

Dundee Health and Social Care **Strategic and Commissioning Plan**

2019 - 2022



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Welcome to our Strategic Commissioning Plan 2019-2022. This Plan sets out an ambitious change programme, building on the achievements made since our first plan was developed in 2016.

This Plan describes our broad strategic priorities for the next three years. It is not a detailed description of all past and future activity, rather it is a Plan that outlines our intentions, focus and direction. The Plan describes what we will prioritise and what successful delivery will mean for people accessing our services, their carers and our communities.

Our first plan stated that we wanted to make a positive difference to the lives of those who needed our support and to achieve the best outcomes for Dundee families and communities. We also acknowledged that people need to be at the heart of everything we do and that our communities are unique. This commitment to working with the people we serve to improve personal outcomes, remains unchanged. We hope you can identify from our Plan how our priorities have been shaped by our continued conversations with you, the citizens of Dundee, and our partners in Dundee City Council, NHS Tayside, the third and independent sectors and others.

The challenges facing our city are well known. Low life expectancy, too many people living in deprivation and health equality gaps between communities. We are also however an innovative, vibrant city with strong, cohesive communities and an enviable resilience. We need to build on the recent investment in the City Waterfront area. Our city is entering a new era, and our Plan describes a strategic direction that captures this ambitious spirit.

The Plan is underpinned by our belief in equality and fairness for all. We know that by supporting those who are most in need, we benefit, either directly or indirectly, all Dundee citizens and communities.

Over the next three years we will continue to deliver what is working well, whilst also targeting resources across the following priority areas:



1

Health Inequalities



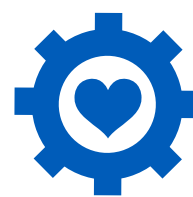
2

**Early Intervention
Prevention**



3

**Localities and Engaging
with Communities**



4

**Models of Support/
Pathways of Care**

We have reduced the number of our strategic priorities to reflect the progress made over the past two years. For example, we have listened to, and worked with carers and carers organisations, to improve support available. This has provided us with a greater understanding of the impact of our supports and services on carers. This Plan reinforces the Partnership's recognition of the immeasurable positive contribution carers provide and our commitment to ensuring that the role of carers remains integral to all that we do.

Our refreshed strategic priorities will also maintain our focus on moving resources from hospitals to community based care, in order to provide easily accessed more personal support, closer to home.

Delivery on the ambitions set out in this Plan will bring us closer to achieving our vision that *'Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life'*.

There is however no doubt that the next three years will continue to be financially challenging. We need therefore to focus our resources in a more targeted way. By doing this, we are confident that we can achieve the positive, transformational change needed to improve the health and wellbeing of our citizens. Recent achievements such as reducing delayed discharges from hospital demonstrate how transformation can still be delivered during periods of financial constraint and increasing demand for services.

Over the next three years, we will work ever more closely with our partners to integrate our collective resources and agree how best to use them to enhance the lives of people across our city. The ideas, creativity and commitment of our workforce and the citizens of Dundee will be central to our success. We urge all those with an interest in the health, social care and wellbeing of the residents of Dundee to contribute to the delivery of our Plan. We look forward to collaborating with all partners as we work towards delivering on our vision.



Trudy McLeay, Chair
Dundee Integration Joint Board



Councillor Ken Lynn, Vice Chair
Dundee Integration Joint Board



David Lynch, Chief Officer
Dundee Health and Social Care Partnership



2.1 Who We Are

The Dundee Health and Social Care Partnership ('Partnership') is responsible for delivering person centred adult health and social care services to the people of Dundee. The Partnership consists of Dundee City Council, NHS Tayside and providers of health and care services from across the third and independent sectors.

The Dundee City Health and Social Care Integration Joint Board ('IJB') is the body responsible for the planning, oversight and delivery of the Partnership's services. The IJB consists of voting members from Dundee City Council and NHS Tayside, as well as representative members from the third and independent sector, employees, people using services and their carers. The IJB is advised by senior staff including the Chief Officer, Chief Finance Officer, Chief Social Work Officer and Clinical Advisors for Nursing, Primary Care and non-Primary Care.

In accordance with the **Public Bodies (Joint Working) (Scotland) Act 2014** ('Public Bodies Act'), an Integrated Strategic Planning Group ('ISPG') established by the IJB, has developed this Health and Social Care Strategic and Commissioning Plan ('Plan'), which is effective from 1 April 2019.



2.2 This Plan

This Plan describes our strategic priorities for the next three years and the key actions required to deliver on our ambitious vision for the city. The Plan represents the knowledge we have gained through our ongoing engagement with communities, people who use health and social care services, their families and with carers.

Our Plan describes what has been achieved so far. It also outlines what still needs to be done to arrange services in a way that helps Dundee citizens receive the right information and support at the right time, to live a healthy and fulfilled life in the way they want.

The core themes and priorities of our first plan, **Health and Social Care Strategic and Commissioning Plan 2016-2021** were established following extensive engagement and remain relevant today. Since the first plan was developed, we have created a number of Strategic Planning Groups to strengthen partnership working. These specific interest groups inform our everyday working, help to shape how we do things and reflect on what we need to do better. This Plan draws on key themes from each of the Strategic Planning Groups as well as from national, regional and local policies.

The strategic priorities and associated actions described in this Plan, alongside the expansive NHS **Transforming Tayside** programme, will help realise our mutual objectives of better health, better care, better value and better wellbeing of the workforce.

This Plan is a critical companion document to other plans such as the **City Plan for Dundee 2017-2026** and the **Tayside Primary Care Improvement Plan**. Success can only be achieved by our continued joined up working with partner organisations. As a Partnership, we are emboldened by the new vibrancy felt across the city and are determined to play our role in realising the full potential of each Dundee citizen by enhancing individual health and wellbeing.

This Plan is not a finite document, rather it is part of our continued conversation with the people of Dundee and our partners. We will work through established community and citywide engagement structures, listening to the voices of people using services, carers, volunteers, the third and independent sectors to plan flexible, sustainable services. As part of our commitment to collaboration, the Partnership will monitor progress of this Plan on an ongoing basis, and will report through the Integrated Strategic Planning Group, to the IJB and other partner bodies.



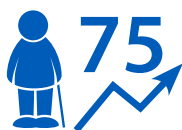
Our Partnership vision for health and social care is that:

Each citizen of Dundee will have access to the information and support that they need to live a fulfilled life.

The vision sits alongside Scotland's long term aim for people to live longer, healthier lives at home or in a homely setting. Scotland's **National Health and Wellbeing Outcomes** guide our work:

Outcome 1:	People are able to look after and improve their own health and wellbeing and live in good health for longer.
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.
Outcome 3:	People who use health and social care services have positive experiences of those services, and have their dignity respected.
Outcome 4:	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
Outcome 5:	Health and social care services contribute to reducing health inequalities.
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 well-being.
Outcome 7:	People using health and social care services are safe from harm.
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.
Outcome 9:	Resources are used effectively and efficiently in the provision of health and social care services.

Our vision will only be realised however, by recognising and responding to the changing patterns of demand for health and social care and the different environments in which services will be delivered, including:



the proportion of people aged over 75 in Dundee – who tend to be the highest users of health and social care services – will increase significantly.



the continuing shift in the pattern of illness towards long term conditions, particularly the growing numbers of older people with multiple conditions and complex needs such as dementia.



an increasing population of younger adults (under 65) who have complex health and social care needs, often related to substance misuse and poor mental health.



an increase in the number of carer hours and complexity of the caring role, because of the predicted increasing numbers of people affected by long term conditions, frailty and complex needs.



an enhanced focus on population wide public health responses to health and wellbeing issues such as obesity, mental health and substance misuse.



a need to work closely with partners delivering services for Children and Families to address the impact of complex health and social care needs, including parental mental health and substance misuse, on children and young people and to support good transitions for young people as they move into adulthood.



a need for more community and family based supports, including provision of services by the Partnership and third and independent sectors, during a period of sustained financial pressures.

As a Partnership we have made significant advances towards achieving our vision, some of which are highlighted in Appendix 2 of this Plan. We are operating in a much more integrated way with our partners. We are investing more in early intervention and prevention and are making positive strides in expanding the effectiveness of primary care to ensure that we deliver as much integrated health and social care as locally as possible.

We are particularly proud of our achievements in getting people back to their home from hospital, as soon as is appropriate, through our work to shift the balance of care towards community based services and resources. Our work with carers to co-produce local arrangements for responding to their specific needs and to recognise the valuable and unique contribution that they make within local communities has also been a highlight over the last three years.

We recognise however that our journey has only just begun and the ambition described in our vision has yet to be fulfilled. The pace of transformational change required to improve the health and social care outcomes for the people of Dundee will need to be accelerated over the lifetime of this plan.

Alongside our partners, we will work towards our collective vision by:



supporting communities to address the impact inequality has on the health and wellbeing of our citizens.



investing in early intervention and prevention approaches that are designed to prevent health and social care needs escalating, including prioritising such approaches to those people who are at most significant risk of poor health.



providing citizens with the opportunity to improve their wellbeing, to lead an active healthy life and to make positive lifestyle choices.



supporting carers to have a positive caring experience.



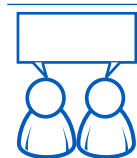
supporting individuals to make informed choices on living and dying well, and in a place of their choice during end of life care.



supporting carers and those with lived experience of long term conditions to influence our decisions and raise awareness.



developing outcome focused and asset based approaches which are co-produced with individuals, carers and communities.



working with our partners, particularly the Children and Families Service, to address the needs of people at risk of harm, including people using Community Justice Services.



taking a fair and transparent approach to how resources are allocated to ensure investment is made where health and social care needs are greatest.



maintaining a confident, professional and valued workforce.

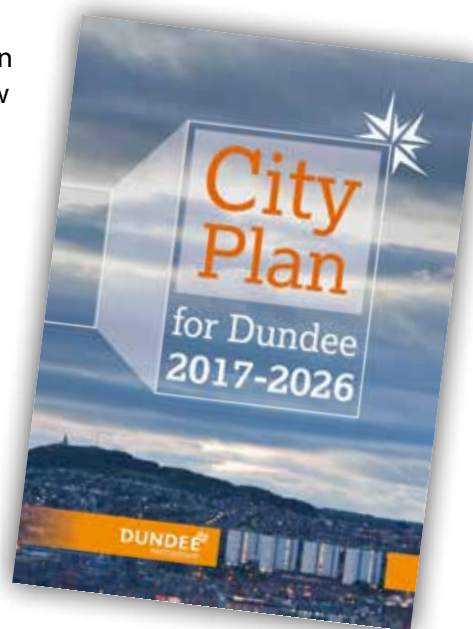


measuring and reporting our performance on an ongoing and transparent basis.

We look forward to creating a more hopeful and positive future for Dundee citizens by taking a whole systems approach. Our vision will only be realised by working with all partner organisations, tapping into our collective strengths and creating a cohesive response to the significant health and social care challenges faced across our city. We need to be both bold in our actions and realistic in what is achievable. Resources are limited, so we need to work collaboratively with local people, communities and partner organisations, to create a culture of shared resolve, continuous improvement and innovation.

The **City Plan for Dundee 2017-2026** sets out the wider economic, environmental and social aspirations for Dundee. The transformation and renewed vibrancy of the Dundee Waterfront is testament to how our city can change when partners come together with common purpose.

Building on the momentum of the **City Plan for Dundee 2017-2026** and other recent transformational local health and wellbeing strategies, such as the **Tayside Plan for Children, Young People and Families**, the **Tayside Primary Care Improvement Plan** and the **Transforming Tayside Programme**, there is no better time to reinvigorate our vision for health and social care across Dundee.





4.1 Introduction

When we developed the first strategic plan, we outlined the case for change based on a comprehensive analysis of need, demographics and available resources. We stated that this would involve investing in some areas of service and disinvesting in others, for example moving resources towards preventative services and closer to communities. From this we developed eight priorities:



1

Health Inequalities



2

**Early Intervention
Prevention**



3

**Person Centred Care
and Support**



4

Carers



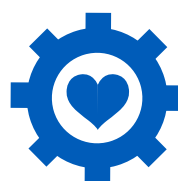
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**Localities and Engaging
with Communities**



6

Building Capacity



7

**Models of Support/
Pathways of Care**



8

**Managing our
Resources Effectively**

We have progressed a series of actions under each priority and have undertaken a review of how far we have come in achieving our vision for the citizens of Dundee. As part of our continued conversation with our stakeholders, including people using services and their carers, we have asked ourselves:

How successful have we been?

How do we build on what is working well?

What do we need to do differently to achieve better outcomes for people?

Can we resource what we would like to do?

By asking ourselves these questions, we have refined and reframed our priorities for the next three years. We have learned from our models of success that if we focus our resources in a more targeted way, we can achieve transformational change much more quickly. With this in mind, we are targeting resources in this Plan to respond to the following four priority areas:



1

Health Inequalities



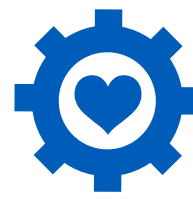
2

**Early Intervention
Prevention**



3

**Localities and Engaging
with Communities**



4

**Models of Support/
Pathways of Care**

The 2016-2021 plan's four remaining strategic priorities - Person Centred Care and Support, Carers, Building Capacity and Managing our Resources – will now be embedded in our everyday work.

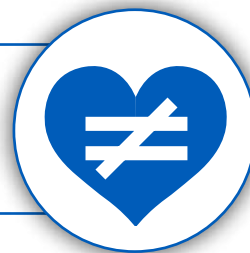
For example, in terms of carers, we will build on our concrete achievements, which include increased collaboration with carers and partners, strengthened locality working and more varied short breaks. We will continue the transition from a traditional service model to a focus on community resilience for carers and all Dundee citizens. We will use what we have learned to work towards achieving the outcomes identified by carers in the carers strategy - **A Caring Dundee**. This will include identifying Carers Champions through the Adult Carers Subgroup of the Dundee Carers Partnership. These Champions will identify and support carers to access appropriate local community resources. This 'locality approach' is currently in place for carers in Strathmartine and Coldsides and there are plans for this to be developed across the city. Actions like this will ensure that carers continue to feel valued and listened to as respected members of our communities. This approach will ensure that Dundee citizens who are carers will not only be seen as care givers, but citizens in their own right.

The four refreshed strategic priorities will bring about change at different levels across the whole system to ensure we achieve better outcomes for people and provide more accessible, personal support, closer to home. The plan also responds to the significant negative impact of health inequality.

All four strategic priorities align with the [Health Literacy Action Plan for Scotland](#) by supporting more people to become more involved in the management of their own health and wellbeing needs.

As we remodel our own services, centred around the four priority areas, we will work closely with partners as they pursue their own transformation programs, including the developing NHS Tayside Clinical Strategy, the Tayside Mental Health Strategy, the Tayside Mental Health Improvement Plan and the work of the Dundee Drugs Commission.

4.2 Strategic Priority 1 - Health Inequalities



Our Ambition:

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

Health inequalities are preventable and unjust. They significantly contribute to differences in health status experienced by certain population groups. We know that people who live in areas of deprivation have significantly poorer health. This is evidenced in Dundee, where a disproportionate amount of people affected by substance misuse and long term physical and/ or mental conditions live in our most disadvantaged communities.

As well as considering the impact of deprivation on health inequalities, we also need to consider the specific challenges experienced by people who belong to protected equalities groups.¹ We know that people with protected characteristics can find it difficult to access health and social care services and/or have a poorer experience of their care, often contributing to poorer health outcomes.²

Our [Equalities Outcomes and Mainstreaming Equalities Framework](#) sets out our priorities for addressing equality issues. We monitor and report on our progress against each of the agreed equality outcomes, refreshing equality outcomes as required. We have also contributed to the Dundee Fairness Commission³, which is responding to the impacts of poverty on Dundee citizens, including mental health and stigma.

¹ Protected characteristics under the Equality Act 2010 are: age; disability; sex; gender reassignment; pregnancy and maternity; sexual orientation; marriage and civil partnership; religion, belief or lack of religion / belief; and, race.

² Scottish Better Together Survey Patient Survey Programme

³ <https://www.dundeefightingforfairness.co.uk/the-story-so-far>

Dundee has a long history of innovative activity to reduce health inequality across the city. At the time of the first plan we undertook to build on this activity.

One example of how we are tackling health inequalities is the Lochee Hub:

Lochee Hub

Located in the heart of the Lochee community, the Lochee Hub provides secure, respectful and friendly services that are valued and supported by local people. These services include 'Stay and Play' for parents and children, advice and advocacy for housing and benefits, support to tackle substance misuse and recovery, support for carers, employment support, access to food banks and peer support.

Employees and volunteers work together to provide the activities and services, which are open and easily accessible to all in the community. The Hub follows a whole family approach, to improve families' experience of services and enhance their outcomes.

Over 2016/ 2018, we have redesigned and invested in substance misuse mental health services. We have recruited social prescribing link workers and developed a series of initiatives to develop our employees' awareness of health inequalities. Our achievements to date have delivered encouraging results. For example, we have reduced the variation in performance between the most and least deprived areas of Dundee in key health and social care indicators such as emergency bed days, delayed discharges and readmissions within 28 days.



Action Points 2019-2022

Over the next three years, we will further our response to reducing health inequalities by:

- seeking opportunities to bring a range of assessment and treatment services closer to local communities.
- continuing to provide training and support across all sectors to reduce the stigma of poverty.
- developing a city wide approach to social prescribing and enhancing the skills of GPs who use social prescribing approaches in their practice.
- further developing the availability of health checks, including health checks for carers.
- making better use of community resources such as community centres and community pharmacies to promote health and wellbeing, improve accessibility and tailor services to community need.

- continuing to embed gender-based responses to domestic abuse and other forms of violence against women, including the introduction of the Caledonian Programme⁴ and strengthening of the Safe and Together model⁵ and Multi-Agency Risk Assessment Case Conferencing⁶.
- changing the approach to employment support to increase employment particularly across marginalised groups.
- developing the way in which we measure and report differences between service use and outcomes for people who experience health inequalities and in the general population of Dundee.

As a Partnership, we are committed to working with all our partners to reduce the current health inequalities across our city. We are confident that by taking forward the above actions, alongside the critical work of others, the health inequality gap experienced by people from protected characteristic groups and from those living in our most deprived areas will have reduced further by 2022.

4.3 Strategic Priority 2 - Early Intervention and Prevention



Our Ambition:

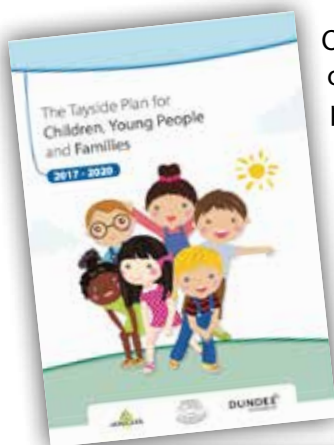
Enhanced community based supports are enabling people to take greater control of their lives and make positive lifestyle choices that enhance their health and wellbeing and reduce the need for service based interventions.

By working with people earlier, we can reduce the incidence and impact of ill health. It is a difficult decision to prioritise prevention and early intervention when resources are limited. We believe however that a focus on prevention and early intervention is a positive choice, which will reduce the need for more intensive or acute support at a later time. It is by prioritising early intervention and prevention that we improve outcomes in the longer term, more effectively manage demand for services and release resources to where they are most needed.

⁴ The Caledonian Programme is an integrated approach to address domestic abuse. It works with men convicted of domestic abuse related offences to reduce their re-offending and improves the lives of women, children and the men undertaking the programme.

⁵ Safe and Together is a child-centred model for responding to domestic abuse that aims to work towards keeping children safe and together with the non-perpetrating parent. The model provides a framework to support services to partner with survivors and intervene with perpetrators to enhance the safety and wellbeing of children.

⁶ Multi-Agency Risk Assessment Conferencing is a model of multi-agency risk management that is specifically designed to respond to domestic abuse.



Our approach to early intervention and prevention recognises the critical importance of working closely with community planning partners to implement agreed priorities, for example, in the **Tayside Plan for Children, Young People and Families**. Improvement in the health and wellbeing of children and young people, through family based early intervention and prevention approaches, has the potential to significantly reduce the health and social care needs of the future adult population.

An illustration of one of the Partnership's early intervention and prevention programmes is our collaborative work with the third sector promoting mental health recovery:



'Making Recovery Real' in Dundee

In November 2015, the Partnership, in conjunction with the Scottish Recovery Network, launched an initiative called "Making Recovery Real" (MRR), to promote and advance mental health recovery in Dundee.

For people with mental health difficulties, being heard and understood, particularly by others who have had similar experiences, provides an opportunity to discuss their struggles and emotional stresses. It can offer an effective way of supporting people and breaking down the social isolation felt by many people with mental health issues. Enabling individuals to meet and interact with others who have experienced similar challenges and circumstances, increases individual self-confidence and improves overall mental health and wellbeing.

Meeting positive role models and seeing that recovery is possible can provide people with the hope and motivation they need to commit to their own recovery and reduce the reliance on mental health and other services. Research has shown that peer support can encourage social integration, reduce the number of symptoms displayed in those with mental health difficulties and reduce hospital admissions.

The work of MRR has resulted in the creation of more peer recovery roles and the establishment of a Peer Recovery Network for mutual support and ongoing development.

The following quotes from people who took part in the MRR initiative illustrate the strength and success of the programme:

"helping others
helped my recovery
....supporting one
another"

"when you're helping
someone else, you're
helping yourself"

"I didn't have anyone
in my life who had a mental
illness....so talking to people
who understood really helped
my recovery"

"my confidence has
grown....hugely"

Over 2016/ 2018, we have also developed and invested in money advice services. We have developed better supports for young carers and those recovering from mental health issues. We have also improved referral processes for a range of community care services. Our achievements are ensuring that our services are becoming more efficient, person centred and more easily accessed as early as possible by the people who need them most.



Actions for 2019/ 2022

We will build on our achievements and maintain our focus on prevention and early intervention by having a focus on **Asset Building, Promoting Health and Wellbeing** and **Improving Service Redesign**.

The priority on early intervention and prevention includes how we increase the capacity of people, families and communities to find the right support for themselves (Asset Building). We will focus on

Asset Building by:

- making sure people have opportunities to contribute to their families, their community and to the city.
- supporting individuals to maximise their financial situation through work, access to learning and access to the benefits they are entitled to.
- working collaboratively with Children and Families Service and Community Justice Services to support families to understand and build on their strengths.
- building capacity within the third sector to identify and meet needs in our communities that support people to live full and healthy lives.
- building on current engagement methods to identify community need and initiatives and further develop community capacity.

We will **promote health and wellbeing** by:

- working with community health networks to promote and support positive health changes.
- engaging people around health and wellbeing, to increase self-care, and avoid longer term ill health through a range of models at an individual level and community level.
- developing services and supports to reduce isolation and loneliness by connecting individuals to others and supporting positive mental and physical health.
- developing approaches that support lifestyle changes to improve health and address our key priorities of tackling obesity, improving mental health and wellbeing and reducing reliance on substances.

We will improve **service redesign** and access to services by:

- developing community health resources within neighbourhoods in line with developments across primary care services.
- developing community rehabilitation and enablement approaches which integrate pathways and further develop access to services by communities.
- expanding the Enhanced Community Support Multidisciplinary Team for each G.P. cluster in line with Reshaping Non Acute Care Programme, to ensure individuals receive the appropriate health support at the right time.
- testing a mental health Patient Assessment Liaison and Management Service to support access to mental health specialists within a GP setting.
- supporting health and social care employees to be part of the wider social prescribing workforce by identifying community resources and signposting/supporting individuals to access these resources.
- ensuring care pathways, including in GP practices, are person focused not condition focused.
- redesigning chronic pain pathways, including developing quality prescribing for chronic pain.
- redesigning sexual and reproductive health service delivery.
- commissioning services with Children and Families Service, particularly in relation to substance misuse, mental health, obesity and parenting support.
- working collaboratively with neighbourhood services, third sector and key partners to deliver joint approaches to preventing homelessness.
- working with our public protection partners to re-design how we respond in an integrated way to concerns about people at risk.

Our continued commitment to early intervention and prevention is clearly demonstrated in the above actions. We believe this unwavering commitment will improve the health and wellbeing of citizens across the city.

4.4 Strategic Priority 3

Locality Working and Engaging with Communities



Our Ambition:

People can access services and supports as close to home as possible, with these services and supports responding to the specific needs of the local community.

Dundee has a strong ethos of working in partnership with communities and the people it supports. The following factors impact on the way in which local services are accessed by the population within Dundee:

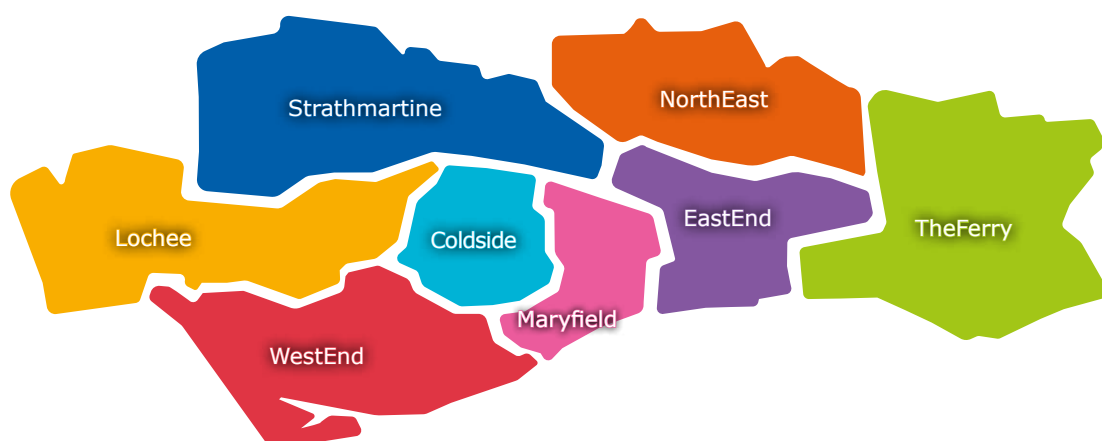
- **geography of Dundee** – Dundee occupies a small geographical area (approximately 60 km²). The city's compact size, coupled with a tradition of community activism, creates positive opportunities for collaboration between our workforce, communities and people using services and carers and means that any specific sites of service delivery will be relatively accessible to the whole population.
- **GP registration** – in Dundee, GP registration does not correlate with area of residence and therefore, in most instances, it cannot be assumed that GP surgeries are responding to the needs of the local population. In addition, practices within Dundee have over 20,000 people registered who do not live within the city boundary.
- **definitions of community** – Dundee's communities do not necessarily identify with the locality designations ascribed to them by the Council's administrative boundaries, with distinctive community identities existing within and across localities.

The Partnership follows a 'locality model' approach to delivering services within the city to ensure that services are targeted to meet the needs of individuals and their carers. The approach also helps professionals and providers to communicate better with each other in local areas.

The Partnership is organised into four service delivery areas, with two Local Community Planning Partnerships (LCPP) areas forming each single service delivery area:

- **Maryfield and East End**
- **Strathmartine and Lochee**
- **The Ferry and North East**
- **West End and Coldside**

The four service delivery areas also encompass 54 natural neighbourhoods.



In the first plan we identified Locality Working and Engaging with Communities as one of our eight key strategic priorities. We acknowledged that Dundee has a wide range of people with diverse needs across different parts of the city and pledged to invest in an infrastructure to support the development of locality planning and to allocate resources to implement locality plans.

Since then we have worked hard with communities and our planning partners to better understand community need and to increase the capacity to plan and deliver services across the city.

Over 2016/ 2018, we have targeted resources and service planning at the neighbourhood level. We have developed locality needs assessments for each LCPP and enhanced reporting at the locality level to increase the transparency of our performance reporting arrangements. Our progress is ensuring we are better able to allocate resources to the neighbourhoods where they are most needed.

The following example provides an illustration of how our focused locality working is making a positive difference to lives in Dundee:

Ardler Drop In Café

Tom is a carer and regularly meets up with a member of staff from the Dundee Carers Centre. During one of their one to one catch ups, Tom highlighted that he thought that his cousin Claire is a carer to her dad. Tom and the member of staff talked this over and agreed that Tom should chat to Claire. Tom met Claire to see how she was doing and to see if she wanted to come along to one of the Drop In Cafés at Ardler. Claire decided to come along with Tom to see if there was help she could get to support her in her caring role.

Tom and Claire attended the next Drop In Café and Tom introduced Claire to the Localities Development Worker. The Localities Development Worker had a chat with Claire to find out more about her caring role, how this affects her, and what kind of support Claire would like. Claire highlighted that her caring role was making her feel tired, sore and grumpy most of the time. Claire was having difficulty sleeping and was finding that all her time was being taken up with looking after her dad. Claire missed going out to see her friends and that things were starting to get on top of her. Claire's dad has been recently diagnosed with dementia and Claire lives closer to him than the rest of her family.

The Localities Development Worker listened to Claire and introduced her to the Senior Keep Well Nurse at the Café and arranged a Keep Well Health Check at the community centre next to her block of flats. The Localities Development Worker asked Claire if community groups would help. Together they found groups nearby which Claire did not know about. These groups included aerobics, swimming, knitting circles and a dementia support group.

Claire had her health check and found that her physical health is ok, but her emotional health is affected by dealing with her dad's diagnosis on her own. Claire had thought she had to deal with her dad herself, however with the support from Tom, the Localities Development Worker, and the Senior Keep Well Nurse she asked for help from her family and social work. Claire now regularly attends the Drop In Café, dementia support group and goes swimming.



Actions for 2019/ 2022

Much of the work undertaken over the last three years has been focused on helping us to understand the specific needs and expectations of people in each of Dundee's localities and neighbourhoods. Over the next three years we will focus on how we structure and deliver services to respond to these needs and expectations by **Realigning Service Delivery to Community Need** and **Maintaining Community Engagement**.

Realigning Service Delivery to Community Need

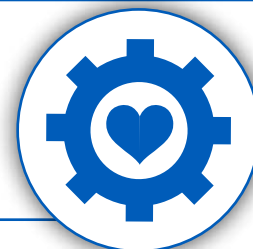
We will:

- Continue to realign our services to the four service delivery areas in order to ensure people can access services where they are needed most. This also means increasing the level and range of services delivered in local communities, in line with the **Tayside Primary Care Improvement Plan**.
- Work with Children and Families Service to align our services to similar service delivery areas.
- Further develop our carers locality support model to enable implementation across all localities of Dundee.
- Work with commissioned and third sector services to realign service delivery to community need.
- Develop a property strategy for the Partnership, in collaboration with NHS Tayside and Dundee City Council, that supports the realignment of services.

Maintaining Community Engagement

We will:

- Continue to be involved in the development and delivery of Local Community Plans, making sure that communication initiatives resonate across all care groups, young and old.
- Share data with communities to enable citizens to continue to inform the Partnership on what success should like from a citizen perspective.
- Refresh the Partnership's Participation and Engagement Strategy to ensure an integrated approach with wider Community Planning Partners, particularly Community Learning and Development.



4.5 Strategic Priority 4

Models of Support, Pathways of Care



Our Ambition:

People will live more independently at home for longer, supported by redesigned community based, person centred services

The Kings Fund report **Reimagining Community Services - Making the most of our assets** published in 2018, notes that *"A radical transformation of community services is needed, making use of all the assets in each local community wherever these are to be found, breaking down silos between services and reducing fragmentation in service delivery."*

To help support this transformation, our last plan detailed our goals to improve the way that people move between large hospitals and the community, how we would redesign models of non-acute hospital-based services and re- invest in community-based services including our response to protecting people concerns. We understood that we needed more specialised residential resources and had to invest in housing with support and day opportunities. We also needed to increase telehealth and telecare supports available to help people live more independently for longer.

Over 2016/ 2018, we have developed a series of strategic plans to address these challenges and improve the way we support people with different needs in the community. We have reviewed residential care services and increased our care at home capacity. We have also redesigned a number of services, for example, the rapid rehousing transition plan is moving more people from temporary accommodation to their own tenancies.

The following example provides an illustration of how our changing models of support are making a positive difference to Dundee lives:

Red Cross Assessment at Home

Feedback from people who have used the Red Cross Assessment at Home service:

" I thought I was going to have to move into a care home and I was scared, I couldn't believe it when I was able to go home with support. Within a few days I was managing much better that I thought I would."

"They really helped me to settle back in at home. My confidence was away after being in hospital, but now I'm getting on fine."



Actions for 2019/ 2022

We will continue to focus on the actions detailed within each of our care group strategic commissioning plans. This will help to further improve models and pathways of care we have developed and will develop for future need. We will also work with NHS Tayside to support the re-design of clinical pathways across a range of service delivery areas.

We are committed to providing person centred support and will create more flexible options around the type of support available. By remodelling integrated care and support planning, we can support people to achieve their personal outcomes. By furthering the development of self-directed support 'SDS', we will enable people to take more direct control over their support.

There are a number of 'must dos' across all of our service developments to ensure that it is person centred. We will:

- Sustain and continue to review training, learning and development programmes for our workforce, to embed person centred practice.
- Simplify our processes and systems to make access to care and support easier.
- Further develop systems and processes to ensure standards of quality and safety and best outcomes for individuals are achieved in the provision of services.
- Invest further in the workforce to develop integrated roles, improve quality and increase capacity.
- Commission internal and external services on a locality basis.
- Increase the balance of care towards care at home services over the period of the plan.
- Ensure that service developments are co-produced with people accessing the services and carers, addressing the needs and outcomes of both carers and the person they care for.



To deliver on our ambition, we will continue to enhance our models of support, including:

- **Primary Care Transformation and Improvement Plan** – modernise primary care services, with a specific focus on general practice and the introduction of the new GP contract and the development of a multidisciplinary approach to primary care.
- **Community Health Services** – review the model of health interventions in the community to develop locality models that include Health and Community Care Centres, community based clinics; integrated community health and care roles and a modernized community nursing service.
- **Community Independent Living Services** - remodel services to deliver an integrated model which supports early intervention, active and independent living and improved outcomes for people accessing the services and their carers.
- **Care at Home Services** – remodel the in-house service to ensure it is person centred, efficient and responsive to the increasing needs of people accessing the service and their carers.
- **Substance Misuse** – redesign integrated services for adults who use substances to improve access to recovery orientated treatment services and supports to improve outcomes for people and their families. Implement actions to support the prevention of drug related deaths, taking into account the findings of the Dundee Drug Commission.
- **Mental Health and Wellbeing** – remodel community services by developing early intervention services and crisis care models, including services delivered from GP practice and ‘peer navigation’ services within acute hospital and accident and emergency settings.
- **Homelessness and Complex Needs** – implement a lead professional model and undertake a redesign of temporary accommodation and rapid rehousing to improve access and coordination of support and outcomes for people who have a complex needs.
- **Sexual and Reproductive Health** - redesign sexual health and reproductive services to maximise efficiency and a focus on outcomes while maintaining access to adults and young people with specialist sexual and reproductive health needs.
- **Learning Disability** – increase the provision of community health supports and opportunities for adults with a learning disability and/ or autism to receive more personalised support in leisure, recreational and social activities, including in the evening and at weekends.
- **Carers** – implement the Carers Strategic Plan and through this increase the identification and support to carers.
- **Palliative Care** – remodel specialist services and develop pathways with people accessing services and their carers, to enable more people to live at home when they want to do so.
- **Transitions** – work with Children and Families Service and other partners to enhance arrangements for transitions between child and adult services, including within public protection services.
- **Protecting People** – actively lead and contribute to the implementation of the Transforming Public Protection Programme.
- **Suicide Prevention** – develop a plan that reflects the national priorities and reduces the number of suicides within the city.
- **Community Justice** – work with the Scottish Prison Service and other partners to support the planning and delivery of the Women’s Custody Unit and enhance transitions from custody and resettlement for both male and female prisoners.



5.1 Background

The Partnership, providers, people who use services and their carers, already access and use digital technologies such as telecare, equipment and adaptations to support independent living, and access health and social care information through a range of websites. Technology can be transformative for those people who choose to use it. We want build on the technological advances we have already made and continue to develop digital technologies to deliver more positive outcomes for people across Dundee.

Digital technology will become an ever increasing enabler as the Partnership seeks to deliver on its ambition and vision, with technology playing a critical role in areas such as enhancing the contribution of the primary care sector in delivering good health and social care outcomes within people's own communities.

However, we also understand that new technology is not for everyone. Our person centred approach to providing support will make sure that people will not be disadvantaged should they be unable to make use of it or have a preference not to use new technologies.

5.2 Dundee Smart Health and Care Strategy

We have developed a strategy on the use of technology - **Dundee Smart Health and Care Strategy**. This strategy will ensure that the use of technology within the Partnership will help to achieve all four strategic priorities set out in this Plan by:

- promoting equality and social inclusion.
- addressing health inequalities.
- supporting early intervention and prevention.
- protecting people from harm.
- increasing the accessibility and efficiency of services so that people can gain the right support at the right time.
- increasing opportunities for people to be involved in the design and development of supports and services.
- improving the way teams share information and communicate with one another.



To support implementation of our strategic approach to technology, we have adopted the following guiding principles:

Guiding Principles

- co-producing our developments with people who use services, carers and our workforce.
- ensuring technology is easy to access and available for use in citizens' homes and communities.
- using technology to improve outcomes for citizens and communities.
- integrating technology into system redesign so that technology is fully accessible and integrated into service delivery.
- promoting innovation and personalisation in the use of technology.
- ensuring equality in our approach so access to technology is fair, consistent and free from discrimination; and
- promoting best practice in use of technology and ensuring compliance with national standards.

5.3 Outcomes

The Partnership's focus on technology and achievement of the strategic outcomes set out in the **Dundee Smart Health and Care Strategy** will contribute to improvements to health and wellbeing, support increased independent living, and enable people to feel more in control of their lives. Each of these positive outcomes, complements our determination to reduce health inequalities across Dundee.

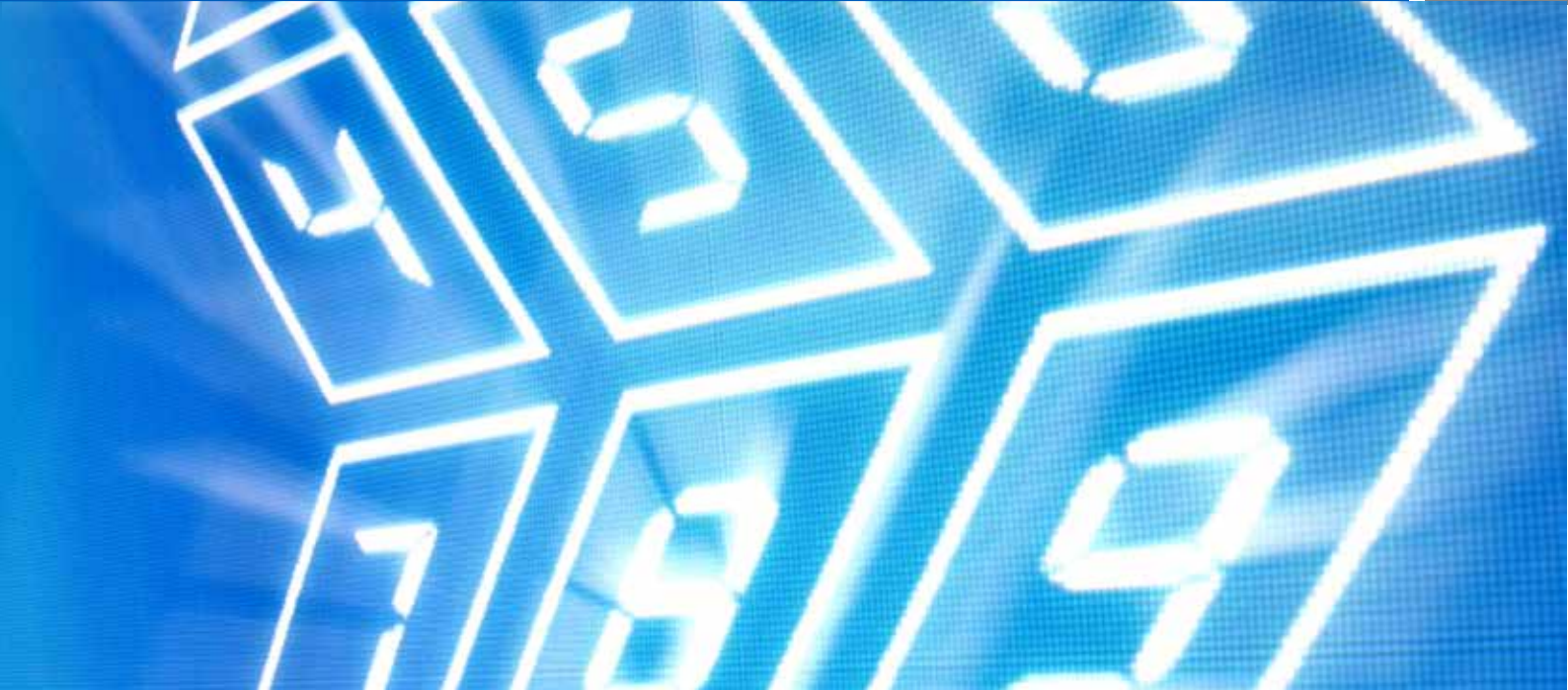
5.4 Longer Term

The Scottish Parliament Health and Sport Committee report on technology and innovation in health and social care stated that *'Digital technology has the potential to change the face of health and social care delivery.'*⁷ The Annual Report by England's Chief Medical Officer titled 2040 – Better Health Within Reach⁸ looks even further ahead, providing examples of currently available artificially intelligent health diagnostic and monitoring devices and envisages a future that includes their expanding use.

Over the longer term, the Partnership recognises that radical transformation is required in the way technology is used to ensure that we can provide sustainable, person centred, locally delivered services that can adapt to the city's changing demographics and financial outlook.

⁷ Technology and innovation in health and social care - http://www.parliament.scot/S5_HealthandSportCommittee/Reports/HSS052018R01.pdf

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767549/Annual_report_of_the_Chief_Medical_Officer_2018_-_health_2040_-_better_health_within_reach.pdf



6.1 Financial

Context

The **2016-2021 Strategic and Commissioning Plan** was set within a context of an increasingly challenging financial time for the public sector – tightening budget allocations, increasing demand for services and rising costs of service provision. Three years on, this challenging financial position remains unchanged, and the potential impact of Brexit on health and care service also adds to uncertainty.

The Partnership's budget consists of financial resources provided by NHS Tayside and Dundee City Council. The financial position of both statutory partners has been well publicised in recent times with each organisation required to make significant efficiencies and savings to bring expenditure in line with available funding. The financial challenges facing these organisations clearly impacts on the level of funding the Partnership receives to plan and deliver services.

Given the challenging financial environment, the Partnership needs to explore all opportunities to work more closely with partners to deliver services more effectively. Our budget allocation of around £235m, when combined with the undoubted skills and innovation of our workforce and that of our partners, offers scope to build on our successes and deliver on the ambitions set out in this Plan.

What We Have Done With Our Resources

Since the establishment of the Partnership in 2016, we have worked hard to make the best use of our resources and to effect change in the way services are delivered in line with our strategic priorities. The Scottish Government has supported us in our endeavours, providing dedicated funding to integrate health and social care services.

We have used the funding to test different models of care, to meet increased demand for services, to pay the living wage to all adult social care workers and to better support carers.

It is by investing in tests of change, that we have been able to develop a multi-professional model of care within the community (the Enhanced Community Support model) and start to move resources to support the roll out of this model across the city.

We have also invested over £1.1m to increase the number of care at home hours provided by the third and independent sectors. This increased community capacity is reducing the number of people experiencing delays in leaving hospital and returning home and progressively moving the balance of care from hospital to community based settings.

However, although our resources are substantial, they remain under considerable pressure when set alongside the increasing demand and cost of services. We have been accessing reserves built up in previous years to fund some of our critical activity. This position however is not sustainable in the long term, a point also highlighted by Audit Scotland within their **2017/18 Annual Audit Report** on the IJB.

Three Year Financial Framework

In recognition of the financial challenges we face we have developed a Transformation Programme. The Programme is key to ensuring that we are financially sustainable in the long term and includes consideration of how we bring more services together and how we will explore ways of doing things differently to provide better outcomes for those in need within the city.

The estimated scale of transformation and efficiency savings required is set out as part of the Three Year Financial Framework. The framework sets out the estimated resources the Partnership is likely to have over 2019/22, when set against the anticipated increases in expenditure from rising demand and costs of providing services (e.g. pay inflation). The following table from the Three Year Financial Framework describes the resultant gap between funding and service provision:

	2019/20 (Year 1) £000	2020/21 (Year 2) £000	2021/22 (Year 3) £000
Base Budget	227,321	235,689	241,516
Estimated Additional Costs	14,317	9,035	10,175
Estimated Budget Requirement	241,638	244,724	251,691
Estimated Funding Provided	235,689	241,516	248,417
Transformation Required	5,949	3,208	3,274

Note: Figures provisional until IJB budget for 19/20 is set. Excludes value of Large Hospital Set Aside - to be confirmed.

The Scottish Government continues to support the integration of health and social care through the latest Scottish Budget, with the further transfer of £160m in 2019/20 from the NHS budget to health and social care partnerships via local authorities.

This funding will contribute to the cost of implementing Free Personal Care for Under 65s, the costs associated with the second year of the Carers Act, an increase in the living wage and other cost pressures within the sector including demographic demand. Further specific funding streams for services such as Primary Care Improvement Funding and Mental Health Funding, will provide additional opportunities to enhance community based health and social care services.

The estimated additional funding for 2019/20 for Dundee IJB for these areas is:

Funding Stream	Estimated Dundee Allocation (£000)
Carers Act – Stage 2	301
Free Personal Care for Under 65s	888
Investment in Community Health and Social Care	3,252
Primary Care Improvement Funding	275
Mental Health Action 15 Funding	178
Total Additional Funding	4,894

It is not anticipated that support for investment in community based health and social care will come solely from additional Scottish Government funding. The legislation underpinning integrated health and social care services makes provision for partnerships to influence the size and shape of some elements of acute sector hospital based services and enables the transfer of funding from that sector to the community. This is called the Large Hospital Set Aside and is largely based on the cost of unplanned admissions to hospital.

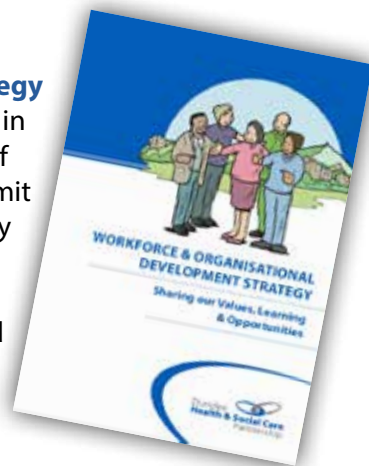
By examining the unplanned care pathway in partnership with the health board and the council, we can ensure community based services become more effective in preventing people from being admitted to hospital in an unscheduled way. It is by reducing unscheduled admissions and having a safe and supportive environment for people to go home to, that we can reduce the number of hospital beds required and release savings, which can be used to reinvest in community services.

The number of days Dundee citizens spend in hospital as a result of an emergency has fallen significantly from just under 121,000 in 2016 to around 103,000 in 2018. We expect this number to fall further throughout 2019/20 to around 97,000. While there is still much to do, this shows that despite the financial challenges, with the collective will of all partners we can deliver transformative services that make a positive difference to the lives of Dundee citizens.

Our commitment to make the best use of the finances available to us, will require a comprehensive consideration of current and potential future funding arrangements in line with the Strategic Priorities detailed in this Plan. While this may involve commissioning new services and disinvesting in others, our decisions will always be guided by ensuring the best outcomes for Dundee's citizens.

6.2 Workforce

We have an established **Workforce and Organisational Development Strategy** to ensure that the Partnership recruits, develops and retains the right people, in the right place, at the right time to deliver positive outcomes for the people of Dundee. The strategy covers all employees within service areas within the remit of the Partnership. This includes those employed by NHS Tayside, Dundee City Council, third and independent sectors, volunteers, peer mentors and unpaid carers. The Partnership understands that the Vision and priorities within the Plan will only ever be realised by the actions and behaviours of our integrated workforce.



The strategy:

- provides us with the framework to ensure a positive and enabling organisational culture.
- gives clarity of direction to our workforce.
- ensures that the priorities for our workforce are aligned with the priorities of our citizens and the priorities set out by the Integration Joint Board and our change programmes.
- supports the transformation of roles across the Partnership to reflect changes in the way services are delivered, either through national, regional or local transformation programmes.
- supports leadership at all levels to give clear direction to employees and the success of integrated services.
- delivers an environment supportive of continuous professional development.
- recognises the need to plan ahead in conjunction with professional and academic institutions to ensure we are able to meet our future workforce requirements.

As a Partnership, we recognise the distinct perspective each individual brings to their role and value the contribution all our employees are making to the health and well-being of the people of Dundee. We are committed to ensuring we have clear engagement processes to enable employees and their representative to influence and contribute to change programmes and to have a strong voice throughout the organisation.

As we move forward, we remain committed to supporting and developing our entire workforce to ensure we work in a co-productive, engaged, flexible way to improve the outcomes for the citizens of Dundee.

6.3 Information Technology

Using Information Technology (IT) to its full potential is essential if our workforce is to operate efficiently, flexibly and securely. In a sustained period of financial constraint and increasing demand for more individualised services, access to effective, innovative IT and real time information has never been more necessary.

As the Partnership is provided with IT support services by Dundee City Council and NHS Tayside, it is critical that all partners continue to work together to meet the specific IT needs of our integrated health and social care workforce. Working with our partners, our IT priorities over the next three years include:

- the implementation of modern, secure, compatible, email systems.
- the introduction of secure interfaces between recording systems to allow for streamlined systems, improved access to information and reduced duplication of data entry.
- supporting our workforce with technology for mobile and flexible working.

Delivering on these priorities will not only drive efficiencies for our workforce, but importantly will deliver a more personalised, local experience for people using our services. We will also continue to build on recent innovations such as Attend Anywhere, which allows online outpatient clinics for up to six people in online meeting rooms. Our approach is improving accessibility for citizens and reducing travel time for health professionals, patients, the carers who support them and the social care workforce.

6.4 Property

The Partnership delivers a range of services from properties across Dundee. This includes office accommodation, hospital based services, commissioned services delivered by third and independent sector providers and residential or day services. Property is a critical component of our ability to deliver services within environments that are modern, compliant, functionally suitable, and sustainable and, where applicable – close to the localities where people live.

As decision making with regards to purchase, rental, decommissioning and capital investment rests with Dundee City Council and NHS Tayside Health Board, we will continue to work closely with our partners to ensure we strengthen our integrated approach to property so that it supports delivery of this Plan.

The Partnership's key objectives for developing property to support our Vision include:

- rationalising our centralised office based property through better use of flexible working arrangements and information technology. This will include supporting Dundee City Council and NHS Tayside to deliver their property rationalisation plans and managing the property implications of our Reshaping Non-Acute Care Programme.
- shifting the balance of service delivery from large centralised, office based accommodation to localised, shared accommodation. This will include considering how we move towards a property estate that supports co-location of general practice with other health and social care professionals in order to improve integrated care.
- developing a range of accommodation for individuals with health and social care needs. Priorities within this include taking account of those people transitioning from young adult services to adult services, those people currently placed outwith the city in specialist services, and those people currently or likely to stay in hospital unless individually designed accommodation and support is available.

6.5 Procurement

This Plan provides current and potential providers with local demographic data. The Plan confirms that, in line with what our citizens are telling us, we need to ensure health and social care services are delivered as locally as possible.

This Plan will form the foundation for our ongoing dialogue with providers on the services that will be needed over the next three years to realise our Vision.

Services in the Partnership are delivered through a mixed economy of local authority health, third and independent sector provision. Our partners from the third and independent sector form an essential element of our overall provision.

Our current contractual arrangements with external providers involve the supply of regulated social care services, ranging from residential care, home care, homelessness, substance misuse, mental health, housing support to care at home. In addition, providers deliver a range of unregulated services, including meals provision, lunch clubs, shopping deliveries, outreach support, befriending, humanitarian protection, mentoring, advocacy and family support.

The Partnership will maintain a proactive approach to working with external providers, seeking co-produced solutions to ensure the best use of local resources. We will ensure supportive contractual management and monitoring arrangements continue. We will promote fair employment practice, community benefits and economic and environmental sustainability within all contractual arrangements.

Our ethos and commitment to partnership working with the third and independent sector, will help us to collectively deliver the services required over the next three years. We will work with provider organisations to update our market shaping strategy – **Shaping the Adult Health and Social Care Market in Dundee 2017-2021** to ensure providers can respond to the changing needs of the local population.



We believe that if we have achieved the vision set out in this Plan that:



fewer people will access hospital acute services, and more resources will have been released to support enhanced provision of community care responses.



citizens will receive the support they want, in the locations they want, at the time they need it, from a workforce that is actively working together across the health and social care system.



citizens will be protected from harm and supported to recover from the impact of trauma.



carers will feel listened to, valued and supported so that they feel well and are able to live a life alongside caring.



the need for the intervention of services will have reduced and there will be a greater role for community based supports.



communities and individuals will thrive in the areas they live in.



the health and social care inequality gap will be reduced for people living in deprivation and for those who are part of protected equality groups.



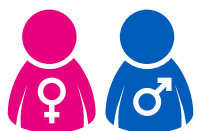
more people will take greater control of their lives and feel more motivated to make lifestyle choices that will positively enhance their health and wellbeing.

As a Partnership, we will continue to monitor and report on progress through the range of performance reporting and quality assurance activities that we have developed over the last three years. Whilst we will continue to report publicly against the National Health and Wellbeing Indicators, we are committed to further developing approaches that focus on health and social care outcomes at a locality and neighbourhood level.

Appendix 1: About Dundee: Demographic Context

Dundee is Scotland's fourth largest city. Like many densely populated cities, Dundee faces longstanding serious and pronounced health and social challenges, which correlate to the levels of deprivation across the city.

Population



148,710

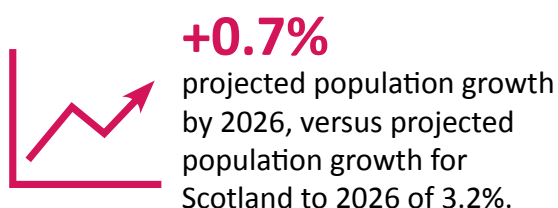
Dundee's Population

(Mid 2017 population estimates Scotland – National Records of Scotland)



22,000

people living outside city
registered with GP practices



Higher proportion of people with one or more disability in comparison to the rest of Scotland.



East End, Lochee and Coldsides are the areas of Dundee that have the highest prevalence of people with mental health conditions, physical disabilities, learning disabilities and sensory impairment.
(source: 2011 census)

13,072

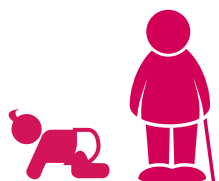
people who identified as being a carer in the 2011 census.



360,000

hours of care per week provided by carers in Dundee.

Life Expectancy



2nd

lowest life expectancy of any council area in Scotland.

79.6



Dundee

81.1



Scotland

Average life expectancy in Dundee compared to Scotland

(NRS Life Expectancy for administrative areas within Scotland 2014/16)

74.5

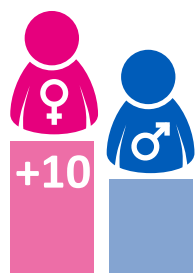


Dundee

77.1



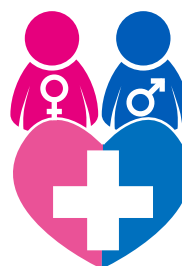
Scotland



Life expectancy of a female who lives in one of the least deprived areas of Dundee is over ten years more than a male who lives in one of the most deprived areas.

63.7

years Healthy Life Expectancy (HLE) for females in Dundee. This is lower than Scotland which is 65.3 years.

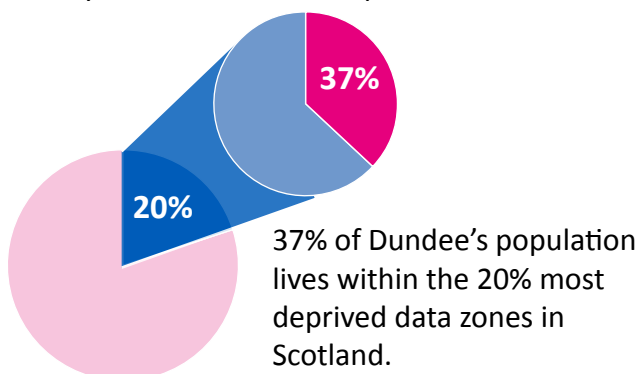


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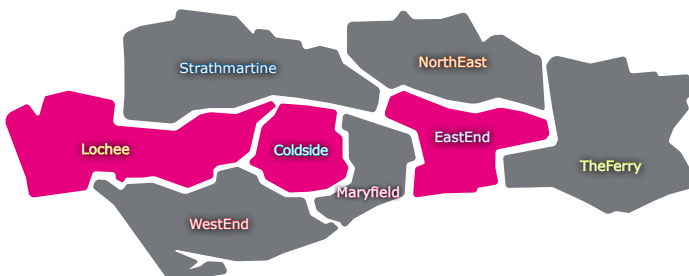
years Healthy Life Expectancy (HLE) for males in Dundee. This is lower than Scotland which is 63.1 years.

Deprivation and Health Inequalities

Given the stark variation in how long a person lives and critically how long they live healthily, Dundee needs to invest resources where deprivation is at its most pronounced. Deep rooted deprivation is closely linked to health inequalities.



More than half of those living in East End, Coldsides and Lochee live in the 20% most deprived areas in Scotland.



Lochee, East End and Coldsides have the highest rates of mental health conditions.

(source: 2011 census data)



2,900 Estimated problem drug users in Dundee.



20

times higher rate of drug related hospital discharges in the most deprived areas of the city.



drug related deaths per year on average between 2013 and 2017, the highest rate across Scotland.

2nd

highest prevalence of domestic abuse in Scotland, 40% higher than the rate across all Scotland

(Domestic abuse recorded by the Police in Scotland, 2016-17)

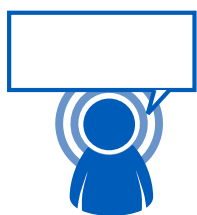


Rate of Accident & Emergency attendances due to alcohol related harm is 4 times higher in the most deprived areas of the city.



4th

highest number of people self reporting a mental health condition across Scotland.

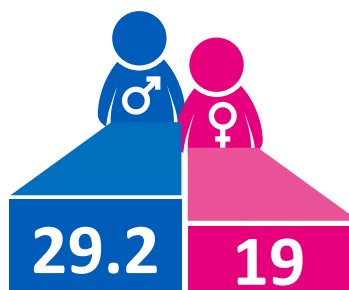


Males in Dundee have the second highest suicide rate in Scotland.



63%

increase in hospital stays for mental health and behaviour disorders since 2013/14.



The suicide rates in Dundee per 100,000 is 29.2 for males and 19 for females for the period 2013 - 2017.

Further Information

Further information about Dundee's demographic context and health and social care needs, including how these vary across localities, can be found in our [Strategic Needs Assessment](#) and accompanying [Locality Needs Assessments](#).

Appendix 2: Our Achievements

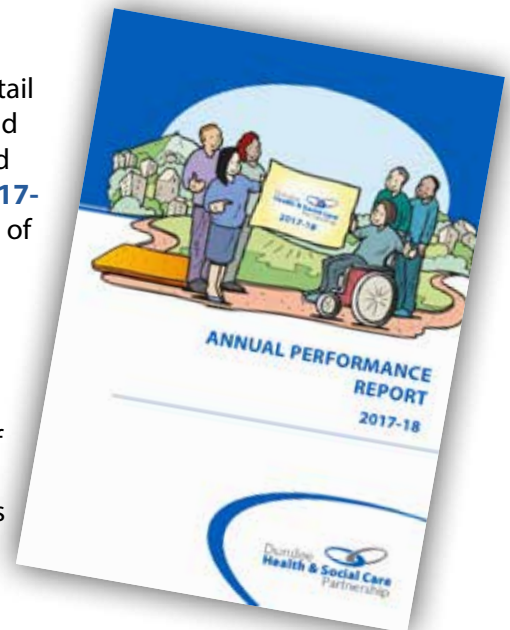
Introduction

The Partnership's statutory annual performance reports set out in detail the progress we are making on a daily basis to improve the health and care of Dundee residents to ensure that everyone lives as fulfilled and independent lives as possible. Our **Annual Performance Report 2017-2018** provides a comprehensive insight into the many achievements of the Partnership in its second year of operation.

It is gratifying that Dundee citizens rate their experiences of health and care services very highly. Against most health and social care integration indicators, the people of Dundee express greater satisfaction with local services than the rest of Scotland. Examples of high performing areas for the Partnership include ensuring people feel supported to live as independently as possible, ensuring services are well coordinated, and services are maintaining or improving quality of life.

While this Plan quite rightly centres on what more we must do as we move forward, it is useful to reflect on how far we have come since our formation. Over the last three years we have learned that when we focus our resources and commit to a whole systems approach to improvement, we can make substantial progress. We have also learned that more positive outcomes are achieved when we co-produce solutions with people who use services, their families and carers. This is best demonstrated by shining a light on two of our achievements:

- our progress in reducing unscheduled health and social care required in an emergency and the impact of lengthy hospital stays after people have been admitted as an inpatient; and
- our unwavering commitment to recognising the critical importance of supporting and involving carers in delivering on our organisational vision.



Unscheduled Care and Discharge Management

Unscheduled care is a term used to describe any unplanned health or social care. Improving unscheduled care provision across Scotland is a key priority for the Partnership. Our goal is to reduce unscheduled care by minimising avoidable attendances at A&E departments and reducing emergency admissions. By planning across all services, we aim to strengthen the contribution of community based services and reduce the numbers of people being admitted to hospital without prior planning.

Once in hospital, people can remain in hospital longer than necessary as they await the right support to return home, this is referred to as 'delayed discharge'. Longer than necessary stays in hospital are associated with increased risk of infection and poor mental health. Our goal is to make the entire discharge process as effective and efficient as possible, including agreeing when a person is fit for discharge, coordinating packages of support and enabling carers to be part of discharge planning.

People are affected negatively by both unscheduled care and delays in discharge from hospital. Unscheduled care and delayed hospital discharge also negatively impact on attendance at A&E, patient flow within hospitals and the cost of hospital care. By safely reducing the length of hospital stays and number of hospital beds required, savings can be realised from in-patient services for investment into community services.

Since early 2017, a Tayside wide Unscheduled Care Board has worked across NHS Tayside and the three Tayside Health and Social Care Partnerships, to deliver improvements across acute and community sectors. In Dundee, the multi-agency Home and Hospital Transitions Group has led improvement work to ensure more timely discharge from hospital. The Partnership has targeted investment across a number of areas to ensure that people in hospital are only there as long as they need to be. For example, we have:

implemented the Dundee Enhanced Community Support Service and the Dundee Enhanced Community Support Service – Acute. These services work across primary care to identify, assess and treat patients who are at risk of hospital admission.

embedded the use of Anticipatory Care Planning across more service areas, enabling more people to exercise greater choice and control in their care.

developed a Home Care and Resource Matching Unit to increase the efficiency of care at home services.

increased the range of step-down⁹ resources we offer people before they return home from hospital.

improved the effectiveness and efficiency of assessments for home adaptations and provision of aids for daily living.

adopted a 'discharge to assess' model, ensuring assessments accurately reflect an individual's ability to manage in their own environment.

developed the Integrated Discharge Hub, providing a single route for referrals and response to discharge activity.

worked alongside the acute sector to increase collaborative working across different professional groups.

increased mental health officer resources, significantly reducing the time taken to review power of attorney and guardianship requests.

⁹ Step-down care includes a range of supports and services which focus on re- and rehabilitation, this enables people to be discharged from hospital.

doubled our investment in the learning disability acute liaison nursing service to support adults and their families admitted to acute hospital care.

enhanced how we involve carers in discharge planning.

increased availability of Allied Health Professionals, Hospital Coordinators, Pharmacy Professionals and Scottish Ambulance Service resources.

redesigned a number of condition specific pathways with a focus on reducing unscheduled care and supporting people within their own homes.

contributed to the development of the Tayside Winter Pressures Plan, taking a more proactive approach to managing seasonal fluctuations in admission and discharges from hospital.

This concerted partnership working has led to a range of performance improvements. The number of days Dundee citizens spend in hospital as a result of an emergency has fallen from almost 121,000 in 2016 to around 103,000 in 2018. We expect this number to fall further throughout 2019/20 to around 97,000 days. We have also shown a sustained reduction in the number of bed days lost due to delayed discharges between 2016 and 2018.

Our integrated approach to reducing delayed discharges clearly demonstrates that long term challenges can be successfully overcome with the necessary focused response and investment. Our work however is not complete, and we plan to introduce further improvement actions to enhance our performance, particularly for people aged 18 to 74 who have complex needs.

Carers

The Partnership recognises the critical contribution that carers make in supporting people they care for and the vital place that carers have in communities across our city. According to the Census 2011, there were around 13,000 carers in Dundee providing support to family or friends who are older, disabled or seriously ill. This equates to approximately 1 in 9 people currently being carers within Dundee, with many others having had previous caring experience. Many more of us will be carers during our lifetime. Some Dundee citizens will be carers for most of their life, some taking on this role at a very early age. For others caring may be a short-term responsibility. Caring is therefore part of day to day life for many.

Carers face unique challenges and experiences and as a Partnership we are responding to these challenges. Local carers tell us that the nature of their caring role means that they often focus on someone else's needs to the detriment of their own, causing negative impact on their own health and wellbeing. Despite having experience of the needs of the person they care for, and expertise in how they care for that person, carers can sometimes be overlooked when support plans are developed. Carers have told us that want to tell their story only once and don't wish to repeat it each time they meet different people. They also tell us support agencies must work better together and should be more flexible to suit the circumstances of both the person cared for and the carer.

In 2017, the Dundee Carers Partnership produced, the **Dundee Carers Strategy – A Caring Dundee**. Carer voices were key to how the strategy developed, with a carer noting that *"I feel that things are moving in the right direction for carers. We now have a voice – let's make sure it continues to be heard and acted upon"*. The **Carers Strategy** sets out how we will achieve:

A Caring Dundee in which all carers feel listened to, valued and supported so that they feel well and are able to live a life alongside caring

The Strategy serves as the driver for a range of actions being taken forward by the Partnership to improve the lives of Dundee carers.

The “It’s all about the Break” scheme was developed as a pilot to support people who use mental health services and their unpaid carers to access new types of short breaks more suited to their needs. This project has since become a mainstream service due to its effectiveness. The success of the service is clearly demonstrated by the increasing referral rates and the number of short breaks provided to carers, as well as in the positive personal outcomes achieved by people using services and their carers. The ways in which carers request their breaks also continues to widen.

In partnership with the Dundee Carers Centre, and others, we are further strengthening our focus on the health of carers, through increased promotion of wellbeing checks for carers through the Keep Well Team. Carer feedback has been very positive about the added value of this support. As with the short breaks scheme, referral rates for health and wellbeing checks are increasing.

A major focus for the Partnership has been the local implementation of the **Carers (Scotland) Act 2016**, which came into effect in April 2018. Some key activities undertaken to fulfil legislative duties included:

- the provision of learning and development activities for our workforce and partners, to enhance their understanding of carers and the Act.
- the further development, in partnership with the Dundee Carers Centre, of locality models for supporting carers within the service delivery area in which they live.
- the creation and delivery of a ‘Carers of Dundee’ website and carers factsheets to provide information and advice for local carers and professionals.
- the introduction of a Carers Interest Network for practitioners across health, social care, third and independent sectors to develop coordinated approaches to supporting carers.

As a Partnership, we have taken some big steps to recognise the invaluable contribution carers make in our communities to the person they care for and we are proud of our expanding range of services, supports and information specifically designed for carers, with carers. We have learned that working alongside carers should be a mainstream activity across all areas of the Partnership and embedded in everything that we do. This includes working alongside our colleagues in Children and Families Service to support young carers. By doing this we ensure that young people who are carers have a life similar to their peers.

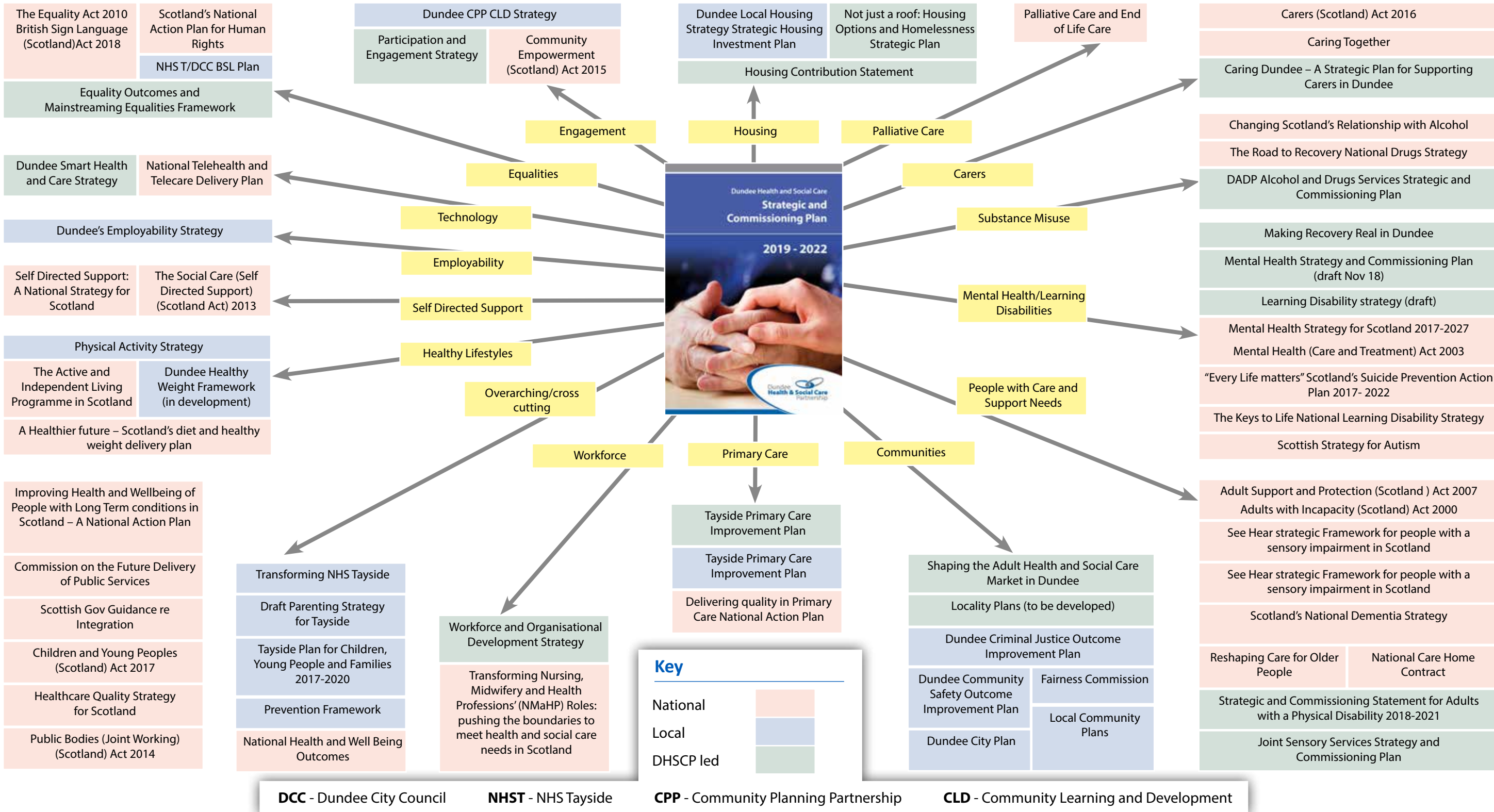
Appendix 3: Legislative and Policy Context

Background

To ensure that we achieve more positive health and wellbeing outcomes for the people of Dundee, it is important that we incorporate relevant national, regional and local policies as we plan, design and deliver services.

The policy context that supports and drives this Plan is comprehensively detailed in the **Health and Social Care Strategic and Commissioning Plan 2016/ 2021**. There have however been noteworthy changes in terms of the legislation and policy context since our first plan was agreed. Figure 1 provides a summation of the current national, regional and local policy context:

Figure 1



National Context

At a national level, new ideas have emerged around the delivery of health and social care, with an increased focus on further shifting the balance of care from hospital to community based settings. This Plan responds to the changing national policy landscape, including the:

- **Carers (Scotland) Act 2016**, which places a range of duties on Integration Joint Boards to support unpaid carers, including developing a carers strategy and having clear eligibility criteria in place.
- **Free Personal Care** for under 65s, which extends free personal care to all under 65s who require it regardless of condition.
- **General Medical Services (GMS) Contract in Scotland 2018** which envisages a radical change and expansion within primary and community care across Scotland. The Contract acknowledges the need to shift the balance of work from GPs to multi-disciplinary teams.
- **Health and Social Care Standards**, which set out what people should expect when using health, social care or social work services in Scotland. For the Partnership, the standards mean a new framework for inspections will be introduced over time for our own services. We will work with third and independent sector providers to evaluate contracted services against the new standards.
- **Mental Health Strategy 2017-2027** which sets out an ambitious set of priorities, with considerable focus on prevention and early intervention. The Partnership's own emerging strategic commissioning plan for mental health and wellbeing is consistent with the national strategy and is being guided by the views of people living in Dundee who have experienced mental health challenges.
- **Public Health Priorities for Scotland**, sets out a national approach to improving the health of the population, centred on six priorities - healthy communities; early years; mental wellbeing; use of alcohol, tobacco, drugs; a sustainable economy; and healthy eating and physical activity.

In addition, to these most recent, significant national developments, the Partnership has developed this Plan within the context of a wide range of other national policies, reviews and strategies, including:

- **Health and Social Care Delivery Plan**
- **National Clinical Strategy for Scotland**
- **National Health and Social Care Workforce Plan**
- **Scotland's Digital Health and Care Strategy**
- **Social Services in Scotland: A shared vision and strategy 2015-2020**
- **Strategic Framework for Action on Palliative and End of Life Care.**



Regional/ Local Context

This Plan also aligns new priorities with the developing Tayside public health strategy and several landmark regional and local plans, including:

- **City Plan for Dundee 2017-2026** - Dundee's City Plan identifies the biggest strategic priorities, opportunities and challenges ahead as the Community Planning Partnership improves the city over the next ten years. The City Plan strategic priorities are Fair Work and Enterprise; Children and Families; Health, Care and Wellbeing; Community Safety and Justice; and Building Strong and Empowered Communities. All of these priorities will complement this Plan in delivering a better future for Dundee citizens.
- **Dundee Community Justice Outcome Improvement Plan** – Sets out how we and our community justice partners will work together with communities to reduce re-offending through developing the community justice workforce and providing interventions at every stage of the community justice pathway (prevention, community alternatives, and support to those in custody and post custody support).
- **Fighting for Fairness** – This report, prepared for the Fairness Commission, sets out a series of recommendations to help Dundonians struggling with poverty. These recommendations have been collated under the themes of people and money, mental health and stigma.
- **Tayside Drug Death Annual Report** – sets out a series of recommendations to reduce drug deaths across Tayside.
- **Tayside Plan for Children, Young People and Families 2017 – 2020** – Community Planning Partners in Angus, Dundee and Perth & Kinross have set out their vision for reducing inequalities and improving outcomes for all children in Tayside. This includes joint priorities to address the impact of substance misuse, mental health and obesity on the lives of children and to enhance parenting support.
- **Tayside Primary Care Improvement Plan (PCIP)** builds on the **General Medical Services (GMS) Contract in Scotland 2018**. Developed by the Partnership with Angus and Perth & Kinross Partnerships and NHS Tayside, it will systematically reshape primary care services over the next three years to allow GPs to fulfill their role as “expert medical generalists” at the heart of coordinating clinical care for patients in each specific community.
- **Transforming NHS Tayside Programme** - NHS Tayside is leading on a range of improvement projects including the development of an Integrated Clinical Strategy that will support NHS Tayside and Integration Joint Boards to develop new service models and pathways for the local population for the next five to 10 years.



We are closely aligning how we plan and deliver services across localities. Aligning services in this way helps support the requirements of other plans, particularly the **General Medical Service Contract**.

This Plan is also influenced by a series of Partnership strategies, each of which respond in detail to different needs across the city. It is by planning and working together with council, NHS, third and independent sector organisations and people accessing services and their carers, that we can make the positive changes that Dundee citizens need. These local strategies are led by Strategic Planning Groups, which comprise of people who use services, their carers and people delivering services. The Partnership currently has the following Strategic Planning Groups:



* The Strategic Planning Groups for Alcohol and Drugs and for Suicide Prevention also form part of wider strategic planning arrangements for Public Protection.

Many of the Strategic Planning Groups have developed strategic plans. The following strategic plans have been approved by the IJB:

- **A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee** – The plan identifies the actions required to achieve four outcomes for carers – *‘I am identified, respected and involved; I have had a positive caring experience; I can live a fulfilled and healthy life; I can balance my life with the caring role.’*
- **Dundee Smart Health and Care Strategy** – This plan sets out the commitment to becoming a leader in the use of technology to improve the lives of people living in Dundee.
- **Joint Sensory Services Strategic and Commissioning Statement 2017-2020** – The statement provides the strategic direction for developing services and support for people with sensory requirements.
- **Not Just a Roof! Housing Options and Homelessness Strategic Plan 2016-2021** – This plan sets out how partners, including people with lived experience of homelessness, will work together to ensure that the people of Dundee live a fulfilled life in their own home or homely setting and are able to access quality information, advice and support if they do become homeless.
- **Strategic and Commissioning Statement for Adults with a Physical Disability 2018-2021** – This plan focuses on five key action areas to improve outcomes for people with physical disabilities in Dundee - improving health and social care support; having somewhere to live and the support to live there; learning and working , keeping safe and taking risks.
- **Substance Misuse Strategic Commissioning Plan for Dundee 2018-2021** - This plan proposes a focus on the prevention of substance misuse to achieve the vision that *‘People in Dundee thrive within safe, nurturing and inclusive communities supported by effective alcohol and drug services that focus on prevention, protection, resilience and recovery.’*

In addition, strategies are currently in development for frailty, learning disability and autism, mental health and wellbeing, suicide prevention and humanitarian protection, and active and independent living. These strategies are being developed with underpinning themes including, a focus on mental health promotion, prevention and early intervention and person centred, strength based approaches to care and support services.

There are also other important documents that complement this plan, including:

- **Equality Outcomes and Mainstreaming Equalities Framework**, which describes the equality outcomes as developed for the Partnership, alongside a framework and reporting cycle for the review of the Partnership's progress in mainstreaming equalities.
- **Housing Contribution Statement** outlines the contribution of the local housing sector to achieving the outcomes identified in this Plan.
- **Strategic Needs Assessment (version 2)** describes the socio demographic characteristics of Dundee as well as levels and patterns of health and social care needs
- **Shaping the Adult Health and Social Care Market in Dundee (2017-2021)** represents a continuing dialogue between the Partnership, service providers, people using services, carers and other stakeholders, about the future shape of our local social care market and how, together, we can ensure this is responsive to the changing needs and aspirations of Dundee's citizens.
- **Workforce and Organisational Development Strategy** sets out how the Partnership recruits, develops and retains the right people, in the right place, at the right time to deliver positive outcomes for the people of Dundee.

The Dundee Strategic and Commissioning Plan
and associated documents were produced,
on behalf of the Dundee Integration Joint Board,
in partnership with a wide range of stakeholders
and was overseen by the Integrated Strategic Planning Group.

Get in touch:

If you have any questions about the information contained in this
document, please email:

dundeehscp@dundeecity.gov.uk

