Dundee Integration Joint Board – Strategic Commissioning Framework Review 2025/26

Engagement Report

The Plan for Excellence for Health and Social Care in Dundee (2023–2033) is the main strategy for the IJB. Here is some key information about the engagement for the 3-year review of the plan.

An Engagement Plan was developed in 2025, this included:

- An online survey
- A shorter paper version (issued later).
- Revisiting (face-to-face) original stakeholders consulted during the development of the plan and reaching new groups.
- Exploring formal feedback from planning and service delivery stakeholders.
- Encouraging staff to share views and support service users/carers to participate.
- Preparing a Teams and Services Toolkit for workforce/agencies to provide feedback.

The questions for the survey and discussions focused on **"what matters most"** to people and families about health and social care priorities.

Survey Information

The Online Survey launched in September 2025. 94 responses were received.

Here are some themes that were identified. (This list is not ranked in order of importance or frequency)

Workforce: What's Important in Supporting People?

- **Person-Centred Care** – Dignity, respect, choice, listening, and co-design based on lived experience.
- **Access & Timeliness** – Right support at the right time; avoid delays and crises.
- **Quality & Safety** – High standards, safe and consistent care, compassion.
- **Adequate Resources** – Staffing, tools, funding, fair pay, recognition.
- **Collaboration & Communication** – Strong teamwork and clear communication.
- **Support for Carers** – Breaks, advocacy, rights-based support.
- **Early Intervention & Prevention** – Promote independence, mental health recovery.
- **Fairness & Equality** – Transparency, equal standards across sectors.

Public: What Matters for You and Your Family?

- **Timely Access** – Quick, easy access; avoid long waits; crisis support.

- **Availability & Resourcing** – Well-resourced community teams, NHS access, affordable medicine.
- **Information & Navigation** – Clear service info, costs, continuity (e.g., allocated social worker).
- **Person-Centred & Respectful Care** – Compassionate professionals who listen.
- **Prevention & Wellbeing** – Health promotion, carer mental health support.
- **Quality of Care** – Competent paid carers, professional advice

The most popular suggestion for title of the strategic commissioning framework was *Getting it Right for Dundee* (in Health and Social Care)

The Priority areas of the current plan were listed in the survey; people shared how they think we have progressed in these areas since 2023. The results below are from all survey responses, including both the workforce and the public.

Inequalities - Support where and when it is needed most.

Do you think we have helped people whose health and wellbeing might get worse due to inequalities?

Yes	No	Partly	No response for question
26 (28%)	19 (20%)	45 (48%)	4 (4%)

Some Key Comments

Address inequalities.

More initiatives for families- provide early help.

Reduce delays in housing provision to prevent worsening health and family stress.

Develop and publish a Trans & Non-Binary Strategy reflecting local demographics.

Open Door - Improving ways to access services and supports

Do you think health and social care services have become easier to find out about and access?

Yes	No	Partly	No response for question
11 (12%)	44 (47%)	37 (39%)	2 (2%)

Some Key Comments

Lack of information about services and supports and where and how to get this.

Need more venues where people could find someone to help them

Self-Care - Supporting people to look after their wellbeing.

Do you think health and social care services have helped people look after their wellbeing?

Yes	No	Partly	No response for question
22 (23%)	20 (21%)	49 (52%)	3 (4%)

Some Key Comments

People in harder-to-reach communities face barriers when redirected to other contacts; access should be simple and seamless.

Services should be available in multiple locations. Increase face-to-face opportunities across the city.

Planning Together - Planning services to meet local need

Do you think health and social care services have been working well with people to design services?

Yes	No	Partly	No response for question
15 (16%)	37 (39%)	37 (39%)	5 (6%)

Some Key Comments

Perception of top-down approach

Some people think services feel imposed rather than co-produced

Need more collaborative approaches.

Workforce - Valuing the workforce

Do you think Dundee Health and Social Care Partnership supports and values the workforce?

Yes	No	Partly	No response for question
20 (21%)	30 (32%)	38 (40%)	6 (7%)

Some Key Comments

Decision-makers (e.g., IJB) should communicate more often and directly with the workforce.

Workforce engagement is vital for successful service redesign and adaptation to change.

Recognise unpaid carers as part of the wider workforce.

Working Together – Working together to support families

Do you think health and social care services work together to support families and carers?

Yes	No	Partly	No response for question
22 **(23%)**	**19** **(20%)**	**49** **(52%)**	**4** **(5%)**

Some Key Comments

History of family poverty significantly affects health and wellbeing.

Unpaid family carers are struggling and need more recognition and practical support.

Listen to families and involve them in shaping support—avoid assumptions.

Additional comments

If cuts are in the cards, openness about what cannot be done is key.

Challenge of doing all of this properly whilst less money and resources.

People did not identify any priorities that should be added or that were missing.

Short Paper Survey

A shorter paper survey was created and sent mainly to Advocacy Services and Managers of Learning Disability Services. They were asked to share it and help people complete it. 17 shorter surveys were returned, and most responses were positive. People want health and social care to be available and easy to access when needed for themselves or their families.

They highlighted the importance of:

- Services that are easy to find
- Support for self-care and independence
- Care for those who need it most
- Help to maintain good health

Part 2. Face-to-Face discussions

Officers met **over 260 people.** The results listed here reflect a combination of information from the workforce and members of the public. Although there were differences in the information received, the group discussions focused on the same issues and concerns and the public, and the workforce demonstrated consensus in many areas. The majority of the face-to-face work was with local people. We met with Older Peoples Groups (Beehive Group 12, Pensioners Forum 20, West End Blethers 50, Drop-in churches group B/ferry 20, Barnhill Blethers 20); a group of people whose first language was BSL (20), International Woman's Centre (30), and people with a Learning Disability-6, Community Health Advisory Group (10). Officers met with 3 Social Care Providers Forums and some Care Management Team leaders.

Discussions in groups focused on - What matters to you in supporting you and your family's health and social care needs? What can we do to improve your experiences? How would you rank the priorities in the Plan.

Priorities

Most people found it hard to rank the priorities because they are closely linked.

Many people thought that the most **pressing issue was funding** the support people needed.

Resolving Health Inequalities and helping those who need it most is a top priority for many.

- *There needs to be planned work to make sure we find ways to find and identify those who need it.*
- *Older people are the largest group of customers- concerns when this disadvantaged group is negatively impacted. Older People and Deprivation would be a priority*
- *Primary Care Specialist **Nurse Practitioner** is excellent.*
- *People appreciate the Community Health Clinic provision – understand that these are shifts that have saved money and bring services closer to home.*

Learning Disability providers reported **good responses from GP receptionists and GPs** when getting in touch re their service users.

The Project Manager who is looking at GP improvements was advised of interest of some of the groups and plans to visit them in order to share information about developments and learn the impact of changes.

Some people wanted to talk about **prevention of loneliness and isolation is vital**. '*If supports, like clubs, weren't there then more people would be isolated.' 'I don't get care staff from HSCP but some of the clubs I go to are supported through DHSCP.'*

Valuing the workforce is also a key priority. People were keen to ensure the workforce was supported and paid appropriately. They valued the workforce.

- *'Consultation through the Unions is important.'*
- *'Important to **tackle racism**, and there's an obvious visible increase in the number of black and ethnic minorities undertaking care roles in the community.'*
- *'Important to give care workers a career path, salary structure and status to their career'*

Unfortunately, some of the public expressed attitudes that indicated that they want to be able choose the racial origin and skin colour of the person offering personal care but are aware this is not legal and were reminded of this.

Self-Care People wanted to be independent, and self-care was seen as critical to this- but it needs to be supported self-care. Practitioners are needed to inform, advise and encourage people.

Planning together - Some of the groups visited want a voice in service planning- they appreciate being asked but don't get many offers of this. One Group said they would like more engagement opportunities.

Working together There was enthusiasm for considering the family/friend group as a whole rather than individuals and just as important as bigger "communities". Many people do not see themselves as part of any community. People said:

- *Vulnerable people can be isolated.*
- *We need Balance within families – we are concerned for families and carers*
- *Look to see how housing and social care can work better together including scheme managers/Sheltered housing wardens*

Open Door People said:

- *Digital Information alone is not enough. The human interface is key*
- *Changes are difficult to keep up with- make sure people know when Test of Change is successful and extended out as a whole city service.*
- *Remote working has made colleagues less visible*
- *Physical accessibility is very important for services*
- *Open offices for face-to-face assistance*

Missing Priorities

From Group discussion with people with a Learning Disability

1. Personal choice of supports, especially personal care (more intimate care). Male/ female choice is important and not just for those who have needs due to history of trauma.
2. The continuity of personnel is also very important. Losing skilled trusted staff is a concern.
3. Group were emphatic that some choices were unacceptable and might be discriminatory (such as racism).

This endorses that the Values and Principles as set out in the existing plan need to continue to be upheld when addressing the Priorities.

From Group Discussion with BSL users

BSL users were concerned about their potential for isolation in future if they were confined to their home (or in a Care Home) and dependent on Social Care and Health. Not enough practitioners and staff know BSL and those who do not get a chance to practice it. (the low % of BSL users makes this difficult).

Part 3 Toolkit for Teams and Services to discuss and record their views.

4 completed – Summary of With You, Primary Care Team; Sources of Support; Physical Disability and Older Age; Health Inequalities Nursing Team (HINT).

Ambition for Health and Social Care in Dundee-People in Dundee will have the best possible health and wellbeing.

Agree with ambition and see inequalities as key for Dundee. Provide services close to home so ensuring adequate provision and sustainability of service is key.

The Teams/Services were asked about the progress has been made around each priority and what else needs to happen

Inequalities - Support where and when it is needed most.
Pharmacy First is working well. Invest in existing services that can prove are currently meeting these needs.
Self-Care-Supporting people to look after their wellbeing.
Empowering people to take responsibility for their and their families' health will help. Successful work of recovery cafes and community cafes where whole families can get together. Women's Hub has improved self-care for vulnerable women.
Open Door-Improving ways to access services and support.
The non wrong door approach has improved in Mental health. Some services start up with short-term funding, and it can be hard to know which services are permanent and currently available.
Planning Together-Planning services to meet local need
Link Worker service alleviates non-medical pressures on GP practices. Multi-agencies under one roof could simplify accessing services
Workforce-Valuing the workforce.
Staff need to believe the work they do is of value, and they are valued. Celebrate success. Focus on team wellbeing and the team's involvement in decision making about service delivery. ZERO tolerance for discrimination in the workplace needs supported and promoted by all
Working Together-Working together to support families
Make more use of the third sector as they have developed supporting services for families.
Which of the Priorities is most important?
Inequalities- health is affected by things like poor housing, so more to do in making links across the services. **Self-care** to support people to look after their own health and wellbeing. **Open door** – suggest we give a longer lead time say 10 years rather than the next 3 years. **Planning and working together** we see as one area as they should be intrinsically linked. **Planning Together** There can often be duplication with agencies which could be improved.

Working Together Least Important- many couldn't say/didn't say

Part of the analysis of engagement included considering Engage Dundee and other survey findings. Other engagement work e.g. Mental Health Strategy and Drug and Alcohol has also influenced the engagement and its analysis. The Carers Strategy Survey includes more carers views including carers identified need for more partnership with services – whole family wellbeing and mental wellness.

Additional opportunity

Representatives from Dundee's three Health and Wellbeing Networks discussed the priority of Self Care and how this could be best achieved. The joint network meeting had around 20 practitioners, local representatives and volunteers, some of whom had Health Issues in the Community Accreditation. The network members work or live in Dundee's 6 local communities (Electoral Wards) where deprivation is at its highest, and Health Inequalities are known to have the highest impact.

Network members identified Self-Care as a key element of wellbeing, noting that the factors that contribute to this are shared, but that each person is unique.

Essential elements that promote **Self-Care** are:

- Self –worth and motivation to care for your own wellbeing (emotional and mental health)

- A sense of belonging and peer support; inclusive group activities are vital contributors to this.

- Recognising small steps can lead to achieving larger goals (this can include physical activity)

- Start self-care from early years, involve parents with peer support and sharing skills and information.

- It is important to continue this in later life

- Free or low-cost activities work well including group walking activities (and pram pushing groups), healthy eating and healthy cooking.

- Community led work makes a valuable contribution to wellbeing and ensures that funding or resources are used to best effect.

Conclusion

The major themes highlighted by the engagement activities were consistent with the ongoing work of the 10-year strategy. The priority areas were considered the right ones and seen as interdependent. There was an identified need for working with the whole family/network as well as finding ways for vulnerable isolated individuals to make longer term meaningful connections.

There was a continued desire for person-centred care (dignity, respect, choice, co-design) with a refreshed emphasis on the need for this in the climate of resource limitations. Continuity of support personnel is considered very important. People said services should be close to home and sustainable.

Although crisis support is seen as vital, respondents identified the importance of early intervention and prevention through timely, barrier free access to the right support along with

collaboration and communication between agencies. People thought the “No wrong door” approach needed to be extended and was seen as particularly key for improving mental health service access.

Fairness equity and equality were considered important for people utilising services as well as for the workforce. The HSCP workforce is valued; people wanted to ensure fair pay and conditions, and for workplace discrimination to be tackled, including racism.

Suitable housing was seen as a barrier to achieving the goals of the Plan and working in partnership across Dundee was seen as a key to resolving issues that contribute to health inequalities.

People think that it is important to empower people to take responsibility for health. People were keen to be supported to care for their wellbeing and maintain good health and wanted support to be targeted at those who needed it most. Although it is thought that the definition of those who need it most may have varied between respondents.

There was appreciation of Pharmacy First, Community Care and Treatment centres and Community Primary Care Nurse Practitioners. Dundee currently has examples of support for more isolated more vulnerable people and there was support for extending and growing this type of intervention.

There is a recognition that older people are the largest group of customers, clubs and social support is vital to this group. The Third Sector has particular strengths in providing whole family support. There were concerns raised that this group might be increasingly likely to be negatively impacted if there were savings to budgets.

Digital information alone is not enough; discussion and interaction are needed. The colleagues who share information must be able to source reliable information. Communication and sharing information are seen as vital.

People expressed desire that if savings are likely, that transparency is needed re potential impacts and about what will be maintained.

Appendix 2

Factors considered by the Strategic Planning Advisory Group

- Is the content of the plan no longer relevant because of changes to national policy drivers?
    - Overall policy direction align with the existing ambition and priorities. Thee is strong alignment with key natinal strategic documents, including Scotland's Population Health Framework, Health and Care Service Renewal Framework.

- Does the revised strategic needs assessment indicate there are significant changes in the health and social care needs of the population that have not been taken into account within the existing plan?
    - The revised strategic needs assessment does not identify any significant changes to patterns of need. The profile of Dundee conteinues to be impacted by rising demand, complexity of need and significant inequalities associated with deprivation.

- Do recently produced local care group plans or wider community plans contain priorities that no-longer align to the content of the plan?
    - There is no indication in recently reviewed plans (carers and mental health) that content does not fully align to the overall ambition and priorities.
    - There have been significant developments in the strategic planning arrangements in place within NHS Tayside. Although these are well aligned to the content of the strategic commissioning framework, revisions in some sections of the supporting conextual information will allow the current position to be formally recognised.
    - Children's Service Plan – relevant partners across Dundee are currently developing the new Children's Service Plan. There are opportunities to ensure better alignment between the strategic shifts within the IJB's strategic commissioning framework and the children's service plan.
    - Local Housing Strategy – the revised Local Housing Strategy is currently being consulted on by Dundee City Council (closing date 09 February 2026). The completion of the revised Local Housing Strategy 2025-2030 will allow the Housing Contirbution Statement within the IJB's strategic commissioing framework to be fully updated.

- Has any large scale engagement activity found that there are new emerging needs in relation to health and social care that do not align to the current content of the plan?
    - Engagement does not indicate any emerging needs and priorities that do not align to the overall vision and priorities within the plan. They have, however, influenced ongoing thinking regarding the detailed strategic shifts required to deliver the priorities.

- Are any significant national, regional or local developments expected that will impact on the current content of the plan?
    - At a national level the Children (Care, Care Experience and Services Planning) (Scotland) Bill and ongoing developments related to the National Care Service Advisory Board will continue to influence strategy and policy. What is known at this stage regarding proposals is well aligned to the current content of the plan.
    - Developments within Dundee focused on Whole Famly Support have emerged recently as a key priority. This will require to be reflected more strongly via revisions to the plan, but can be accomodated within the existing ambition, values and strategic priorities.
    - Anticipated continuation of public sector financial pressures require consideration and realignment of plan content. The strategic shifts within the plan are considered not to be fully deliverable within the current timescales and will require to be amended and

re-prioritised to ensure the most effective and efficient use of limited available resources.

- The commitments made within the strategic commissioning framework to develop and publish a performance framework and reosurce framework remian unchanged. Although progress has been made in some components of these documents (for example, the publication of workforce and property plans), other elements require further focus on 2026. Work to complete these companion documents will follow-on from the revision of the strategic commissioning framework.