

Dundee Integration Joint Board

The plan for excellence in health and social care in Dundee

**Strategic Commissioning Framework
2023-2033**

Contents

Foreword	4
Introduction	6
Ambition for Health and Social Care in Dundee	7
The Integration Joint Board's Values	8
Strategic Priorities	9
Health and Social Care Needs in Dundee	11
Health and Social Care Policy	15
Let's Talk	18
Equality Outcomes	21
Strategic Priority – Inequalities	23
Strategic Priority – Self Care	27
Strategic Priority – Open Door	32
Strategic Priority – Planning Together	35
Strategic Priority – Workforce	40
Strategic Priority – Working Together	45
Measuring the Change	50
Resources and Risks	51
Resources to Support Delivery	51
Risks to Delivery	55
Explanation Notes	56
Appendix 1 – Housing Contribution	63
Appendix 2 – National Health and Wellbeing Outcomes and Indicators	66

Foreword

This plan for excellence in health and social care in Dundee sets out our ambition that everyone who lives in Dundee will have the best possible health and wellbeing.

We know that this is a big, but very important challenge. High levels of poverty and other social issues mean that **life expectancy** for people in Dundee is lower than it was 10 years ago. There are also big differences between how healthy and well people are because of where they live in the city, how much money they have and due to who they are (for example, their ethnic origin, sexual orientation, disability or age). We want everyone to have the same good opportunities to be well and to have good mental wellbeing.

The **Integration Joint Board** has decided that a long-term plan is needed to tackle these challenges over the next 10 years. We know that some things can be changed quickly to help to improve people's health and wellbeing, but that some other changes will take longer. We also know that the **Integration Joint Board** must work closely with other organisations in the city, including the Council, NHS Tayside, the Police and organisations in the **third** and **independent** sectors to make a real and lasting difference to people's lives.

Over the next 10 years the **Integration Joint Board** aims to invest in health and social care services that help to reduce differences in health and wellbeing outcomes between different groups of people and improve outcomes for as many people as possible. We will make additional investment in the care and support provided to people who use drugs and alcohol and who experience poor mental health. There will also be a focus on making health and social care services easier to find out about and access, so that people get the help that they need, when they need it, in the way that they want it. There will also be a wider range of opportunities for people and communities to look after their own health and wellbeing so that they can be well and stay well.

As we have developed our plan, people have told us about the incredible difference that health and social care services have made to their lives when they have needed them. They have also told us that how we do things is just as important as what we do. As a direct response to this the **Integration Joint Board** has developed a statement of its values and how these will inform everything that we do in the future. All of the values are important, but two that the public told us were particularly important to them were: collaboration and compassion. Collaboration is about how we listen to and work together with people

who use health and social care services, **unpaid carers** and the workforce. Compassion is about how we make sure that we treat everyone with kindness, compassion and dignity. As leaders within the **Integration Joint Board** we are committed to making sure that over the next 10 years collaboration and compassion are central to the work that we do. We know that by working in this way we can benefit from the experience and knowledge of people who use and who work for health and social care services, families, **unpaid carers** and wider communities to achieve our goal of excellence in health and social care.



Pat Kilpatrick
Chair, Dundee IJB



Councillor Ken Lynn
Vice-Chair, Dundee IJB



Vicky Irons
Chief Officer, Dundee IJB



Introduction

This **Strategic Commissioning** Framework sets out plans for working together in Dundee towards excellence in health and social care. This Framework has been developed by Dundee Integration Joint Board (**IJB**). The **IJB** is the group of people responsible for planning, agreeing and monitoring **community-based** health, social work and social care services for adults.¹

This **strategic commissioning** framework tells people what the **IJB**'s ambition and priorities are for adult health, social work and social care services in Dundee and how the **IJB** will use the **resources** it has to make this ambition a reality.

This strategic commissioning framework is for the next 10 years. As it has been developed the IJB has thought about:

Information about the health and social care needs of people who live in Dundee, people who provide **unpaid care** and the health and social care workforce.

National policy (what the Scottish Government expects **IJBs** and partner organisations across the health and social care system to consider), including the integration planning and delivery principles².

Local policy (what local organisations have already said they plan to do to help improve health and wellbeing).

The views of local people, **unpaid carers**, communities, the health and social care workforce and partner organisations.

This framework is supported by a **delivery plan**. The **delivery plan** has more information about how health and social care services will be delivered and improved over the next year. These services are delivered by the Dundee **Health and Social Care Partnership** - the place where Dundee City Council, NHS Tayside and some organisations in the **third** and **independent** sector work together to deliver the services and supports the **IJB** has planned and agreed. A **delivery plan** will be agreed and published by the Dundee **Health and Social Care Partnership** every year, starting in 2023.

1 You can find out more about what the law says about how **IJBs** must plan, agree and monitor health and social care services at: <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/>

2 You can find the integration delivery principles at: <https://www.gov.scot/publications/strategic-commissioning-plans-guidance/pages/9/> (section c)

Ambition for Health and Social Care in Dundee

People in Dundee will have the best possible health and wellbeing.

They will be supported by health and social care services that:



Help to reduce **inequalities** in health and wellbeing that exist between different groups of people.



Are easy to find out about and get when they need them.



Focus on helping people in the way that they need and want.



Support people and communities to be healthy and stay healthy throughout their life through **prevention** and **early intervention**.



The Integration Joint Board's Values

Human rights	Making sure that everything we do promotes and protects the human rights of everyone in Dundee.
Equality and fairness	Working in a way that understands the differences between people and communities so that everyone gets the help that they need to have good health and wellbeing.
Whole life	Contributing to good health and wellbeing from birth to death, including supporting people to have a good death. Supporting other public services in their leadership of work to promote good health and wellbeing in the early years and throughout childhood.
Collaborative	Making sure that we listen to and work together with people who use health and social care services, unpaid carers and the workforce.
Innovative	Testing new, improved and better approaches to promoting health and wellbeing.
Compassionate	Making sure that we treat everyone with kindness, compassion and dignity. This includes people who use health and social care services, unpaid carers and the health and social care workforce.
Transparent	Making sure that we communicate clearly with the public about the decisions we make, why we have made them and the impact they have had on health and wellbeing.
Empowering	Working with people and communities to share power, make decisions and support them to access the things they need to meet their own health, wellbeing and social care needs.
Sustainability	Investing in services and supports that make the best use of the money and other resources that the IJB has just now to reduce the future demand on health and social care services. Using evidence about 'what works' to help the IJB to do this. Working in a way that helps to reduce the impact of climate change on the future health and social care needs of people.

Strategic Priorities

The IJB has agreed 6 **strategic priorities** that will be the focus for the next 10 years to help to achieve the ambition for health and social care. These priorities will also help to achieve Scotland's **National Health and Wellbeing Outcomes**.³



Inequalities

Support where and when it is needed most.

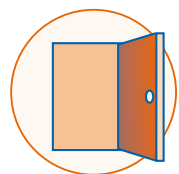
Targeting **resources** to people and communities who need it most, increase **life expectancy** and reduce differences in health and wellbeing.



Self Care

Supporting people to look after their wellbeing.

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



Open Door

Improving ways to access services and supports.

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



Planning together

Planning services to meet local need.

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



Workforce

Valuing the workforce.

Supporting the health and social care workforce to keep well, learn and develop.



Working together

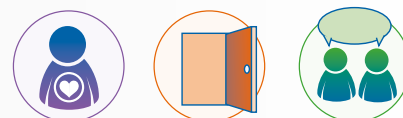
Working together to support families.

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

³ You can find out more about the **National Health and Wellbeing Outcomes** and the IJB's role in delivering these at: <https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/>

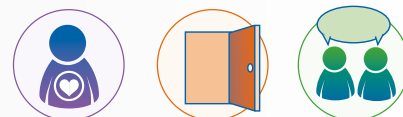
National Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer.



National Outcome 2

People, including those with disabilities or **long-term conditions**, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.



National Outcome 3

People who use health and social care services have positive experiences of those services and have their dignity respected.



National Outcome 4

Health and social care services are centered on helping to maintain or improve the quality of life of people who use those services.



National Outcome 5

Health and social care services contribute to reducing **health inequalities**.



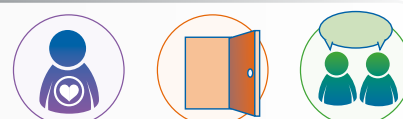
National Outcome 6

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.



National Outcome 7

People using health and social care services are safe from harm.



National Outcome 8

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.



National Outcome 9

Resources are used effectively and efficiently in the provision of health and social care services.

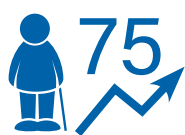


Health and Social Care Needs in Dundee

Information about the health and social care needs of people who live in Dundee, people who provide **unpaid care** and the health and social care workforce has been used to make decisions about what the **strategic priorities** should be.

You can find out more about the needs of people in Dundee, including **unpaid carers** in the full **strategic needs assessment**:

Dundee is a city that has high levels of poverty and other social issues that impact on people's health and wellbeing. **Life expectancy** for people in Dundee is getting shorter. There are also big differences between how healthy and well people are because of where they live in the city, how much money they have and due to who they are (for example, their ethnic origin, sexual orientation, disability or age).



Dundee expects to see a 38% increase in the population aged 75 years and over by 2043.



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



Life expectancy at birth is decreasing for males and females in Dundee. Between 2012-14 and 2019-2021 it decreased by almost 2 whole years for males and by around 18 months for females.



Dundee has the 2nd lowest **life expectancy** in Scotland. **Life expectancy** in the most **deprived** areas of Dundee is about ten years less than in the most affluent areas.



Dundee has the 8th highest rate of homelessness applications in Scotland, much higher than the Scottish rate.



There are fewer owner occupiers and more people living in rented accommodation than the rest of Scotland.



Dundee's unemployment rate was 4.9% for the year 2021; higher than the Scottish rate of 3.9%.



Dundee has the 4th highest **prevalence** of drug use in Scotland. Alcohol related harm is also high when looking at hospital attendances and alcohol-related deaths.



Dundee has the 5th highest rate in Scotland of adults (aged 16-64 years) who reported in the 2011 Census that they are living with a mental health condition.



Dundee has the highest **prevalence** rate of domestic abuse in Scotland.

Dundee has high levels of health and social care needs. This includes people with care and support needs, as well as adults and children who provide unpaid care and support to them. It also includes supporting people at the end of their life to have a good death and providing bereavement support to **unpaid carers** and to families.



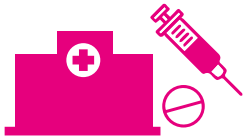
Due to **inequalities**, particularly **deprivation**, many people in Dundee enter older age with pre-existing health conditions.



Due to **inequalities**, particularly **deprivation**, some people in Dundee have a need for higher levels of health and social care support at an earlier stage than people of the same age who live in more affluent parts of the city or in other areas in Scotland.



Across all **Local Community Planning Partnerships** the average number of prescription drugs used to treat diabetes, hypertension and heart failure has increased since 2015/16.



Rates of hospital admission due to alcohol and drug use are high, with a higher proportion of people who need support living in the most **deprived** areas of the city.



Around 1 in 10 people aged 65 or over has dementia. Due to the pandemic the proportion of people who received a minimum of 12 months **post diagnostic support** after their diagnosis reduced from 97% to 68%.



The number of people living with or dying from cancer is rising. It is estimated that 1 in 2 people will be diagnosed with (but not necessarily die from) a cancer in their lifetime. The **prevalence** of cancer varies by **deprivation** and age group.



Hospital admissions due to **long-term conditions** are higher for the most **deprived** areas of the city, especially for asthma, COPD and coronary heart disease.



High rates of cancer and of **long-term** and multiple health conditions has increased demand for palliative and end of life care. This includes enhanced support for **unpaid carers** providing end of life care, as well as bereavement support.



Since 2016 the number of admissions to hospital due to a stroke has been increasing. In 2016 there were 639 hospital admissions but this has steadily increased to 1,001 admissions in 2022.



Dundee has the highest admissions to hospital rate for falls in Scotland. As at 2020 the rate was 30.7 per 1,000 people aged 65 and over.



For people receiving home care services, an average of 45% had an emergency admission to hospital in the 28 days before the service started.



In 2021/22 half of the people admitted to care homes had experienced an emergency admission to hospital within the 28 days beforehand.



62% of adult **carers** supported by local **carer** services provide an average of 50 or more hours of care per week.
72% of **carers** reported poor mental health, and the same percentage said their physical health had got worse.

Many people in Dundee were adversely affected by the COVID-19 pandemic, especially by negative impacts on their physical and mental health and wellbeing:



Isolation and reduced mobility during the pandemic for people who were already frail increased demand for support amongst those already receiving services and also for those who had not previously required support.



1 in 5 respondents to the Engage Dundee survey reported a worsening of existing mental health conditions, this was highest for people aged 25-34.



As a result of the pandemic, 84% of **carers** reported negative impacts on physical, mental and social wellbeing, and 60% reported feeling socially isolated.

Health and Social Care Policy

National policy is an important consideration when deciding what the **strategic priorities** should be. These are the things that the Scottish Government asks **IJBs** and other organisations across the health and social care system to do.

Another important consideration is the plans and commitments made by local organisations about helping to improve peoples' health and wellbeing. Local plans describe how organisations like Dundee City Council, NHS Tayside, Police Scotland and other organisations who provide services to the public are going to use the money and other **resources** they have, including the things they want to work together with the **IJB** to improve.

Some of the most important national and local policies that have informed this strategic framework are:

Local



- **Dundee City Plan 2023-2033**
- **Local Community Plans**
- Local Housing Strategy
- **Strategic Housing Investment Plan**
- Trauma Implementation Plan
- **Alcohol and Drug Partnership Strategic Framework and Delivery Plan 2023-2028**
- Dundee Adult Support and Protection Committee Delivery Plan
- Dundee Child Protection Committee Delivery Plan
- Dundee Violence Against Women Partnership Delivery Plan
- **Local Child Poverty and Fairness Plan**
- **Our Future City Centre – Strategic Investment Plan**
- **Discover Work Strategy and Action Plan**
- **Dundee Climate Change Action Plan**

Regional



- **Tayside Plan for Children, Young People and Families**
- **Living Life Well – Tayside Mental Health and Wellbeing Strategy**
- **Angus IJB Strategic Commissioning Plan**
- **Perth & Kinross IJB Strategic Commissioning Plan**
- NHS Tayside Public Health Strategy
- NHS Tayside Three Year Recovery Plan 2022-2025 and Annual Operational Plans

National



- **Health and Social Care Standards (2017)**
- **National Health and Wellbeing Outcomes**
- **NHS Recovery Plan 2021-2026**
- **A National Clinical Strategy for Scotland (2016)**
- **Delivering Value Based Health and Care: a Vision for Scotland (2022)**
- **Enabling, Connecting and Empowering: Care in the Digital Age – Scotland’s Digital Health and Care Strategy (2021)**
- **Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age (2023)**
- **National Workforce Strategy for Health and Social Care (2022)**
- **Fair Work Action Plan (2021)**
- **National Mental Health Strategy 2017-2027**
- **Primary Care Improvement Programme**
- **General Medical Services Contract in Scotland (2018)**
- **Recovery and Redesign: An Action Plan for Cancer Services (2020)**
- **Diabetes Improvement Plan (2014)**
- **A Healthier Future – a framework for the prevention, early detection and early intervention of type 2 diabetes (2018)**

- **Heart Disease Action Plan (2021)**
- **Progressive Stroke Pathway (2022)**
- **Palliative and End of Life Care Strategic Framework for Action (2015)**
- **Palliative and End of Life Care by Integration Authorities: advice note (2018)**
- **My Health, My Care, My Home - Healthcare Framework for Adults living in Care Homes (2022)**
- **Self-Directed Support: framework of standards (2021)**
- **National Carers Strategy (2022)**
- **Creating Hope Together – Suicide Prevention Strategy 2022-2032**
- **National Drug Mission Plan 2022-2026**
- **Rehabilitation and Recovery: a person-centred approach (2022)**
- **Learning / intellectual disability and autism transformation plan (2021)**
- **See Hear – A strategic framework for meeting the needs of people with a sensory impairment in Scotland (2014)**
- **Housing to 2040 (2021)**

Let's Talk

Many people who live, work or provide **unpaid care** in Dundee shared their views over the last two years about 'what matters to them' about health and wellbeing and adult health and social care services.

You can find a full report of what people have said in the **IJB Strategic Commissioning Framework 2023-2033 Involvement Report**. The things that people said have directly influenced the ambition and priorities in this framework.

Some of the important messages people gave are:

- Plans must be written in a way that is simpler, uses clearer language and means something to people who use health and social care services now or might use them in the future.
- The ambition of the **IJB** should be about the real differences it makes and the things it has most control over.
- The **IJB** need to think more about how to work better with other organisations, including the **Dundee Partnership**, to improve all services and supports that make a difference to people's health and wellbeing. This is most important when preventing poor health and wellbeing, making sure people get the help they need sooner and when working alongside people in communities to understand their needs.
- It is really important to reduce the differences in people's health and wellbeing that are caused by things like poverty, where they live, or their personal characteristics (like sex, age or ethnic origin). The **IJB** should inform people that the money the **IJB** has will be spent in a way that gives extra help to people who need it most so that they can be as healthy and well as everyone else in Dundee.
- People realise that public sector services, like the Council, NHS Tayside and the **IJB**, do not have enough money or staff to do everything for everyone. People felt it was important to be honest about that and how **resources**, including money and staff, will be used to help communities have the best possible health and wellbeing.
- More time and money should be spent making it easier for people to know more about existing health and social care services and how to get help from them.

- People said they are worried about having to wait too long to get the help they need.
- People said when they do get support from health and social care services it has been very good and has made a big difference to their lives.
- People said it is important that the **IJB** remembers that they want a good quality of life, not just to live longer in their own home.
- The **IJB** needs to think more about how to reduce the impact of the cost of living crisis on people's health and wellbeing.
- The **IJB** should support the **Health and Social Care Partnership** to spend more time working with people and communities to understand the help they need to stay healthy and well. They should also work with people to design services to deliver the help they need.
- People who work in health and social care organisations should stop talking about models and pathways – these are words used by organisations and don't mean anything to those people who need services. People would like the **IJB** and **Health and Social Care Partnership** to talk more about how services can give them the specific help they need and help them look after themselves rather than trying to do everything for them.

From December 2022 to March 2023 people were asked to share their views about Dundee's GP Premises Strategy. As part of this activity many people also spoke about other aspects of services delivered through GP practices. A full report of what people said is available in the [Evaluation of Public Consultation on Dundee GP Premises Strategy 2023](#), but some of the things people said were most important were:

- Lots of people did not know about the full range of different professionals and supports that are available to them at their GP practice. People said that there should be more information about services that are available and more help from reception staff to make sure they see the right person.
- Many people are willing to accept an appointment that is not face-to-face. This was the case most often when people were aged under 65 years old. Older people had a stronger preference for face-to-face appointments.
- The process for booking appointments needs to be improved.
- There needs to be more support available in GP practices for health and wellbeing, mental health and pharmacy.

The **Dundee Partnership** has also been talking to people across Dundee over the last two years to find out more about what they need, the things that affect their lives and what they hope for in the future. This information helped the **Dundee Partnership** to write its **City Plan 2022-2032**. Some of the things people in local communities identified as being most important for health and wellbeing that need to get better were:

- Ways to have a say in improving things in the community.
- Drug and alcohol advice and services in the community.
- Dealing with the way the COVID-19 pandemic has made some things more difficult for people. Many people said it made them more isolated and their mental health and wellbeing worse. It also meant some people did not have enough money to buy food or other basic things we all need to stay safe, healthy and well. People noticed that the pandemic had made things even worse for people who already had poor health and wellbeing.
- The way the COVID-19 pandemic made it more difficult for people to find and get help when they needed it.



Equality Outcomes

The **IJB**'s ambition is that everyone in Dundee has the best possible health and wellbeing.

The Equality Act (2010) aims to make sure all people are treated fairly, particularly people who have **Protected Characteristics** (age, disability, sex, gender reassignment, pregnancy and maternity, sexual orientation, marriage and civil partnership, religion / belief, and, race). Sometimes, people with **Protected Characteristics** need support given in a different way or they need extra support to have the same outcomes as other people. They might also be more likely to have particular health and social care needs.

Some people experience poverty and poor social circumstances; this can affect anyone but can affect people with **Protected Characteristics** more. This can make it even harder for them to have the same life chances as other people. From April 2018, the Fairer Scotland Duty was introduced to help make sure Scotland is a fair place to live by acting to tackle poverty, reduce **inequality** and build a fairer and more inclusive Scotland.

As part of the work to make Dundee a fairer city the **IJB** is concerned about **health inequality**; this is the unfair and avoidable differences in health between people or groups of people. People with **Protected Characteristics** and people affected by poverty can experience **health inequalities** that impact on their overall health and wellbeing.

People with **Protected Characteristics** and people affected by poverty and poor social circumstances can find it more difficult to access health and social care services. Sometimes those people have a poorer experience of supports and services.

The Equality Act (2010) says that Public Bodies, like the **IJB**, must publish a set of **equality outcomes** at least every four years. People who have **Protected Characteristics** and those people affected by poverty and poor social circumstances have shared what matters most to them about health and wellbeing and health and social care services. People who have an interest in making Dundee a fairer place to live have also told the **IJB** what matters to them. This has helped the **IJB** to agree **Equality Outcomes** for the **IJB**:

1 Information published by the **IJB** will be more accessible to people who have a sensory impairment or learning disability, whose first language is not English and those people who are older.

2 The **IJB** has increased the range and effectiveness of ways to listen, hear and learn what matters to older people, people from minority ethnic groups and the LGBTQ community about health and social care services and supports.

3 **IJB** membership will be more diverse and more closely reflect the overall population of Dundee across the following characteristics: sex, disability, race, religion or belief and age.

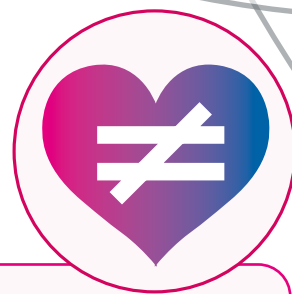
4 The **IJB** contributes to an improved culture within the workforce to actively challenge discrimination, through a focus on eliminating race discrimination in the workplace.

In 2027 the **IJB** will check again whether these outcomes are the right ones to focus on. You can read more about the **IJB's equality outcomes** and other work it is doing to improve health and social care outcomes for people with **Protected Characteristics** or who are affected by poverty and poor social circumstances at:

www.dundeehscp.com/equality-matters-dundee-health-and-social-care-partnership

Strategic Priority: Inequalities

Support where and when it is needed most

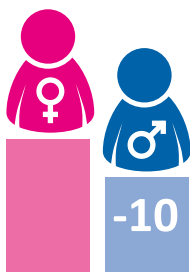


Targeting **resources** to people and communities who need it most, increase **life expectancy** and reduce differences in health and wellbeing.

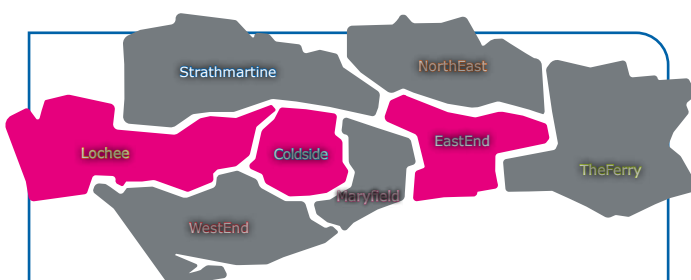
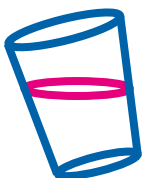
Why is this important?

- Data for Dundee shows that **life expectancy** is getting shorter. Since 2012-14, **life expectancy** at birth has got worse for both males (from 75.6 to 73.54 years) and females (from 80.06 to 78.54 years)⁴.
- Information about the health and wellbeing of people in Dundee shows that there are big differences between how healthy and well people are. These differences happen because of where people live in the city, how much money they have and because of who they are (for example, their ethnic origin, sexual orientation, disability or age). These difference are often called **Health Inequalities**.

Life expectancy of a male who lives in one of the most **deprived** areas of Dundee is 10 years less than a female who lives in one of the least **deprived** areas.

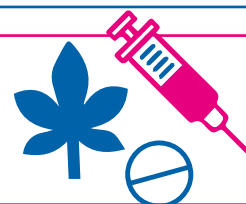


A&E attendance due to alcohol related harm is 4 times higher in the most **deprived** areas of the city.



East End, Lochee and Coldside wards have the highest **prevalence** of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment. These wards also have the highest proportion of residents classified as income **deprived**.

Drug related hospital discharges are 20 times higher in the most **deprived** areas of the city.



⁴ Data Tables for Life Expectancy in Scotland, 2019-2021 | National Records of Scotland (nrscotland.gov.uk)

- People who are affected by poverty or poor social circumstances or who have a **Protected Characteristic** can find it more difficult to access health and social care services. Sometimes these people also have a poorer experience of support and services, including that they do not make as big a difference to their health and wellbeing as they do for other people⁵.
- Dundee has high levels of social issues that impact on health and wellbeing of vulnerable people, including people affected by poverty or who have **Protected Characteristics**. This includes, drug and alcohol use, poor mental health, domestic abuse and others types of violence against women, and harm to other vulnerable adults and children.
- People who shared their views about 'what matters to them' said that reducing **health inequalities** is really important and that the **IJB** should spend more money making sure that people who need extra help to access services and achieve good health and wellbeing get it. People also said they are concerned about the impact of the cost of living crisis and how this might make **health inequalities** worse in the future. They also said the **IJB** should support the **Health and Social Care Partnership** to spend more time working with people to understand their different needs and how services could help them.
- People have told the **Dundee Partnership** that it is really important the more is done to help people who use drugs and alcohol and who have poor mental health and wellbeing. They were also concerned that the pandemic has made things worse for people who already had poor physical and mental health and wellbeing.
- The **IJB** has a legal duty, working together with Dundee City Council and NHS Tayside through the **Health and Social Care Partnership**, to make sure that they promote **equality** and **fairness**. This includes thinking about how health and social care services are designed and delivered to people with different needs. **Equality** and **fairness** can be about how people access services in the first place but also their experiences of services and how they impact on people and their outcomes.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside found important changes that need to be made⁶.
- A wide range of national policies for health and social care include a commitment to reducing **inequality**. This includes reducing differences in how easy people find it to access the services and supports they need, as well as the differences these services make to their health and wellbeing.

⁵ Scottish Better Together Survey, Patient Survey Programme

⁶ The full reports from the Dundee Drugs Commission can be found at:
<https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>.
 The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at:
<https://independentinquiry.org/category/reports/>.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)



Disadvantaged communities (geographic and shared characteristics) are benefiting from more targeted investment to support **self-care** and **prevention**.

Adults who have multiple and complex needs, including adults at risk of harm are more quickly identified and services work well together to provide an initial response to their needs.

People who experience challenges in relation to mental health and drug and alcohol use experience a co-ordinated response from services.

More health and social care services and supports demonstrate a **gendered approach** to service delivery.

The health and social care workforce has a better understanding of **equality** and **fairness**, including how their practice can help to better meet people's needs.

People who have a sensory impairment or learning disability, whose first language is not English and who are older are better able to find and understand Information published by the IJB and **Health and Social Care Partnership**.

People who have mental health and wellbeing needs and people who use drugs and alcohol have a wider choice of easily accessible **community-based** supports.

More health and social care services and supports demonstrate a **trauma informed** response to meeting needs.

There is a clear strategic plan for how the IJB will invest its **resources** to better meet the needs of people with a physical disability or sensory impairment.

The IJB has an improved understanding of the needs of different **equality** and **fairness** groups and how effectively health and social care services are meeting those needs.

Medium-term (2026-2029)

There are fewer drug and alcohol related deaths.

Older people feel less isolated and lonely. This is helping to improve their physical and mental health and wellbeing.

People from disadvantaged groups are getting the support, treatment and care they require without fear of discrimination or stigma.

More disadvantaged people and communities are accessing the health and social care services and supports that they need.

Peoples' mental health and wellbeing is better.

There are fewer deaths by suicide.

Long-term (2029-2033)

People living in **deprivation** or who are part of **protected equality groups** have improved health and wellbeing outcomes. These outcomes are closer to those achieved by the wider population of Dundee (reduced **inequality** gap).

People are protected from harm and supported to recover from the impact of **trauma**.

Health and social care services are provided from premises that create environments that support **trauma informed** ways of working and reduce **inequalities**.

Everyone in Dundee is living longer (increased **life expectancy** and increased healthy **life expectancy**).

People living in the most **deprived** communities are living longer (increased **life expectancy** and increased healthy **life expectancy**).

People accessing health and social care services experience a culture and practice that is **rights-based**.

The Dundee **Health and Social Care Partnership** will publish an annual **delivery plan** that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual **delivery plan** can be found on the **DHSCP Strategic Planning [webpage](#)**.

The **IJB's performance framework** will set out how the **IJB** will measure their progress towards making these changes and tell the public about this. The **performance framework** and performance reports can be found on the **DHSCP Strategic Planning [webpage](#)**.

Strategic Priority: Self-Care

Supporting people to look after their wellbeing



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

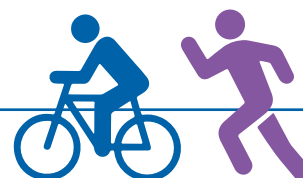
Why is this important?

- **Prevention** and **self-care** are important aspects of health and social care services and supports. They help people to look after themselves independently from services, have more control of their health and can improve people's quality of life. These types of support can include helping people develop the knowledge and skills to prevent them becoming unwell by living a healthy life. They can also help people to manage existing health conditions so that they do not get worse.
- Information about Dundee shows that factors such as smoking, being overweight and physically inactive have a big impact on many people's health and wellbeing. A **Dundee Partnership** survey found that 31% of respondents found it difficult to have a healthy lifestyle during the pandemic. People who already had poor health or a disability were most likely to find this difficult.

A higher percentage of people aged over 35 in Dundee smoke tobacco compared with Scotland as a whole. There is a known link between smoking and lung cancer.



Less than one fifth of Dundee Citizens reported that they undertook moderate physical activity for at least 30 minutes per day, 4+ days per week.



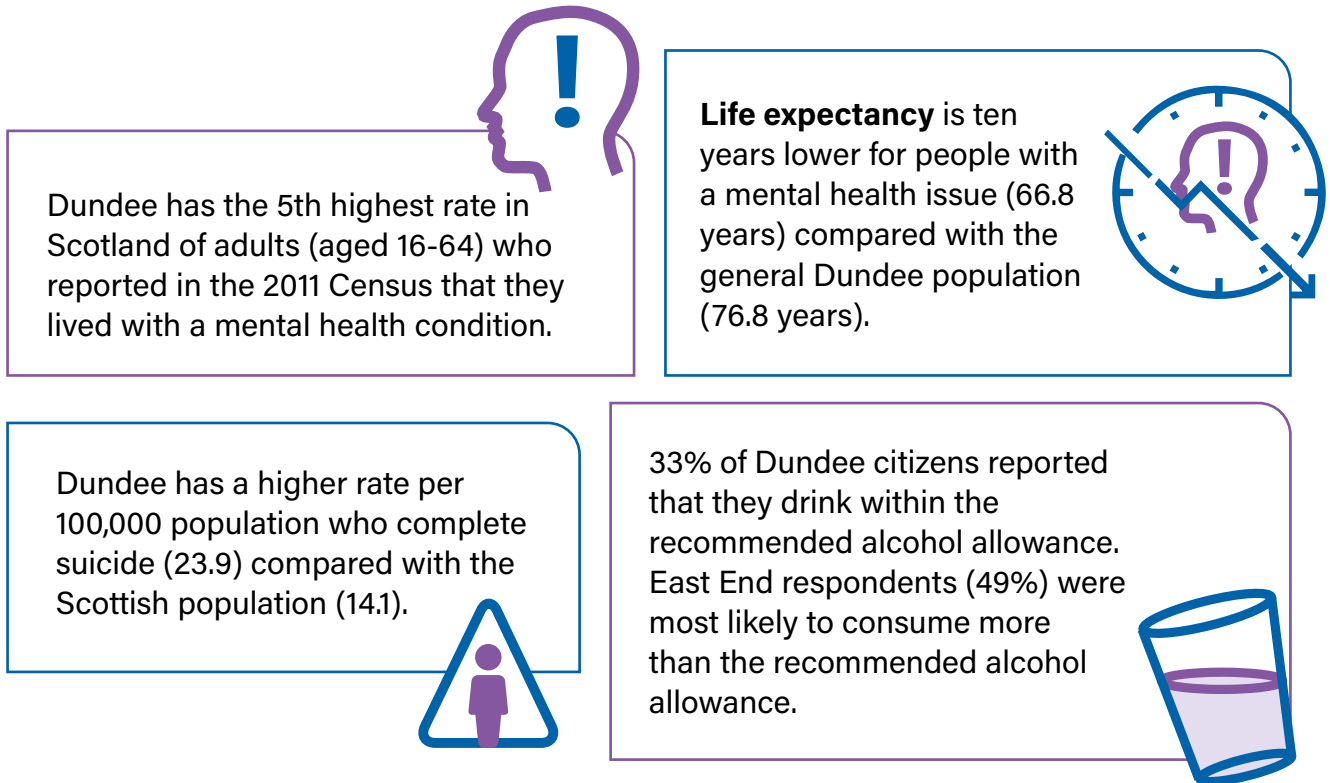
13.5% of Primary 1 age children in Dundee were at risk of becoming overweight and 11.3% were at risk of obesity.



Dundee citizens who undertook regular exercise had better mental health than those who undertook exercise either less than once a week or never.



- Since the pandemic the number of people who have said that they need to help to look after their mental health and wellbeing or because they are drinking alcohol more often has been increasing. There are also many people who are managing the impact of '**long covid**' on their health and wellbeing.



- Based on the Scottish Health Survey it is thought that about 33% of adults in Dundee (aged over 16 years old) have a limiting long-term physical or mental health condition⁷. GP records show that conditions such as high blood pressure, asthma, depression, COPD⁸ and diabetes are particularly common. Many people have more than one condition from an earlier age. The most **deprived** areas of the city also have the most people with these types of conditions.
- Dundee has a relatively high number of people who are admitted to hospital after having a fall.
- Research has shown that helping people understand and manage their health and wellbeing helps them make healthier choices, improves their overall health outcomes and reduces the need for them to receive emergency care at hospital. The impact of this type of support is even better when it is targeted at people that need it most – so it also helps to reduce **health inequalities**⁹.

7 <https://www.gov.scot/publications/scottish-surveys-core-questions-2018-analytical-tables/>

8 COPD – Chronic Obstructive Pulmonary Disease is the name for a group of lung conditions that cause breathing difficulties.

9 <https://www.scie.org.uk/integrated-care/research-practice/activities/prevention-self-care>

- People who shared their views about 'what matters to them' said that they know there is not enough people or money in the health and social care system to do everything for everyone. The **IJB** has also decided that the level of investment in health and social care services and not having enough people in the workforce are risks to being able to deliver their ambition. Supporting people to make healthier choices, prevent poor health and wellbeing and look after themselves when they are unwell reduces the number of people who need help from health and social care services. This means that those services can focus on supporting people who have the highest need, who have long-term health needs and on providing new services.
- A wide range of national policies for health and social care commit to helping people look after their own health and wellbeing. This includes helping people to live a healthier lifestyle that can help prevent poor health and wellbeing. The Independent Review of Adult Social Care (2021)¹⁰ said that the social care system in Scotland must focus on **prevention** and **early intervention** and support independent living.

10 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>



What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)



People find **self-care** and **self-management** information and opportunities easier to find and understand.

More people, especially disadvantaged groups, are accessing a wider range of health, wellbeing and healthy lifestyle activities across the city.

People are being helped to connect with the service and supports that they need at an earlier stage through the use of a **social prescribing** approach by everyone in the health and social care workforce.

There are more opportunities for people with mental health challenges to look after their physical health and for people with chronic physical health conditions to improve their mental health.

The health and wellbeing needs of people who have been bereaved, including **unpaid carers**, are recognised and responded to. There are specific **resources** in place to support people who have been bereaved in **traumatic** circumstances (for example, by suicide).

There are more **prevention, self-care** and **self-management resources** available for:

- Falls
- Stroke
- **Long-term conditions**
- End of life and bereavement
- Managing key life changes
- Healthy weight
- Mental health and wellbeing

More people are participating in **adult screening programmes**, especially within areas of **deprivation** and groups with **Protected Characteristics**.

More **carers** are accessing opportunities to lead a fulfilled and healthy life, and to have a good balance between caring and others things in their life.

Peer recovery services and supports have a greater role in meeting people's needs at an early stage.

Medium-term (2026-2029)

More people are supported to achieve their **personal outcomes** through low level, **early interventions** provided by **community-based** care and support services.

More **carers** say that they want to and are able to continue in their caring role.

More people are in drug, alcohol and mental health recovery.

Fewer people experience side effects and deterioration of **long-term conditions** because they are better supported to comply with their medication.

Long-term (2029-2033)

More people feel motivated to make lifestyle choices that positively enhance their health and wellbeing.

People are more physically active and mentally well.

A smaller number of people need hospital-based **acute services**; people who do, need them less often.

Fewer people in Dundee have a limiting long-term physical or mental health condition.

Everyone in Dundee is living longer (increased **life expectancy** and increased healthy **life expectancy**).

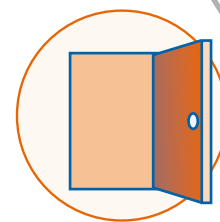
People living in the most **deprived** communities are living longer (increased **life expectancy** and increased healthy **life expectancy**).

The Dundee **Health and Social Care Partnership** will publish an annual **delivery plan** that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual **delivery plan** can be found on the **DHSCP Strategic Planning [webpage](#)**.

The **IJB's performance framework** will set out how the **IJB** will measure their progress towards making these changes and tell the public about this. The **performance framework** and performance reports can be found on the **DHSCP Strategic Planning [webpage](#)**.

Strategic Priority: Open Door

Improving ways to access services and supports



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

Why is this important?

- People who shared their views about 'what matters to them' said that more time and money should be spent making sure people know about what health and social care supports there are. People also wanted it to be easier to get help from these services quickly. Many people were worried about having to spend too long finding the right service and waiting for help.
- A **Dundee Partnership** survey found that people felt that the pandemic made it more difficult to find and get help.
- The Independent Review of Adult Social Care in Scotland (2021)¹¹ found that access, **eligibility** and assessment were important areas for improvement. People who use social care supports told the review that things are too difficult right from the start and they had to repeat information to lots of different people.
- Different groups of people prefer different ways of finding out about and accessing services. The pandemic has helped to develop digital ways to access health and social care services, but this doesn't work well for everyone. People need information to be communicated in a way that meets their needs, for example in a different language or as pictures, which makes it easier to find and access services and also helps reduce **health inequalities**.
- Helping people easily find and access the services and supports they need can also help them to get help earlier. This can prevent their health and wellbeing getting worse meaning they have the chance to look after themselves independent of health and social care services. Making it easier for people to find and access services also helps to support **self-care**.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside made recommendations about how services could be easier to find and access in the future¹².

¹¹ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

¹² The full reports from the Dundee Drugs Commission can be found at:
<https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>.
The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at:
<https://independentinquiry.org/category/reports/>

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)



People find information about health and social care services and supports easy to find and to understand.

People can access social care and social work assessment and support more easily through a joined-up **Health and Social Care Partnership** 'front door'.

There is a quick and high-quality response to people who are experiencing distress and/or at risk of harm, including in the evenings and at weekends.

Assessments of need and support planning are person centred and focused on helping people to achieve their unique **personal outcomes**.

Carers are identified, respected and involved. They are equal partners in planning and shaping services and supports.

People can get the **community-based** help and support that they need in the evenings, overnight and at weekends.

People are connected quickly to the right type of support for them through a supported referral approach (rather than signposting). The use of a **social prescribing** approach by everyone in the health and social care workforce is helping to support this.

More services and supports have options for digital access to services and services delivery. There are good alternatives in place for people who do not have digital access.

Better information sharing between services means that people do not have to share the same information multiple times.

More people are accessing **Self-Directed Support** as a way to choose and access the services and supports that they need.

Medium-term (2026-2029)

Fewer people experience a sudden deterioration of **long-terms conditions** requiring crisis intervention, including hospital admission.

Services purchased from the **third** and **independent** sector are focused on supporting people to achieve their **personal outcomes**, rather than on hours of service delivered.

Joined up IT systems are supporting the workforce to share information quickly and easily.

More people are supported to achieve their **personal outcomes** through low level, **early interventions** provided by **community-based** care and local support services.

More **carers** say that they want to and are able to continue in their caring role.

People have easy and equitable access to **primary care** services delivered from General Practices or other locations local to them.

Long-term (2026-2033)

Care and support is easily accessible, flexible and available at the right time to respond to people's changing needs.

Fewer people need help and support from formal health and social care services. More people get the help and support they need from the **third sector** (voluntary and community organisations).

People experience **integrated care and support** that is smooth and seamless from their own, and their families and **carers**, point of view.

People accessing health and social care services experience a culture and practice that is **rights-based**.

The Dundee **Health and Social Care Partnership** will publish an annual **delivery plan** that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual **delivery plan** can be found on the **DHSCP Strategic Planning [webpage](#)**.

The **IJB's performance framework** will set out how the **IJB** will measure their progress towards making these changes and tell the public about this. The **performance framework** and performance reports can be found on the **DHSCP Strategic Planning [webpage](#)**.

Strategic Priority: Planning Together

Planning services to meet local need



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

Why is this important?

- People who shared their views about 'what matters to them' said the **IJB** should make sure that the **Health and Social Care Partnership** spend more time working with people and communities to understand the help they need to stay healthy and well. They also said the Partnership should then work with people to design services that will deliver the help they need. People said health and social care services should stop talking about models and pathways because these words don't mean anything to people who need services. It would be more helpful to talk about how services can give them the specific help they need, and help them to look after themselves and one another rather than doing everything for them.
- People told the **Dundee Partnership** they want to have more say in improving things in their communities.
- The Independent Review of Adult Social Care in Scotland (2021)¹³ found that there needs to be more focus on involving people in planning their own care, deciding what needs to change in their communities, and planning, designing and developing health and social care services.¹⁴
- Research has found many benefits of working with and involving people in service design and delivery in health and social care. This includes those people gaining skills, having improved health and wellbeing and feeling more trusting and empowered. It has also found that communities involved in designing services have a better understanding of their health and social care needs and can make better use of the **resources** that already exist in their community. Evidence also shows that this type of service design can help people in the community who are most disadvantaged to have a voice and help reduce **inequalities**. Services designed with communities can be more positive and creative and everyone involved has greater awareness of what help is available as well as the challenges of delivering those services.

13 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

14 Conquer, S. & Bacon, L. The Value of Co-production within Health and Social Care: A literature review (2021)
<https://healthwatchesuffolk.co.uk/wp-content/uploads/2021/11/The-Value-of-Co-production-Within-Health-and-Social-Care.pdf>

- A wide range of national policies and strategies set out how health and social care services and supports should be delivered in the future. This includes changes to the way existing services are delivered and new types of support to be provided. More information can be found on [page 16](#).
- The **IJB** has already agreed how it will develop and improve services for a number of different groups of people with health and social care needs. This includes people who have poor mental health and wellbeing, are impacted by drug and alcohol use, have a learning disability and / or autism, adults at risk of harm, and **unpaid carers**. They have also agreed how they will make big changes to the way in which **primary care, unscheduled hospital care** and non-acute care are delivered in the future. There is also a plan for how social care and social work services will be more **personalised** in the future¹⁵. To make sure these commitments happen in practice it is important that the **IJB** continues to work with communities to design and deliver services.
- Recent independent reviews of drug services and supports in Dundee and mental health services across Tayside made recommendations about how service could be improved in the future.¹⁶

¹⁵ Strategic plans for specific groups of people with health and social care need are published on the [Dundee Health and Social Care Partnership website](#)

¹⁶ The full reports from the Dundee Drugs Commission can be found at:
<https://www.dundee.gov.uk/dundee-partnership/dundee-drugs-commission>.
 The full reports from the Independent Inquiry into Mental Health Services in Tayside can be found at:
<https://independentinquiry.org/category/reports/>



What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)



People and communities can find and understand information about health and social care needs and performance in the area they live in.

More **carers** say that they have positive experience of supports and services designed to support them and the person they care for.

People who are admitted to hospital are safely discharged without delay back to their home or another community setting.

People are able to access the right **community-based** social care supports at the right time, delivered by joined-up multi-disciplinary teams. This is helping to reduce hospital admissions.

Older people are supported to live well and independently in the community by co-ordinated **prehabilitation** and **rehabilitation** services and supports.

People are supported to experience a good death at the end of their life. Most people die at home and **unpaid carers** are well supported to be part of end of life care. Services enable timely, effective admissions to hospital where this is the best option for the people.

More people from local communities are involved in developing future plans for health and social care services. This includes, plans for specific service areas as well as the overall strategic plan for health and social care.

There are a wider range of **community-based** services to help meet the recovery needs of people with poor mental health or who use drugs and alcohol.

People are supported through a Home First approach to access the services and supports that they need to live well and independently in their own home.

People who have experienced a stroke have access to high quality hospital-based care as well as **community-based** recovery supports.

Fewer people are supported in residential care homes. Those who are receive highly **personalised** care and support.

People are making the best possible use of the full range of **primary care** services. They are well supported to directly access the specific services that best meet their needs and don't have to be referred by their GP.

Medium-term (2026-2029)



More people with health conditions or disabilities get the care and support they need in their own home or in other places local to them.

Significant harms linked to drug and alcohol use have been reduced by delivering the right care in the right place at the right time. This is also helping to improve people's quality of life.

The **third** and **independent** sector have increased capacity to contribute to modern ways of delivering services and supports, alongside public sector health and social care services.

The **Health and Social Care Partnership** has access to the right balance of clinical and **community-based** spaces from which to deliver services.

Fewer people who require residential based care and support have to leave the Dundee area to receive this.

People's homes provide the best possible environment to support their care and their overall health and wellbeing.

People with a learning disability and autism get the help they need to live well, be part of their community and share their talents.

People experience seamless **transitions** between community, primary and hospital-based services.

People have greater access to and control over their health and social care data, where appropriate and safe to do so.

People who need support and **unpaid carers** experience services that are highly **personalised** to meet their unique needs and support them to achieve their individual **personal outcomes**.

There is better co-ordination of people's housing options with available health and social care supports. This helps people to be able to stay in their home successfully.

Communities are directly influencing how health and social care **resources** are invested through **participatory budgeting**.

Long-term (2029-2033)



People receive the support they need, in the locations they want, at the time they need it.

A smaller number of people need hospital-based **acute services**; people who do, need them less often. **Resources** have been reinvested in improving care at home or in community settings.

Health and social care services are provided in and from accessible, sustainable and fit-for-purpose, modern buildings.

People say that they are firmly at the centre, understand the choices available to them and are supported to make informed decisions about their own care and support.

Fewer people need help and support from formal health and social care services. More people get the help and support they need from the **third** sector (voluntary and community organisations).

People, including **unpaid carers**, have a higher level of overall satisfaction with the health and social care services and supports they receive.

The Dundee **Health and Social Care Partnership** will publish an annual **delivery plan** that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual **delivery plan** can be found on the **DHSCP** Strategic Planning [webpage](#).

The **IJB's performance framework** will set out how the **IJB** will measure their progress towards making these changes and tell the public about this. The **performance framework** and performance reports can be found on the **DHSCP** Strategic Planning [webpage](#).

Strategic Priority: Workforce

Valuing the workforce



Supporting the health and social care workforce to keep well, learn and develop.

Why is this important?

- Dundee **IJB** does not directly employ any staff. The health and social care workforce is employed through Dundee City Council, NHS Tayside and organisations in the **third** and **independent** sector. The combined workforce is the single biggest asset available to the Dundee **Health and Social Care Partnership** to enable them to provide the services and supports that the **IJB** has asked for.



995 staff employed by Dundee City Council (the same as 900 full-time staff) and 1555 by NHST (the same as 1325 full-time staff).

4.3% of the workforce have a disability compared with 8.3% of all Dundee residents aged 16-74.



87% of the workforce is female.



2.1% of the workforce are from minority ethnic groups compared with 5.6% of Dundee residents aged 16 and over.



Third and **independent** sector providers employ:

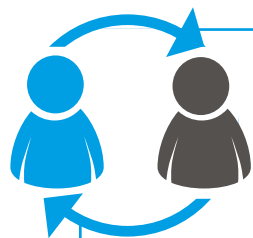
- 815 people in care at home services.
- 1080 people in care home services.
- 1105 people in Learning Disability/ Mental Health care at home / housing support services.



50yrs +

At least 40% of the workforce is aged 50 or over.

- The COVID-19 pandemic had a big impact on the health and wellbeing of the health and social care workforce. Information shows that more staff are experiencing poor health and wellbeing. It also shows that many people are choosing to leave the health and social care workforce and that fewer people are joining.



Staff turnover across the workforce has increased between 2020/21 and 2021/22, from 4.3% to 10.4% for Dundee City Council employees and from 11.7% to 12.8% for NHS Tayside employees.



The number of new starts across Dundee City Council and NHS decreased from 276 in 2020/21 to 265 in 2021/22.

- People who shared their views about 'what matters to them' said they are worried that there are not enough people working in health and social care services to provide all the help and support needed.
- The **IJB** has decided that difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience, is one of the biggest challenges to being able to deliver its ambition and priorities. This includes working with organisations in the **third** and **independent** sector to make sure they can continue to provide services in the long-term and treat their staff fairly. They are also concerned about the impact on the workforce of changes to the way health and social care services are planned and delivered in Scotland, through the introduction of a National Care Service.
- Although the **IJB** does not employ the workforce who deliver health and social care services, the decisions they make have a big impact on staff wellbeing. They also impact on the opportunities that people have to learn and develop new skills. Learning and development will be essential to help to make the changes to health and social care services and supports that are in this framework and will be in annual **delivery plans**.
- The Independent Review of Adult Social Care in Scotland (2021)¹⁷ found that changes are required to how the health and social care workforce is valued and how fair work is supported in the future system of health and social care. This included making changes to the opportunities the workforce has to learn and develop so they can support changes in the way that services are delivered in the future.

17 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

- The Scottish Government National Workforce Strategy for Health and Social Care in Scotland (2022)¹⁸ describes what action is needed to make sure there is a sustainable, skilled health and social care workforce in the future that is respected and valued. This strategy includes actions to help support more people into working in health and social care. It also focuses on learning and development and wellbeing. The decisions of the **IJB** will make an important contribution to making this strategy a reality.

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

(Please note that when the word 'workforce' is used below this is the whole health and social care workforce, including people working in the **third sector** and **independent sector**.)

Short-term (2023-2026)



The workforce is benefiting from having a wider range of more easily accessible mental health and wellbeing supports available to them. This includes supports for bereaved staff members.

People working within the health and social care workforce receive clear and understandable information about the work of the **IJB** and **Health and Social Care Partnership**.

There are clear local routes for the young workforce to enter a career in health and social care. More young people are accessing these, particularly young people from disadvantaged communities and **protected equality groups**.

The **IJB** has a fuller understanding of health and social care workforce needs and has agreed a plan to address gaps and challenges. This plan is being implemented in practice.

Recruitment and retention has improved in key areas, including **Primary Care**, Social Care, Mental Health and Drug and Alcohol services.

People working within the health and social care workforce have benefited from opportunities to develop their leadership skills and confidence.

Enhanced workforce wellbeing supports have helped to reduce overall levels of staff absence and turnover.

People working within the health and social care workforce have better opportunities to influence the work of the **IJB**.

¹⁸ <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

Medium-term (2026-2029)

All providers who are contracted to deliver health and social care services are fully complying with Fair Work practices.

Staff who are **unpaid carers** say they want to and are well supported by their employers to continue in their caring role.

Staff are active participants in self-evaluation and quality assurance approaches that enable them to reflect, learn and plan for improvement.

There is strong and visible integrated leadership of health and social care from senior staff.

All health and social care services are delivered by a workforce working in fully **integrated teams**.

Staff within the health and social care workforce have improved levels of confidence and competence with a range of relevant digital technologies.

Staff working in health and social care services say they feel valued, well supported and would recommend their place of work.

Long-term (2029-2033)

The health and social care workforce has the right number of staff, in the right place, doing the right things to meet the needs of people in Dundee.

The diversity of the health and social care workforce reflects the overall population of Dundee, particularly in terms of **protected characteristics**.

Overall health and social care services have a positive culture that supports the delivery of excellent care and support.

Health and social care services are provided from environments that ensure the wellbeing of the workforce.

The health and social care workforce has a more diverse range of ages, supporting more effective succession planning.

The Dundee **Health and Social Care Partnership** will publish an annual **delivery plan** that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual **delivery plan** can be found on the **DHSCP** Strategic Planning [webpage](#).

The **IJB's performance framework** will set out how the **IJB** will measure their progress towards making these changes and tell the public about this. The **performance framework** and performance reports can be found on the **DHSCP** Strategic Planning [webpage](#).



Strategic Priority: Working Together

Working together to support families

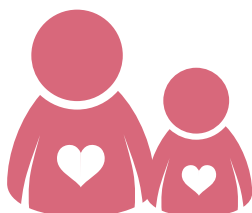


Working with other organisations in Dundee to prevent poor health and wellbeing, create healthy environments, and support families, including **unpaid carers**.

Why is this important?

- In Dundee, **unpaid carers** make a big and important contribution to supporting the people that they care for. The **IJB** has committed to making changes so that all **carers** in Dundee are heard, valued, understood and supported so they can have good health and wellbeing.¹⁹ To make this happen the **IJB** must work together with other organisations in Dundee, including services who support young **carers**.

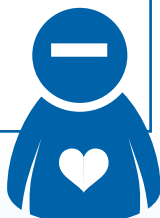
It is estimated that there are around 18,300 adult **carers** and 830 young **carers** in Dundee.



62% of adult **carers** supported by local services provided an average of 50+ hours of care per week. 65% of young **carers** supported by local services provided up to 19 hours of care per week on average



94% of young **carers** and 77% of adult **carers** experienced an impact on their emotional wellbeing due to their caring role. 61% of adult **carers** reported a negative impact on their health due to their caring role.



27% of **unpaid carers** said that they felt supported to continue in their caring role.

¹⁹ A Caring Dundee 2 – A Strategic Plan for Working Alongside, Supporting and Improving the Lives of Carers in Dundee 2021-2024

- Dundee is a city that has high levels of poverty and other social issues that impact on people's health and wellbeing. This includes issues like drug and alcohol use, domestic abuse and poor mental health. Many of these issues affect both adults and children within families. Supporting people to access the support they need, stay safe from harm and improve their wellbeing requires the **IJB** to work together with other organisations in the **Dundee Partnership**.
- The **social determinants of health** are the things that have an important impact on people's health and wellbeing and include the social circumstances in which people are born, grow-up, live and work. They are influenced by a wide range of economic, political and social policies, which means that preventing poor health and wellbeing and reducing **health inequalities** cannot be achieved by the **IJB** alone. The **IJB** must work together with other organisations in Dundee, in Tayside and across Scotland to make long-term improvements to health and wellbeing.
- People who shared their views about 'what matters to them' said that the **IJB** need to think more about how best to work with other organisations, including the **Dundee Partnership**, to improve all services and supports that make a difference to people's health and wellbeing. People said this is most important when working on ways to prevent poor health and wellbeing and making sure people get the help they need sooner. They also said that the **IJB** needs to think more about the help required to reduce the impact of the cost of living crisis on people's health and wellbeing.
- The Independent Review of Social Care in Scotland (2021)²⁰ found that people who have experience of using health and social care services think that national and local services need to work better together. In particular, people wanted the way in which children with health and social care needs are supported into adulthood to be better. They also wanted local services to work better together on things like transport, housing, education and employment as these support people to live independently.
- The Independent Review of Social Care in Scotland (2021)²¹ highlighted specific challenges for health and social care providers in the **third** and **independent** sector. This included challenges around the funding available to them to be able to continue to operate and deliver high quality services.
- In 2022 the Scottish Government began the process of developing a new National Care Service for Scotland. This will impact the way that adult social care, social work and **community-based** health services are delivered in the future. It might also affect the way that adult and children's services work together. The planned changes will be the biggest change to the health and social care system in recent years. The **IJB** will have an important role in helping to plan these changes.

20 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

21 <https://www.gov.scot/publications/independent-review-adult-social-care-scotland/documents/>

What big changes are needed?

Over the next 10 years the IJB will invest its money and other resources to make these changes:

Short-term (2023-2026)

Families with multiple and complex needs receive co-ordinated, whole family support at an early stage.

People at risk of harm are effectively identified at an early stage and are supported by services who work in partnership to help them be safe and well.

People and communities affected by poverty are getting more targeted support at an earlier stage to prevent this leading to poor outcomes for health, social care and other aspects of their life.

There is a partnership approach to identifying and supporting **unpaid carers** of all ages. Services who support **unpaid carers** work closely with services who provide care and support.

Health and social care services in Dundee have actively contributed to the co-design process for the National Care Service.

Health and social care services in the **third** and **independent** sector are actively supported to continue to deliver high quality services and supports.

Children and young people are supported into adulthood by services that work together to meet their needs.

People are receiving the information and support they need to help them to cope with the cost of living crisis, including to help to stay safe and be well.

People are receiving the help they need to live a healthy lifestyle, including eating well, accessing green space and staying active. There is a specific focus on supporting children and young people.

Services work well together to collect, understand and use information about health and social care to improve services for people.

Communities experience a co-ordinated approach to gathering information about their needs and priorities for health and social care and related services.

Medium-term (2026-2029)

Services have worked together to understand and manage the local impacts of the transition to the National Care Service.

The enduring impact of poor mental health and wellbeing has been decreased through a focus on **prevention**.

There are fewer deaths by suicide.

The **IJB** and other organisations have better evidence about the impact that services and supports have on people's health and wellbeing outcomes.

The enduring impact of drug and alcohol use has been decreased through a focus on **prevention**.

There are fewer drug and alcohol related deaths.

Planning for improvements to health and social care outcomes is better co-ordinated across all members of the **Dundee Partnership**. There is a whole-system approach to improving health and wellbeing outcomes.

Communities across Dundee are benefiting from the use of **Community Wealth Building** approaches.

Long-term (2029-2033)

All **carers** are confident that they are listened to, valued and supported. They feel well and are able to live a life alongside caring.

People living in the most **deprived** communities are living longer (increased **life expectancy** and increased healthy **life expectancy**).

People are protected from harm and supported to recover from the impact of **trauma**.

More people are a healthy weight and regularly participate in physical activity.

Everyone in Dundee is living longer (increased **life expectancy** and increased healthy **life expectancy**).

People and communities are confident that their views and ideas are listened to, valued and used effectively across the whole **community planning partnership** to improve outcomes.

Health and social care services have reduced their **carbon footprint**, especially emissions from transport and buildings.

The Dundee **Health and Social Care Partnership** will publish an annual **delivery plan** that will tell everyone the specific actions it is going to take each year to make these changes happen. The annual **delivery plan** can be found on the **DHSCP** Strategic Planning [webpage](#).

The **IJB's performance framework** will set out how the **IJB** will measure their progress towards making these changes and tell the public about this. The **performance framework** and performance reports can be found on the **DHSCP** Strategic Planning [webpage](#).



Measuring the Change

IJBs have a duty to measure the progress they are making against the 9 **National Health and Wellbeing Outcomes**²². The Scottish Government has created a list of 23 indicators to help **IJBs** to do this. Dundee **IJB** reports publicly on its performance against these outcomes in quarterly and annual performance reports.

You can see an overview of these outcomes and indicators in **Appendix 2**.

As well as monitoring these **national outcomes** and indicators the **IJB** must also measure its progress towards meeting the ambition, priorities and short, medium and long-term changes in this plan. The **IJB** is committed to reporting the progress that is being made to the public. The detailed plan for measuring and reporting this information will be published in an **IJB Performance Framework**. It will focus on two things:

- Developing ways to share the progress that has been made to complete actions in annual **delivery plans**. This will include finding ways to share this with local citizens in a meaningful and accessible way.
- Reporting the impact of these actions on the health and wellbeing of people in Dundee. This will include setting out the specific data the **IJB** will measure and report. For some data it will include setting targets for the change the **IJB** wants to see over the next 10 years.

The **IJB** will continue to publish data through the performance information that Dundee City Council, NHS Tayside and the **Dundee Partnership** publish. It will also take part in reporting arrangements for **IJBs** that support the Scottish Government to publish national performance information for health and social care services.

²² You can find out more about the 9 National Health and Wellbeing Outcomes at:

<https://www.gov.scot/publications/national-health-wellbeing-outcomes-framework/pages/5/>

You can find out more about the 23 National Health and Wellbeing Indicators at:

<https://www.gov.scot/publications/health-social-care-integration-core-suite-indicators/pages/2/>

This includes information about how the indicators are measured and reported

Resources and Risks

Resources to Support Delivery

There are a range of **resources** that the **IJB** can use to support the actions in the Annual **Delivery Plan** and to achieve the ambitions set out in this strategic framework. These are:

Financial resources

This is the money that is available to the **IJB** to fund health and social care services and supports.

Dundee City Council and NHS Tayside give the **IJB** funds to spend on the delivery and improvement of adult health and social care services. The **IJB** uses these funds to buy services and supports that meet the needs of people in Dundee and that help to achieve the ambitions and priorities set out in this strategic framework. The Scottish Government and other organisations sometimes also provide extra funds to the **IJB** to spend on specific things, like the priorities they have set in national plans and policies for health and social care.

In 2022/23 Dundee City Council and NHS Tayside gave the **IJB** just over £284 million to spend on adult health and social care services.

Every year the **IJB** must decide how it will spend the money it has, they do this by setting a balanced budget. It cannot spend more than it has been given by the Council, NHS Tayside and other funders, this means that decisions sometimes have to be made to spend less buying one type of service so that more can be spent on new or improved services in another area.

In 2022/23 the IJB spent most of its budget on:

1. Services for older people (23.2% or £65.9 million)
2. Services for people who have a learning disability (11.5% or £32.7 million)
3. Prescribed medications (11.4% or £32.3 million)
4. General medical services provided by GPs (10.4% or £29.5 million)
5. Family health services including community dental, optical and pharmacy services (8.4% or £23.9 million)

The cost of delivering health and social care services is increasing. This is because of things like pay increases for the health and social care workforce and increased cost to services of energy, rent and other things that are impacted by inflation. Increased need and demand for services also makes the overall cost of providing services higher. At the same time the **IJB**, and other public services, have not had an increased amount of funding at a level which meets these increased costs.

The health and social care workforce

These are the people employed by Dundee City Council, NHS Tayside and the **third** and **independent** sector who work in health and social care services. This includes services that are paid for by the money that the **IJB** has but also people who work in other organisations that have an impact on health and wellbeing.

The **Partnership** has 995 individual staff (working the same amount of hours as 900 people who work full-time) who are employed by Dundee City Council and 1,555 (working the same amount of hours as 1,325 people who work full-time) staff who are employed by NHS Tayside.

The largest staff groups are nurses (825), social and home care workers (615) and allied health professionals (320). These posts collectively account for 67% of the total Council and NHS health and social care workforce.

87% of the total Council and NHS health and social care workforce are female.

Across each health and social care service area, at least 40% of the total NHS and Council employed workforce is aged 50+.

108 employees stated they have a disability, which is 4.3% of all employees. This is lower than the 8.3% of Dundee residents aged 16-74 who stated in the 2011 Census that they have a disability which limits day to day activities a lot.

54 employees stated they were from a minority ethnic background, which is 2.1% of all employees. This is lower than the 5.6% of Dundee residents ages 16+ who stated they were from a minority ethnic group in the 2011 Census.

Property

The **IJB** does not own any property. Health and Social Care services and supports are delivered from places that are owned by other organisations. This is normally Dundee City Council and NHS Tayside, but can also be buildings owned by the **third** and **independent** sector. Across the Dundee **Health and Social Care Partnership** services and supports are delivered from a wide range of different places, including:

Property			
23 General Practices	4 Hospitals	4 Care Homes	4 Day Centres
1 Palliative Care Unit	2 Respite Units	1 Equipment Store	6 Office Bases
1 Records Store	7 other community-based service delivery sites	42 community-based venues used by social care teams	Shared sites of service delivery in Angus and Perth & Kinross
Service delivery sites in the third sector and independent sector			

The long-term ambition is that health and social care services and supports will be delivered from places that are modern, fit for purpose and are used to their maximum potential. There are some important factors that will make it challenging to do this: Dundee City Council and NHS Tayside are both working to reduce the number of premises they have in the city and the physical condition and design of some properties is not suitable for modern ways of delivering services. However, developments in digital technology and changes in the way that the health and social care workforce work are factors that will help to make better use of the buildings that are available to the **Health and Social Care Partnership** in the future.

Digital

This is the IT and technology available to support the delivery of health and social care services. The **IJB** does not own these **resources**, they are normally provided by Dundee City Council and NHS Tayside. It includes the IT equipment and systems that are used by the health and social care workforce, but also **resources** that they use to provide care to people and for people to look after their own health and wellbeing.

The **IJB** will publish a Resource Framework. This will describe in more detail the financial **resources** the **IJB** has and how it plans to use them. It will also set out how the **IJB** will work with Dundee City Council and NHS Tayside to secure the workforce, property and digital **resources** that are required to deliver the ambition for health and social care in Dundee.

Risks to Delivery

There are a number of potential risks that could impact on the delivery of this strategic framework. The **IJB** regularly considers these risks and how their impact can be reduced. It also has systems in place to identify any new risks and consider how they can be managed. Information about the risks to the delivery of this **strategic commissioning** framework is regularly reported to the **IJB**. In April 2023, when this framework was written, the biggest risks to the delivery of the **strategic commissioning** framework were:

- Planned reductions in the financial **resources** the **IJB** has to support the delivery and improvement of health and social care services and supports.
- Difficulties making sure that there are enough people in the health and social care workforce, with the right skills and experience, to deliver the actions and ambitions.
- Limited money in Dundee City Council and NHS Tayside to invest in and improve **community-based** buildings from which health and social care services are delivered.
- The impact of the cost of living crisis on the health and wellbeing needs of people. These impacts might mean that actions planned have less overall positive impact on people's health and wellbeing.
- The longer-term impact of the COVID-19 pandemic on health and social care needs and outcomes for people in Dundee.
- Challenges faced by providers of health and social care services in the **third** and **independent** sector in meeting increasing costs with less funding available to them.
- The impact of changes to the way health and social care services are planned and delivered in Scotland, through the introduction of a National Care Service.

An overview of current risks will be provided each year as part of the Annual **Delivery Plan**.

Explanation Notes

Term	Explanation
Acute services	This is short-term treatment, normally in a hospital, for a severe injury or episode of illness or an urgent medical condition.
Adult screening programmes	Screening is the process of identifying people who appear to be healthy but may be at an increased risk of a disease or condition. There are a number of screening programmes in Scotland. These are designed to detect early signs of a disease or condition and provide referrals and treatment as early as possible.
Capacity building	This is the process of developing and strengthening the skills, abilities and resources that individual people, communities or organisations have to survive, adapt and thrive.
Carbon footprint	This is the amount of carbon dioxide released into the atmosphere (the air) as a result of the activities of a person, community or organisation.
Community-based	The services and supports provided by the IJB through Dundee Health and Social care Partnership are often identified as community-based services. These are services that are delivered from and within local communities. This might be in people's own homes as well as in places like health centres.
Community Wealth Building	This is a different approach to supporting economies to work. The aim is to make sure that more wealth and opportunity benefits local people. Dundee Integration Joint Board is an 'anchor institution' - this is an organisation that can influence and make change in the local economy.
Delivery plan	This is the plan that the Dundee Health and Social Care Partnership makes each year about the actions it will take to deliver the big changes the IJB has said must happen in their strategic framework. It tells people how these changes will be made in practice.
Deprivation / deprived areas	Deprivation is the result of a lack of income and other resources. In Scotland the Scottish Index of Multiple Deprivation (SIMD) is a tool that is used to identify places in Scotland where people are experiencing disadvantage across different areas of their lives.

Term	Explanation
Dundee Partnership / Local Community Planning Partnerships (LCPP)	<p>This is Dundee's Community Planning Partnership; this is the name given to all services that come together to take part in community planning. They are responsible for producing the City Plan, which sets out the big issues impacting people in Dundee and how partners will work together to make improvements.</p> <p>Within the Dundee Partnership there are 8 Local Community Planning Partnerships (Strathmartine, North East, Colonsay, West End, The Ferry, Maryfield, East End, Lochee). Each one brings together elected members, people living in the area and staff from services who work in the area to plan and deliver better services for that community.</p>
Early intervention	This is a way of working that aims to ensure people get the care, support and information that they need as early as possible so that their situation does not get worse.
Eligibility criteria	This is a way of deciding whether or not a person's health and social care needs are at the level where they should receive support from public sector services, for example care at home services funded by the Health and Social Care Partnership.
Enabling independence	This is a way of working that aims to support people to be able to continue to look after their own health and wellbeing as much as is possible in their specific circumstances. It involves services working with people to understand what support they need to live independently, including equipment that might help them.
Equality	Equality is about making sure that every person has an equal opportunity to make the most of their lives and talents. It is about the belief that no-one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability.
Equality outcomes	This is a result that the IJB aims to achieve in order to eliminate discrimination, advance equality of opportunity or foster good relations with people / groups of people who have a protected characteristic.

Term	Explanation
Fairness	This is about the unfair differences between outcomes for people in Scotland because of socioeconomic disadvantage. This means things like have a low income, living in a deprived area, not having any savings or other forms of wealth (like owning a home) and not having enough materials things (like clothes and other essential items).
Gendered approach	Men, women and non-binary people experience the world differently. A 'gendered approach' focuses on understanding the different experiences people have, why they have these experiences and what this means for how services and supports can better meet their needs.
Health and Social Care Partnership	The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) required Local Authorities (Councils) and Health Boards to integrate the planning of some health services and functions and most social care functions. Dundee City Council and NHS Tayside deliver integrated services as Dundee Health and Social Care Partnership (sometimes shortened to the 'Partnership,' 'DHSCP' or 'HSCP' or 'H&SCP'). The HSCP is a way for both organisations, along with the Independent and Third Sector, to deliver the services planned by the IJB.
Independent sector	Privately owned companies delivering health and social care services. This can be single care home organisations to large providers in health and social care.
Inequalities / health inequalities	Health Inequalities are the differences that exist between the health of different population groups. This type of gap exists between people with different personal characteristics (such as their age, sex or whether or not they have a disability) and between people who live in poorer and more affluent areas of the city.
Integrated care and support	This is a way of working where services and supports working very closely together to assess and meet people's needs. It might include people from different professions working together in the same team.

Term	Explanation
Integration Joint Board (IJB)	The IJB is the formal legal body that is responsible for planning, agreeing and monitoring community-based health, social work and social care services for adults. Some of the membership of the IJB is defined in legislation. Details of the current Dundee City IJB membership is available at https://www.dundeehscp.com/dhscp-who-we-are
Life expectancy	This is a statistical measure of the average time a person is expected to live.
Long-Covid	This is a term used to describe the effects of Covid-19 that last for several weeks or months beyond the initial illness.
Long-term conditions	This is an illness that cannot be cured, however it may be able to be controlled with medicines or other treatments. Examples of long-term conditions include diabetes, arthritis, asthma and some mental health conditions.
National Outcome / National Health and Wellbeing Outcome	These are the things that the Scottish Government has decided are important that everyone can experience or achieve. They describe the type of place they want Scotland to be.
Participatory budgeting	This is a form of participation where people are involved in the process of deciding how public money will be spent.
Performance framework	This is a document that describes how the IJB will measure the progress it is making towards achieving their ambition and the strategic shifts. It describes how data and other types of information will be used to show the impact that services and supports have on people. It will also say how the IJB will report this information, including to members of the public.
Personalised / personalisation / personal outcomes	This is a way of working where services and supports focus on people as unique individuals. This includes thinking about their specific individual needs, as well as the things each person wants to achieve or be better about their life (their personal outcomes). It involves delivering services in a flexible way and adapting them to the unique individual, rather than providing one standard services to everyone.

Term	Explanation
Post diagnostic support	This is the range of services and information available to people once they have been diagnosed with a health condition.
Prehabilitation	This is a way of working with people to help them get ready for medical treatment. It aims to help people leave hospital sooner after their treatment, have fewer side effects and cope better with ones that do happen, and to have a quicker overall recovery.
Prevalence	This is the proportion (or percentage) of people in the population who have a specific characteristic. For example, 5% (1 in 20) people in Scotland have diabetes.
Prevention	This is a way of working that aims to tackle the underlying causes of poor health and wellbeing. Instead of waiting for people to become unwell or need support from services, the aim is to prevent that happening. This way of working often involves working with whole communities or populations.
Primary care	This is the day-to-day healthcare available in every local area including: GPs (general practitioners)-the family or local doctor and community and practice nurses.
Protected Characteristics / Protected equality groups / Communities of interest	<p>The Equality Act 2010 defines nine Protected Characteristics. These are the characteristics where evidence shows that people experience significant discrimination in areas like employment, provision of services and access to services.</p> <p>Communities of interest are communities of people who share the same characteristics.</p>
Rehabilitation	This is a way of working with people who have a medical condition or disability to help them to live as independently as possible. This can include working with people to help them to manage symptoms, changing their environment to better meet their needs, using assistive equipment and providing information to help people to manage their own health and wellbeing needs.
Resources	These are the things that the IJB and other partners have available to them to invest in health and social care services and supports. This can include money, the workforce, property and IT resources (such as IT equipment and systems).

Term	Explanation
Rights-based	A rights-based approach is about supporting people to know and claim their rights. This includes supporting people to have more opportunities to be part of the decisions that impact on their rights. It also includes services understanding rights, respecting them and knowing how to help people access them.
Self-care / self-management	This is a way of working that focuses on supporting and empowering people to manage their own health needs and conditions. It can include things like supporting people to manage their own medication or treatment, or to monitor their condition and know when to ask for more support.
Self-Directed Support	This is a way of providing social care support that aims to give people more control, choice and flexibility of their own lives and the support they want. It is a method of arranging social care support in a tailor-made way so that people can live independently and with the best possible quality of life.
Social determinants of health	These are non-medical things that impact on health outcomes and have a big influence on health inequalities. Some important social determinants are: income, education, unemployment, food insecurity and housing conditions.
Social prescribing	This can be undertaken by anyone working within health and social care services. It is a way of working that focuses on referring people to a range of non-medical services that can support their health and wellbeing. It involves helping people to find the services that would best meet their needs, as well as supporting them to access those services.
Strategic commissioning	This is a process for understanding needs and planning how to invest money and other resources to meet that need and deliver better outcomes for people.
Strategic needs assessment	This sets out current and (predicted) future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within an IJB area.
Strategic priorities	These are the important areas that planners decide to work together on to make improvements and improve outcomes for people.

Term	Explanation
Third sector	This includes charities, social enterprises and voluntary groups. In health and social care they deliver essential services including those commissioned by the Health and Social Care Partnership.
Transitions	Transitions can take place in health and social care when people have significant changes in their life circumstances and / or move between different services and supports. For example, when young people move into adulthood they also move from children's service into adult services.
Trauma / Trauma-informed	People can experience trauma as a result of an event, a series of events or their life circumstances. Trauma can be physically and emotionally harmful and can impact people's health and wellbeing for the rest of their life. Trauma-informed approaches to delivering services and supports are designed to understand that people may have experienced trauma and to better meet their needs.
Unpaid carer / Carer	This is someone of any age who looks after or supports a family member, partner, friend or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and will not be paid for the care they give, although may or may not receive carers allowance or carer premium. Some carers look after more than one person.
Unscheduled hospital care	This is health care that was not planned in advance. This might be accessed through services like NHS 24, GP Out-of-Hours Service or at A&E.

Appendix 1 - Housing Contribution

Dundee City Council Neighbourhood Services and the **IJB** know that living in good quality, safe, stable and secure housing has a positive effect on people's overall health and wellbeing. They also know that, poor quality accommodation, being at risk of homelessness, antisocial behaviour, high energy costs and low incomes may have a negative impact on health and wellbeing.

The housing sector has an important role in supporting the **IJB** to achieve its ambition for health and social care. This is reflected in the requirement (Section 53 of the Public Bodies (Joint Working) (Scotland) Act 2014) to produce a Housing Contribution Statement as part of the **IJB's Strategic Commissioning** Plan. This Housing Contribution Statement sets out how the local housing sector will actively work with the **IJB** to help them achieve their priorities and ambitions. The Dundee **IJB** published its last **Housing Contribution Statement** in February 2020.

The Local Housing Strategy (2019-2024) (link to be added) is the document that sets out plans for tackling fuel poverty, and for providing housing, housing support and homelessness services. A new Local Housing Strategy will be written over the next year, this will provide a good opportunity for the **IJB** and Neighbourhood Services to work together to produce a new Housing Contribution Statement that focuses on the new ambition and priorities for health and social care as well as the new priorities for housing. The **IJB** will publish a fully updated Housing Contribution Statement by June 2024.

While work is happening to produce the new Local Housing Strategy and Housing Contribution Statement the **IJB**, Neighbourhood Service and other local housing organisations will continue to work together.

IJB Strategic Planning Advisory Group

Neighbourhood Services and **third sector** housing services are members of the group within the **IJB** who are responsible for making plans to improve health and social care services.

Strategic Planning Group

The Homelessness Partnership is the place where housing and health and social care services come together to make detailed plans for improving services.

Services for people



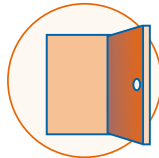


Every day housing and health and social care services work together to meet the needs of people and communities through the services and supports they provide.

Many people in Dundee have a housing need that impacts on their health and wellbeing. Some of the biggest challenges are:

- Homelessness, fuel poverty and poor housing conditions impact the most on people, including **unpaid carers**, who live in the poorest areas of the city and people who have **protected characteristics**.
- Many people find themselves in a housing crisis and this also has an impact on their health and wellbeing. This might be because of abuse in a relationship, difficulties they have living independently because of poor mental health and wellbeing or because the housing they have isn't right for their physical health needs.
- There is not enough housing of the right type and in the right area to meet everyone's needs, including their health and social care needs. This is a problem across other areas in Scotland too. People might have to wait for the right housing for them, including 'particular needs' housing that has been designed to meet the needs of people who are disabled or have **long-term health conditions** (including wheelchair accessible housing).

Until the new Local Housing Strategy is written, Neighbourhood Services and the **IJB** will continue to work together to tackle these issues. Some of the most important things they will focus on are:



IJB Strategic Priority	Local Housing Strategy (2019-2024) Priority
 Inequalities	<ul style="list-style-type: none"> ▪ Tackling homelessness and supporting vulnerable people ▪ Tackling fuel poverty ▪ Housing options and homelessness prevention
 Self Care	<ul style="list-style-type: none"> ▪ Housing support ▪ Particular needs housing ▪ Housing adaptations
 Open Door	<ul style="list-style-type: none"> ▪ Housing options and homelessness prevention
 Planning Together	<ul style="list-style-type: none"> ▪ Housing support ▪ Regeneration ▪ Particular needs housing ▪ Housing adaptations
 Working Together	<ul style="list-style-type: none"> ▪ Improving standards in the private rented sector

More information about the specific actions that will be taken over the next year is included in the Dundee Health and Social Care Partnership annual **delivery plan**.

Appendix 2 - National Health and Wellbeing Outcomes and Indicators

National Health and Wellbeing Outcomes

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- Health and social care services contribute to reducing **health inequalities**.
- People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
- People who use health and social care services are safe from harm.
- People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- **Resources** are used effectively and efficiently in the provision of health and social care services

National Health and Wellbeing Indicators

- % of adults able to look after their health very well or quite well.
- % of adults supported at home who agree that they are supported to live as independently as possible.
- % of adults supported at home who agree that they had a say in how their help, care or support was provided.
- % of adults supported at home who agree that their health and care services seemed to be well co-ordinated.
- % of adults receiving any care or support who rate it as excellent or good
- % of people with positive experience of care at their GP practice.
- % of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- % of **carers** who feel supported to continue in their caring role.
- % of adults supported at home who agree they felt safe.
- % of staff who say they would recommend their workplace as a good place to work.
- Premature mortality rate.
- Rate of emergency admissions for adults.
- Rate of emergency bed days for adults.
- Readmissions to hospital within 28 days of discharge.
- Proportion of last 6 months of life spent at home or in community setting.
- Falls rate per 1,000 population in over 65s.
- Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.
- Percentage of adults with intensive needs receiving care at home.
- Number of days people spend in hospital when they are ready to be discharged.
- % of total health and care spend on hospital stays where the patient was admitted in an emergency.
- % of people admitted from home to hospital during the year, who are discharged to a care home.
- % of people who are discharged from hospital within 72 hours of being ready.
- Expenditure on end of life care.

