nurturing a single representative at planning meetings. Although meeting representation is extremely valuable and significantly enhances planning processes there is also a need to learn from who don't, don't want to and never will fit into our systems. Currently there are fledgling developments such as the Community Health Advisory Group that will contribute to and enhance

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listening processes and finding the right ways at the right time in the right places to enhance involvement overall so IJB can genuinely listen to authentic voices.