



**REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
29 MARCH 2023**

REPORT ON: DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2023/24

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB13-2023

1.0 PURPOSE OF REPORT

The purpose of this report is to advise Dundee Integration Joint Board of the implications of the proposed delegated budget for 2023/24 from Dundee City Council and indicative budget from Tayside NHS Board and to seek approval for the range of investments and expenditure proposed to set a balanced budget for Dundee Health and Social Care Partnership for 2023/24.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the implications of the proposed delegated budget to Dundee Integration Joint Board from Dundee City Council and indicative delegated budget from Tayside NHS Board for 2023/24 as set out in sections 4.2 and 4.4 of this report.
- 2.2 Accepts the delegated budget proposed by Dundee City Council as set out in section 4.4 and Table 3 within this report.
- 2.3 Instructs the Chief Finance Officer to report back to the IJB following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of lead partner services budgets and the Large Hospital Set Aside on the IJB's net budget position.
- 2.4 Notes the range of estimated cost pressures and funding uplifts anticipated to impact on the IJB's 2023/24 delegated budget (Appendix 1).
- 2.5 Approves an uplift to staff pay element of Adult Social Care Providers' Contract Value to enable the increased hourly wage payment to staff providing direct care with effect from April 2023, as detailed in 4.7.4, and approve an inflationary uplift of 3% on these Providers' non-pay element plus 3% uplift on Contract Values for other Adult Social Providers with effect from April 2023, as detailed in 4.6.5 to this report..
- 2.6 Approves the budget savings and financial support from reserves as outlined in [Appendix 2](#) to this report.
- 2.7 Remits to the Chief Officer to issue directions as set out in Section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

The proposals outlined in this report set out an overall budget for 2023/24 for Dundee Integration Joint Board of £284.1m as noted in section 4.11 of this report.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Agenda note DIJB89-2022 (Dundee Integration Joint Board Budget Development 2023/24) presented to the 14th December 2022 meeting of the IJB (Article XIII of the minute refers) set out an initial overview of the budget setting process for 2023/24. This was the first in a series of budget development reports to ensure the IJB was fully informed of the financial environment impacting on Dundee City Council, NHS Tayside and ultimately the IJB's delegated budget.
- 4.1.2 The IJB was provided with an update at its meeting on 22nd February 2023 (Report DIJB11-2023 – Dundee IJB 2023/24 Budget Development Update) (Article XI of the minute refers) which provided further details in relation to Scottish Government's Draft Budget Bill, the anticipated budget settlement proposal from Dundee City Council and the indicative budget information from NHS Tayside.
- 4.1.3 Since then, further work has been undertaken to refine the financial assumptions included in the delegated budget. The detail of this is set out in Appendix 1
- 4.1.4 The factors noted above have shaped the development of Dundee Health and Social Care Partnership's proposed 2023/24 budget which is set out within the following sections.

4.2 Proposed NHS Tayside Delegated Budget

- 4.2.1 NHS Tayside's Financial Plan 2023/24 continues to be developed and is expected to be signed off by Tayside NHS Board on 27th April 2023 therefore the figures contained in this report are indicative at this stage. In relation to the delegated budget, NHS Tayside's Director of Finance has indicated that the recurring delegated baseline budget will be uplifted by 2.0% in line with the uplift received by NHS Tayside from the Scottish Government. This will result in an increase in IJB funding of £2,525k in 2023/24. In addition, NHS Boards will receive an additional uplift for the impact of the 2022/23 Agenda for Change Pay Award to be consolidated into the recurring budget allocation taking the total uplift to 5.9%. A proportionate share of this is to be transferred to IJB's to meet the recurring additional 2022/23 pay costs. This funding will be additional to the funding outlined in this report. The Scottish Government has indicated that any additional costs of an agreed Agenda for Change pay settlement in 2023/24 above the 2% provision will be fully funded. The indicative budget has been developed in accordance with the Scottish Government's expectations around the funding of IJB delegated budgets from NHS Boards for 2023/24 and notwithstanding the areas still to be clarified, the Chief Finance Officer deems this to be consistent with the parameters set out by the Scottish Government.

4.3 Large Hospital Set Aside

- 4.3.1 A key component of the overall funding of health and social care is in relation to progressing the arrangements to release resources through the Large Hospital Set Aside mechanism. The system reform assumptions in the Scottish Government's Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway is key to delivering this objective. NHS Tayside have not as yet provided a calculation for the large hospital set aside for 2023/24 and this will be incorporated into the final budget once agreed. There is currently no provision for a further release of resources to Dundee given the current demands on the acute sector.

4.4 Dundee City Council Budget Implications

- 4.4.1 Dundee City Council approved its budget on the 23rd February 2023 which set out the net budget offer to the IJB. The changes to the delegated budget as part of this offer are set out in table 1 below and consists of a 'flat cash' settlement to the IJB's core funding with no provision for inflationary pressures and no savings adjustments.
- 4.4.2 As part of the national Local Government Budget Settlement from the Scottish Government, additional funding of £100 million has been provided to deliver a £10.90 per hour minimum pay settlement for adult social care workers in commissioned services, in line with the Real Living Wage Foundation rate. The budget settlement also provides funding to support the uprating of Free Personal and Nursing Care with additional funding of £15m provided nationally. This is partly offset however by the ending of the non-recurring Interim Care funding of £20m. Local Government has also received an additional £140m on a recurring basis to contribute to the additional cost of the 2022/23 pay award.
- 4.4.3 The Scottish Government's direction on this funding explicitly states that this is to be additional to each council's existing recurrent 2022/23 budget levels for social care. By passing this additional Scottish Government funding on to the IJB's delegated budget, Dundee City Council has met this minimum requirement.

Table 1 – Dundee City Council Budget Uplift Details

	£000
Inflationary Uplift	0
Net Council Uplift	0
Additional Scottish Government Funding (share of £95m):	
Free Personal Care Uprating	221
Adult Social Care Pay Uplift (£10.90 from April 2023)	2,916
Interim Care (non-recurring)*	(571)
Share of Reduction in Supporting People Funding	(82)
Recurring Share of 2022/23 Additional Pay Award	600
Total Net Additional Funding	3,084
*Expenditure reduced accordingly	

4.5 Delegated Budget Anticipated Financial Pressures

- 4.5.1 The IJB's delegated budget will be subject to a range of cost pressures over the course of 2023/24. A significant driver for these increased costs is the impact of higher than usual levels of inflation which will influence pay awards and the cost of externally contracted services in addition to the impact of price increases on GP prescribing. Increases in demand for health and social care services also need to be considered due to the impact of an increasingly frail population and the legacy impact of the Covid19 pandemic. These are reflected in provisions for increased social care in older people and adult services and also in terms of volume of prescriptions in the GP prescribing budget. The range of cost pressures the IJB is likely to experience in 2023/24 are summarised and set out in table 2 below.

Table 2 – IJB Delegated Budget Anticipated Cost Pressures

	£000
Estimated 2023/24 Staff Pay Awards	2,900
Local Authority 2022/23 Increased Pay Settlement	1,600
Estimated GP Prescribing Costs Increase	1,500
Increase to Commissioned Services (including Real Living Wage Uplift)	4,100
Provision for Demographic Pressures	1,200
Total	11,300

4.5.2 The cost pressures will continue to be monitored throughout the 2023/24 financial year through the IJB's regular financial monitoring reporting process with any risks highlighted to the IJB.

4.6 Provision For 3rd Sector Rolling Contract Uplifts

4.6.1 The delegated budget funds a range of health and social care services provided by the third and voluntary sector on behalf of the Health and Social Care Partnership. These arrangements are governed by contractual frameworks with baseline funding agreed at the commencement of the service through the tendering process. Subsequent increases in the level of contractual funding for these (other than to reflect changing needs of individual service users) are a matter for the commissioning body to decide.

4.6.2 As highlighted in 4.5, Scottish Government additional funding is being made available to support a further pay uplift for Adult Social Care staff providing direct care to at least £10.90 per hour with effect from April 2023.

4.6.3 To avoid individual contract negotiations, national weighted percentages have been set to uplift contract values, in line with proportion of typical workforce costs, and revised Contract Variations Letters will be issued accordingly. Care providers must spend this uplift on staff costs only.

4.6.4 The IJB is asked to approve this payment of increased Contract Payments to Providers with effect from April 2023 to ensure the pay uplift for Adult Social Care staff is actioned appropriately in line with Scottish Government policy.

4.6.5 The IJB is also asked to approve payment of additional inflationary uplift of 3% on the Non-Staff pay element of the Contract Value for providers entitled to the Adult Social Care uplift; and 3% uplift on the full Contract Value for all other contracted services not covered by the Scottish Government's policy.

4.7 Reserves Position

4.7.1 At the financial year end 2021/22 the IJB's reserves stood at £38,998k. This primarily consisted of earmarked reserves in relation to Scottish Government funding including Mental Health, Primary Care, Alcohol and Drug Partnership and Covid19. During the 2022/23 financial year, the Scottish Government adopted a policy of only releasing some grant funding for the delivery of specific national policy objectives once reserve funding held by IJB's was applied. In addition, the Scottish Government requested and actioned the return of unspent Covid19 funding during the financial year. This has resulted in a significant use of IJB reserves throughout the financial year. In December 2022, the IJB approved a Reserves Investment Strategy (Article XIV of the minute of the 14th December 2022 refers) which set out plans to enable the IJB to fully utilise these reserves to support the delivery of the IJB's strategic priorities in addition to contributing to financial sustainability. The combination of these is likely to see a substantial reduction in reserves by 31st March 2023.

4.7.2 The Integration Scheme risk sharing agreement notes that should there be any residual overspend in operational services at the end of the financial year, reserves should be drawn on prior to overspends being picked up by the partner bodies. The IJB has a reserves policy which states that reserves should be at a level of around 2% of budgeted resources therefore

an appropriate level of reserves would equate to between £5-6m for Dundee IJB. While the IJB's latest operational financial monitoring position for 2022/23 is showing a projected underspend to the year end, the final draft position will not be known until mid May. It is currently projected that the total reserves available to the IJB for 2023/24 will be approximately £15,750k consisting of around £9,123k of committed reserves and £6,628k of uncommitted reserves. Of the committed reserves, the IJB agreed in December 2022 to ring fence £2,500k to support the IJB's 2023/24 budget position. It is therefore anticipated that there will remain to be sufficient uncommitted reserves available in 2023/24 and meet the IJB's reserves strategy.

4.8 Net IJB Budget Position – Budget Balancing Proposals

- 4.8.1 The impact of all the elements in the previous sections on the proposed delegated budget is noted in Appendix 1 attached. This highlights the additional funding provided to the IJB and additional associated expenditure. Once these are all applied, there is a financial gap of £5.1m for which financial savings and other financial interventions will be required to provide a balanced budget for 2023/24.
- 4.8.2 Throughout the IJB's 2023/24 budget development process, officers from Dundee Health and Social Care Partnership have continued to review current expenditure against budgets, and factors likely to impact on expenditure during 2023/24 to identify how the IJB could manage the financial gap without impacting on the delivery of front line services which continue to face significant demand pressures. Based on this review, a range of proposals to manage the financial gap have been identified and are set out in detail in Appendix 2 for approval by the IJB.

4.9 Proposed Dundee IJB Delegated Budget 2023/24

- 4.9.1 Factoring all of the above against the delegated budget results in a proposed position for 2023/24 as noted in Table 2 below.

Table 3 – Dundee Health & Social Care Partnership Proposed Delegated Budget 2023/24

	Dundee City Council	NHS Tayside (indicative only)*	Total Proposed Budget 2023/24
	£m	£m	£m
2022/23 Baseline Budget			
Hospital & Community Based Services		94.0	94.0
Family Health Services Prescribing		32.3	32.3
General Medical Services		53.0	53.0
Large Hospital Set Aside (value tbc)			
Adult Social Care	99.2		99.2
Total Baseline Budget	99.2	179.3	278.5
Add:			
Inflationary Uplifts		2.5	2.5
Investment in New Scottish Govt Legislation/National Policy	3.1		3.1
Total Proposed Budget 2023/24	102.3	181.8	284.1
Note:			
Hosted Services Transfer Out		tbc	tbc
Hosted Services Transfer In		tbc	tbc

Note* - Figures to be confirmed once NHS Tayside final budget agreed.

- 4.9.2 The scale and pace of the delivery of the IJB's revised Strategic and Commissioning Plan is dependent on the level of resources delegated to the IJB. Officers of the IJB will continue to

review and develop Services and Transformation Plans to reflect the changing demands, working practices and demographic needs that have arisen as a result of the Covid-19 pandemic. Relevant plans and proposals will be presented to the IJB and will be incorporated into future budget planning to ensure a financially sustainable Strategic and Commissioning Plan beyond 2023/24.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any policy implications in respect of Equality Impact Assessment. An Integrated Impact Assessment is attached.

6.0 RISK ASSESSMENT

Risk 1 Description	There is a risk that the IJB will not be able to balance its resources and achieve its strategic objectives should the combination of the level of funding provided through the delegated budget and the impact of the IJB's Transformation Efficiency Programme be insufficient.
Risk Category	Financial
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 (High)
Mitigating Actions (including timescales and resources)	Additional Scottish Government Funding provided Developing a robust and deliverable Transformation Programme. Negotiations with Dundee City Council and NHS Tayside to agree the most advantageous funding package as part of the development of the IJB's delegated budget. Application of IJB's reserves
Residual Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Planned Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Approval recommendation	Although the risk levels remain high, the impact of additional Scottish Government funding and availability of reserves has reduced the risks from previous years and given no savings are required to balance the 2022/23 budget the risks are at an acceptable level.

7.0 CONSULTATIONS

7.1 The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

8.1 The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	✓

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Chief Finance Officer

DATE: 9 March 2023

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB13-2023
2	Date Direction issued by Integration Joint Board	29 March 2023
3	Date from which direction takes effect	1 April 2023
4	Direction to:	NHS Tayside & Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	Yes
6	Functions covered by direction	All delegated services.
7	Full text of direction	Dundee Integration Joint Board directs Dundee City Council and NHS Tayside to provide health and social care services as commissioned by Dundee Integration Joint Board within the resources allocated as set out in this report, subject to formal notification from NHS Tayside as to the level of budget offer. Further Directions will be issued by Dundee Integration Joint Board during 2023/24 as to the future provision of these services.
8	Budget allocated by Integration Joint Board to carry out direction	To be confirmed once the final budget has been agreed following formal notification from NHS Tayside as to the level of budget offer
9	Performance monitoring arrangements	Through regular financial monitoring reports to Dundee Integration Joint Board.
10	Date direction will be reviewed	June 2023 (following receipt of NHS Tayside's formal budget offer)

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DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP	
REVENUE BUDGET 2023/24	
	Total Delegated Budget Cost Pressures
	£000
Cost Pressures 2023/24	
Staff Pay Increases	4,449
Increased Costs of Externally Provided Services	4,027
Demographic Pressures	1,232
Increased Prescribing Costs (Cost and Volume)	1,545
Free Personal and Nursing Care Increase	64
Less: Interim Care Spend	(571)
Total Cost Pressures	10,746
Funding Increases:	
Additional Scottish Government Funding (Passed through Dundee City Council)	3,084
NHS Tayside	2,525
Total Anticipated Additional Funding	5,609
Net Anticipated Residual Funding Shortfall	5,137

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Dundee Integration Joint Board Budget Savings / Initiatives 2023/24

	Savings / Initiative	2023/24 Value £000
	Recurring Proposals	
1)	Dundee City Council Review of Charges – Additional Income	287
2)	Remove 2022/23 Budget Contingency	300
3)	Reduce Service Budgets for Supplies and Services and Transport Costs	300
4)	Impact of National Insurance Increase Policy Change	550
	Total Recurring Savings / Initiatives	1,437
	Non-Recurring Proposals	
5)	Utilisation of IJB Reserves – Previously Agreed by IJB	2,500
6)	Proposed Further Utilisation of Reserves	500
7)	Management of natural staff turnover	700
	Total Non Recurring Savings / Initiatives	3,700
	Total Savings / Initiatives	5,137

Detailed Overview of Saving / Initiative**Note 1) Dundee City Council Review of Charges – Additional Income**

The setting of annual charges for social care services is not a delegated matter for the IJB and remains a retained function of the local authority. Dundee City Council agreed an increased level of charges for social care at its Budget meeting held on the 23rd February 2023. The additional income anticipated to be generated by the increased level of charges is subsequently taken into the IJB's budgeted position. The review of charges document approved by Dundee City Council can be found here: <https://www.dundee.gov.uk/reports/agendas/pr230223ag.pdf>

Note 2) Remove 2022/23 Budget Contingency

As part of the IJB's 2022/23 Budget, a contingency allowance was made to support any unforeseen cost pressures arising throughout the financial year. Given the overall financial position in 2022/23, this has not been required and it is proposed that this allowance is removed from the budget in 2023/24 with the funding allocated directly to offset cost pressures.

Note 3) Reduce Service Budgets for Supplies and Services and Transport Costs

As a result of changes to the way a number of services are now delivered following the Covid19 pandemic, there is an impact on the pattern of spend for supplies and services and transport costs within Dundee Health and Social Care Partnership's budget. With a move to hybrid working and through the expansion of mobile IT equipment and associated software packages, a range of areas of expenditure within the delegated budget have consistently reduced. This includes traditional "office" costs such as photocopying, stationary and postages but also with less requirement for staff to travel to meetings resulting in staff transport costs reducing on an annual basis. It is proposed that the IJB reduces the budget provision to the Health and Social Care Partnership accordingly.

Note 4) Impact of National Insurance Increase Policy Change

The IJB faced an increased staff costs pressure in 2022/23 as a result of the UK Government's decision to increase National Insurance Contributions. A change in national policy during 2022/23 reversed that decision with effect from November 2022 thereby reducing employees and employers National Insurance Contributions which will result in reduced staff costs expenditure in 2023/24. This will be reflected in the Health and Social Care Partnership's budgeted requirement from the IJB.

Notes 5 & 6) Utilisation of IJB Reserves

As noted in Section 4.7 of this report, the IJB has already committed to utilising some of its reserves (£2.5m) to support the budget in 2023/24. Given the anticipated level of reserves available to the IJB at the start of the 2023/24 financial year, it is proposed that a further utilisation of reserves to the value of £0.5m is applied. It is anticipated that the 2022/23 year-end position will generate a surplus which would take the IJB's reserves back to the level set out in its Reserves Policy of around 2% of budgeted resources.

Note 7) Management of Staff Turnover

Staff costs expenditure within the Health and Social Care Partnership's budget has been consistently underspent over the last two financial years with the primary driver being the impact of recruitment challenges to a range of disciplines. This is an issue experienced across the country and not specific to the local area. Recruitment activity has continued and the situation does not reflect any policy decision to purposefully slow down or stop recruitment to posts. In recognition that this is likely to continue to some extent over the financial year 2023/24, it is proposed that budgets are adjusted accordingly to reflect the reality of the situation. The IJB's workforce strategy alongside developing recruitment initiatives delivered by the partner bodies and the Scottish Government (eg social care recruitment campaign) will support future recruitment therefore it is proposed that this is a non-recurring budget adjustment for 2023/24.

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

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Document Title	Dundee Integration Joint Board Proposed Budget 2023/24		
IJB Report Number	DIJB13-2023		
Document Type	Budget proposal report		
New or Existing Document?	New		
Document Description	The purpose of the report is to advise the Dundee IJB of the implications of the proposed delegated budget for 2023/24 from Dundee City Council and the indicative budget from Tayside NHS Board, and to seek approval for the range of investments and expenditure proposed to set a balanced budget for Dundee Health and Social Care Partnership for 2023/24.		
Intended Outcome	To enable the Dundee IJB to set a balanced budget that supports the delivery of ambitions and priorities within their strategic commissioning plan, which aims to support improved health and wellbeing for people living within Dundee, including unpaid carers.		
Planned Implementation Date	1 April 2023		
Planned End Date	31 March 2024		
How the proposal will be monitored and how frequently	Financial monitoring reports are submitted to every meeting of the IJB.		
Planned IIA review dates	The impact of the budget will continue to be monitored and reported through the financial monitoring reports that are submitted to every IJB. Where there is any indication that planned expenditure in areas impacting equality and fairness is not being managed within the budget this will be identified, further IIAs will be completed where required.		
IIA Completion Date	14 March 2023		
Anticipated date of IJB	29 March 2023		
Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.			
Officer	People/groups	Activity/Activities	Date

Dundee Integration Joint Board Integrated Impact Assessment

Chief Finance Officer / Partnership Finance Manager / Service Manager		Review of equality and fairness statistical information and evidence aligned to expenditure and savings proposals. This includes review of the IJB's Strategic Needs Assessment.	14 March 2023
Chief Finance Officer / Partnership Finance Manager	IJB members	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	25 January 2023 15 February 2023 8 March 2023
Service Manager, Strategy and Performance / Senior Officer	Members of the public Members of the health and social care workforce Unpaid carers Third and independent sector health and social care providers	Range of engagement activities related to the development of the replacement strategic commissioning plan for the IJB and the new IJB equality outcomes. This included a survey and a number of focus groups, as well as information gathered through consultation sessions related to primary care services. Specific sessions were held with groups representing older people and unpaid carers.	Throughout January and February 2023

Equality and Fairness Impact Assessment Conclusion

(complete after considering impacts through completing questions on next pages)

Overall the budget proposals have a range of both potential positive and negative impacts for protected and disadvantaged groups. However, all potential negative impacts have already been mitigated or will be subject to close monitoring, so that if they do arise in the future they will be recognised, escalated and resolved.

In broad terms the key budget proposals can be said to have the following overall impacts:

- Up-rating of free personal care – this has universally positive impacts for people in receipt of free personal care, and unpaid carers through their close connection to these people.
- Pay awards and pay uplifts – these have positive impacts for people employed in the health and social care workforce. This is particularly so for females, older workers (aged 50 to 67 years) and for workers on lower incomes (due to the impact of differentiated pay awards in the public sector).
- Management of staff turnover – this has potentially negative impacts for the workforce (predominantly females and older (50-67) year olds) as well as for employment opportunities. However, proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. Close monitoring of this area will continue throughout the year and be reported to the IJB regularly.

Dundee Integration Joint Board Integrated Impact Assessment

- Reductions in specific funds (interim care and Supporting People) and reduced budget contingency – these have potential negative impacts for people who have the highest levels of health and social care need, including older people, people with disabilities, people from the most deprived areas of Dundee, people who have mental health care and support needs and people who use drugs and alcohol, as well as for unpaid carers. However, this will not result in the total removal of any model / choice of care for service users and their families. Close monitoring of demographic demand will continue throughout the year and be reported to the IJB regularly.
- Reduction in supplies, services and transport costs – these have potential negative impacts for both services users and the workforce. Specific groups may be more affected including those who have the highest levels of social care needs (older people, people with disabilities, people from the most deprived areas of Dundee, people who have mental health care and support needs and people who use drugs and alcohol), unpaid carers and particular groups within the workforce (females and staff aged 50-67). However, reductions have been carefully planned to reflect changes in actual expenditure recorded since 2020. These have been impacted by post-covid changes in models of service delivery and implementation of hybrid working. Staff travel and expense policies remain unchanged, ensuring that claims can continue to be made for travel costs incurred.
- Inflationary uplifts for adult social care services and utilisation of reserves – these have potential positive impacts for service users, particularly those who have the highest needs for health and social care services and poorest outcomes (older people, people with disabilities, people from the most deprived areas of Dundee, people who have mental health care and support needs and people who use drugs and alcohol). The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services.

PART 2- Assessment (continued)

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	X	<u>Free personal care uprating – positive</u>
No Impact		Free personal care is only available to people aged 65 or over in Scotland.
Negative	X	Uprating of personal care therefore has a direct positive impact.
Not Known		<p><u>Pay awards – Dundee City Council / NHS Tayside - positive</u> 40% of the Dundee Health and Social Care Partnership workforce (employed by Dundee City Council and NHS Tayside) are aged 50 years of over. Pay awards supported via the budget therefore benefit people aged between 50 and 67 more significantly than other age groups.</p> <p><u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. The majority of people being discharged from hospital who might benefit from interim care are older people (aged 65 and over). However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p>

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	<p><u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u> Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. A high proportion of people receiving services from these providers are older people (aged 65 and over), and therefore there is an indirect positive benefit to them.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As older people are largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. As older people are largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. The reduced budget also includes elements relating to staff travel costs for DHSCP staff; as 40% of that workforce is aged 50 years and over there is a risk of a direct impact on them.</p> <p>However, reductions to both service user and staff travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p>In relation to staff travel the IJB can take assurance that there has been no underlying change to staff travel and expense policies in either Dundee City Council or NHS Tayside. Staff remain able to travel and claim expenses where this is a requirement of their job role.</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As older people are the largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p>
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Disability	Y/N	Explanation, assessment and potential mitigations
Positive	X	<u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u>
No Impact		
Negative	X	Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. Many people receiving these services have a disability (physical, sensory or learning), and therefore there is an indirect positive benefit to them.
Not Known		<p><u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. Some people being discharged from hospital who might benefit from interim care will have a disability. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As people with a disability are known to have a high level of health and social care needs this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. As people with a disability are a significant group of people utilising health and social care services this will impact on them more significantly than other groups within the population. However, reductions have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As people with a disability are a significant proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p>

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Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by people who have undergone gender re-assignment and therefore the impact of the budget on them as a specific group is not able to be accurately assessed at this time.
No Impact		
Negative		
Not Known	X	
Marriage & Civil Partnership	Y/N	Explanation, assessment and potential mitigations
Positive		
No Impact	X	
Negative		
Not Known		
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive		At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by black and ethnic minority people and therefore the impact of the budget on them as a specific group is not able to be accurately assessed at this time. It is known through wider research evidence that black and minority ethnic people experience inequalities in health and social care needs and outcomes, for example they were at a higher risk of dying during the pandemic. Although it could be reasonable to theorise that proposal such as utilising reserves to maintain the range, choice and quality of health and social care services will benefit the 5% of the population of Dundee who describe their ethnicity as either Asian, African or Caribbean further data is required to accurately assess impact.
No Impact		
Negative		
Not Known	X	
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive		
No Impact	X	
Negative		
Not Known		
Sex	Y/N	Explanation, assessment and potential mitigations
Positive	X	<u>Free personal care uprating – positive (females)</u>
No Impact		Free personal care is only available to people aged 65 or over in Scotland.
Negative	X	Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females. Uprating of personal care therefore has a direct positive impact on females in particular.
Not Known		<p><u>Adult Social Care Pay Uplift – positive (females)</u></p> <p>It is known that across Scotland 80% of adult social care staff are female. Pay uplifts for adult social care providers therefore has a significantly greater impact on females than males.</p> <p><u>Pay awards – Dundee City Council / NHS Tayside – positive (females)</u></p> <p>87% of the Dundee Health and Social Care Partnership workforce is female (those staff employed via Dundee City Council and NHS Tayside). There is also evidence that females in the workforce are more likely to be employed in lower paying roles, specifically in social care services. NHS Tayside and Dundee City Council both have a history of agreeing differentiated pay awards that see people who are lower paid receiving a higher % increase in their pay. Pay awards therefore have a significantly greater impact on females than males.</p>

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	<p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As older people are largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. However, due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are female so there is also a risk of greater impact on females. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to staff travel costs for DHSCP staff; as 87% of that workforce is female there is a risk of a direct impact on them. However, reductions in staff travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p>In relation to staff travel the IJB can take assurance that there has been no underlying change to staff travel and expense policies in either Dundee City Council or NHS Tayside. Staff remain able to travel and claim expenses where this is a requirement of their job role.</p> <p><u>Management of staff turnover – negative (mitigated)</u> As 87% of the DHSCP workforce is female any actions to manage staff turnover will disproportionately impact upon them. However, proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership’s Workforce Planning</p>
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		<p>Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As older people are the largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females.</p>
Sexual Orientation	Y/N	Explanation, assessment and potential mitigations
Positive		
No Impact	X	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
None identified		

PART 2- Assessment (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities are affected in each area-particular consideration is needed where there are previously identified areas of deprivation.

Mark either Yes or no (Y or N) in each box

Y or N	Area	Fairness Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St. Mary's & Kirkton)	<i>(Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)</i>
X	Positive	
	No Impact	
X	Negative	
	Not Known	<u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u> The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. This will have the greatest indirect benefit to people with the highest level of need.
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)	
X	Positive	
	No Impact	
X	Negative	<u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. Evidence shows that people from the most deprived areas of Dundee have the greatest chance of being admitted for
	Not Known	
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	
X	Positive	
	No Impact	
X	Negative	
	Not Known	

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	Not Known	<p>hospital for a wide range of health conditions. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Reduction in funding – Supporting People – negative (mitigated)</u></p> <p>The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. Any reduction in funding is therefore more likely to impact on LCPPS that contain higher proportions of people living in the most deprived areas (SIMD 20%). However, the small reduction in supporting people funding (£82k) does not fund a specific support service and therefore will not result in a service reduction or closure. The proposal to utilise reserves to enable a balanced budget to be set also mitigates any potential negative impact.</p> <p><u>Reduced budget contingency – negative (mitigated)</u></p> <p>The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. It is therefore likely that any increase in demand for services and supports will arise from LCPPs that contain higher proportions of people living in the most deprived areas (SIMD 20%). Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u></p> <p>Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. As people from deprived areas have higher levels of health and social care needs any reduction in travel support may also have a greater impact on them than other groups within the population. However, reductions to service user travel have been proposed following careful analysis of actual expenditure</p>
Y/N	North East (Whitfield, Fintry & Mill O'Mains)	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen & Douglas)	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	The Ferry	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	West End	
X	Positive	
	No Impact	
X	Negative	
	Not Known	

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		<p>trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u></p> <p>The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As people from the most deprived areas of Dundee (SIMD 20%) have the greatest level of needs for services and supports this proposal also has a greater direct positive impact on them than for other groups within the population.</p>
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Household Group- *consider the impact on households and families may have the following people included.*

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
X	Positive	<u>Reduction in funding – Interim Care – negative (mitigated)</u>
	No Impact	The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. As well as impacting the person receiving care it may also have an impact on unpaid carers. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. This includes a continued commitment to working in partnership with unpaid carers at the point of discharge. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.
X	Negative	
	Not Known	<p><u>Reduced budget contingency – negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. The potential impact on protected and disadvantaged groups is outlined in other sections of the impact assessment. However, through their close connection to people within these groups unpaid carers might also be negatively impacted by this proposal. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including services and supports for unpaid carers. The potential impact of this proposal on protected and disadvantaged groups is outlined in other sections of the impact assessment. However, through their close connection to people within these groups unpaid carers might also be positively impacted by this proposal.</p>
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

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Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
X	Positive	<u>Adult Social Care Pay Uplift – positive</u>
	No Impact	It is known that across Scotland 80% of adult social care staff are female. Pay uplifts for adult social care providers therefore has a significantly greater impact on females than males.
X	Negative	<u>Pay awards – Dundee City Council / NHS Tayside – positive</u>
	Not Known	<p>87% of the Dundee Health and Social Care Partnership workforce is female (those staff employed via Dundee City Council and NHS Tayside). There is also evidence that females in the workforce are more likely to be employed in lower paying roles, specifically in social care services. NHS Tayside and Dundee City Council both have a history of agreeing differentiated pay wards that see people who are lower paid receiving a higher % increase in their pay. Pay awards therefore have a significantly greater impact on females than males.</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u></p> <p>Reduced budget for transport costs includes some elements that relate to staff travel costs for DHSCP staff; as 87% of that workforce is female there is a risk of a direct impact on them. However, reductions in staff travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p>In relation to staff travel the IJB can take assurance that there has been no underlying change to staff travel and expense policies in either Dundee City Council or NHS Tayside. Staff remain able to travel and claim expenses where this is a requirement of their job role.</p> <p><u>Management of staff turnover – negative (mitigated)</u></p> <p>As 87% of the DHSCP workforce is female any actions to manage staff turnover will disproportionately impact upon them. However, proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also</p>

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		be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership's Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
X	Positive	<u>Free personal care uprating – positive</u>
	No Impact	Free personal care is only available to people aged 65 or over in Scotland. Uprating of personal care therefore has a direct positive impact.
X	Negative	
	Not Known	<p><u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. The majority of people being discharged from hospital who might benefit from interim care are older people (aged 65 and over). However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u> Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. A high proportion of people receiving services from these providers are older people (aged 65 and over), and therefore there is an indirect positive benefit to them.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As older people are largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the</p>

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		<p>year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. As older people are largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. However, reductions to service user travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As older people are the largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p>
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
	Positive	<u>Management of staff turnover – negative (mitigated)</u>
	No Impact	<p>Proposals to manage staff turnover could impact on employment opportunities within the health and social care sector for unemployed people. However, proposals relate to wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this</p>
X	Negative	
	Not Known	

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		will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership's Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
X	Positive	<u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u>
	No Impact	
X	Negative	Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. Many people receiving these services have mental health care and support needs, and therefore there is an indirect positive benefit to them.
	Not Known	<p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As people with a mental health care and support needs are a significant group accessing services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As people with mental health care and support needs are a significant proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p>
Y/N	Homeless	Explanation, assessment and potential mitigations
X	Positive	<u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u>
	No Impact	
X	Negative	Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. People who experience homelessness are known to have higher level as of health and social care need than the general population, and therefore there is an indirect positive benefit to them.
	Not Known	<p><u>Reduction in funding – Supporting People – negative (mitigated)</u> The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived</p>

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		<p>areas having the highest levels of needs and poorest outcomes. People from more deprived areas are also more likely to experience homelessness. Any reduction in funding is therefore likely to impact on homeless people. However, the small reduction in supporting people funding (£82k) does not fund a specific support service and therefore will not result in a service reduction or closure. The proposal to utilise reserves to enable a balanced budget to be set also mitigates any potential negative impact.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As people who are homeless are a significant group accessing services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including services and supports for homeless people.</p>
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
X	Positive	Inflationary uplift for non-staff pay element of Adult Social Care providers – positive
	No Impact	
X	Negative	Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. People who use drugs and alcohol are known to have higher level as of health and social care need than the general population, and therefore there is an indirect positive benefit to them.
	Not Known	<p><u>Reduction in funding – Supporting People – negative (mitigated)</u> The IJB’s strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. People from more deprived areas are also more likely to experience drug and alcohol issues. Any reduction in funding is therefore likely to impact on people who use drugs and alcohol. However, the small reduction in supporting people funding (£82k) does not fund a specific support service and therefore will not result in a service reduction or closure. The proposal to utilise reserves to enable a balanced budget to be set also mitigates any potential negative impact.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget.</p>

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		<p>However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As people who use drugs and alcohol are a significant group accessing services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalated through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including drug and alcohol services.</p>
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
X	Positive	<u>Management of staff turnover – negative (mitigated)</u>
	No Impact	<p>Proposals to manage staff turnover could impact on employment opportunities within the health and social care sector for unemployed people. However, proposals relate to wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership's Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.</p>
X	Negative	
	Not Known	
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
	Positive	

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X	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
X	Positive	<u>Adult Social Care Pay Uplift – positive</u> Pay uplifts for adult social care providers will directly increase incomes for those people employed in the sector.
	No Impact	
X	Negative	
	Not Known	<p><u>Pay awards – Dundee City Council / NHS Tayside – positive</u> Pay awards for the workforce will directly increase incomes for those people employed in DHSCP. NHS Tayside and Dundee City Council both have a history of agreeing differentiated pay wards that see people who are lower paid receiving a higher % increase in their pay.</p> <p><u>Management of staff turnover – negative (mitigated)</u> Proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts which could negatively impact on income. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership's Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.</p>
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
X	Positive	<u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. As well as impacting the person receiving care it may also have an impact on unpaid carers. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of
	No Impact	
X	Negative	
	Not Known	

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		<p>reductions in interim care funding. This includes a continued commitment to working in partnership with unpaid carers at the point of discharge. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Reduced budget contingency – negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. The potential impact on protected and disadvantaged groups is outlined in other sections of the impact assessment. However, through their close connection to people within these groups unpaid carers might also be negatively impacted by this proposal. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including services and supports for unpaid carers. The potential impact of this proposal on protected and disadvantaged groups is outlined in other sections of the impact assessment. However, through their close connection to people within these groups unpaid carers might also be positively impacted by this proposal.</p>
Y/N	Affordability & Accessibility of Services	Explanation, assessment and any potential mitigations
X	Positive	<u>Free personal care uprating – positive</u>
	No Impact	Free personal care is only available to people aged 65 or over in Scotland. Uprating of personal care therefore has a direct impact on the affordability of services for that specific group.
X	Negative	
	Not Known	<p><u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u> Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. This therefore will have an indirect impact on the continued availability of health and social care supports and services for a range of groups including protected and disadvantaged groups with the highest levels of health and social care need.</p> <p><u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational</p>

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		<p>level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Reduction in funding – Supporting People – negative (mitigated)</u> The small reduction in supporting people funding (£82k) does not fund a specific support service and therefore will not result in a service reduction or closure. The proposal to utilise reserves to enable a balanced budget to be set also mitigates any potential negative impact.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. This could result in negative impacts on service accessibility if left unmanaged. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. However, reductions to service user travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services.</p>
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Inequalities of Outcome- <i>consider if the following may be impacted</i>		
Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
X	Positive	Adult Social Care Pay Uplift – positive

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	No Impact	<p>Pay uplifts for adult social care providers will directly increase incomes for those people employed in the sector.</p> <p><u>Pay awards – Dundee City Council / NHS Tayside – positive</u> Pay awards for the workforce will directly increase incomes for those people employed in DHSCP. NHS Tayside and Dundee City Council both have a history of agreeing differentiated pay wards that see people who are lower paid receiving a higher % increase in their pay.</p> <p><u>Management of staff turnover – negative (mitigated)</u> Proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts which could negatively impact on income. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership’s Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.</p>
X	Negative	
	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations
	Positive	<p><u>Management of staff turnover – negative (mitigated)</u> Proposals to manage staff turnover could impact on employment opportunities within the health and social care sector for unemployed people. However, proposals relate to wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership’s Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team.</p>
	No Impact	
X	Negative	
	Not Known	

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Y/N	Education	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
X	Positive	<u>Free personal care uprating – positive</u>
	No Impact	Free personal care makes a direct contribution to improving health outcomes for people aged 65 and over.
X	Negative	
	Not Known	<p><u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u> Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. This therefore will have an indirect impact on the continued availability of health and social care supports and services and therefore outcomes for a range of groups including protected and disadvantaged groups with the highest levels of health and social care need.</p> <p><u>Reduction in funding – Interim Care – negative (mitigated)</u> The withdrawal of ring-fenced interim care funding by the Scottish Government will reduce the choice of provision available for people being discharged from hospital and therefore could have a negative impact on health outcomes. However, interim care options that were already part of the DHSCP model of service delivery will remain available. There continues to be a focus on supporting safe discharge from hospital without delay to mitigate against any impact of reductions in interim care funding. Delayed discharge performance is closely monitored at an operational level as well as being publicly reported via the Performance and Audit Committee on a 6-monthly basis.</p> <p><u>Reduction in funding – Supporting People – negative (mitigated)</u> The small reduction in supporting people funding (£82k) does not fund a specific support service and therefore will not result in a service reduction or closure and any related impact on health and wellbeing outcomes. The proposal to utilise reserves to enable a balanced budget to be set also mitigates any potential negative impact.</p> <p><u>Reduced budget contingency -negative (mitigated)</u> Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. This could result in negative impacts on health outcomes if left unmanaged. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings</p>

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		proposals that might result in reduced availability, choice or levels of services or poorer health outcomes.
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
X	Positive	<u>Reduced budget contingency -negative (mitigated)</u>
	No Impact	Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. This could result in negative impacts on health outcomes and in the longer-term life expectancy if left unmanaged. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).
X	Negative	
	Not Known	<p><u>Utilisation of reserves - positive</u></p> <p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services or in the longer-term poorer life expectancy.</p>
Y/N	Mental Health	Explanation, assessment and any potential mitigations
X	Positive	<u>Inflationary uplift for non-staff pay element of Adult Social Care providers – positive</u>
	No Impact	Inflationary uplifts for adult social care providers will support sustainability of third and independent sector service providers. Many people receiving these services have mental health care and support needs, and therefore there is an indirect positive benefit to them in terms of meeting their needs and improving outcomes.
X	Negative	
	Not Known	<p><u>Reduced budget contingency -negative (mitigated)</u></p> <p>Provision for responding to changes in needs and demands arising from demographic pressures has been made within the budget. However, should this provision prove to be insufficient there is not further budget contingency in which demand can be managed. As people with a mental health care and support needs are a significant group accessing services this will impact on them more significantly than other groups within the population. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p> <p><u>Utilisation of reserves - positive</u></p> <p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services or poorer health and wellbeing outcomes. As people with mental health care and support needs are a significant proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p>

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Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
X	Positive	<u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services or poorer health and wellbeing outcomes. This includes maintaining services and supports that make a contribution to tackling overweight / obesity.
	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
	Positive	<u>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</u> Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. However, reductions to service user travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).
	No Impact	
X	Negative	
	Not Known	

PART 2- Assessment (continued)

Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
X	Positive	<u>Reduced service budgets for Supplies and Services and Transport costs – positive</u> From an environmental perspective the reduction in budget associated with travel costs is likely to have a positive impact. The realignment of the budget to match expenditure trends since 2020 primarily relates to a move to hybrid working by the health and social care workforce with fewer journeys being made to attend meetings and offices.
	No Impact	
	Negative	
	Not Known	

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Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

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PART 2- Assessment (continued)

Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations
	Positive	<p>Reduced service budgets for Supplies and Services and Transport costs – negative (mitigated)</p> <p>Reduced budget for transport costs includes some elements that relate to the provision of transport for users of health and social care services. However, reductions to service user travel have been proposed following careful analysis of actual expenditure trends since 2020. This expenditure has significantly reduced, reflecting post-covid changes in service delivery models and reduced demand for travel, as well as a move to hybrid working for many members of staff across the workforce. This will be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If excess demand does emerge during the year it will be escalate through those reports with options for managing pressures proposed to the IJB (where necessary a further impact assessment will be completed to accompany any proposals).</p>
	No Impact	
X	Negative	
	Not Known	
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Natural Environment		
Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
	Positive	

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X	No Impact	
	Negative	
	Not Known	
Y/N	Biodiversity	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Open and Green Spaces	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

Built Environment

Y/N	Built Heritage	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations
	Positive	
X	No Impact	
	Negative	
	Not Known	

PART 2- Assessment (continued)

There is a requirement to assess plans that are likely to have significant environmental effects.

SEA provides economic, social and environmental benefits to current and future generations.

Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements

X	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	<i>(No further response needed)</i>
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	<i>SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:</i>
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>

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	<p>Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration</p>	<p><i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i></p>
	<p>Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea</p>	<p><i>Environmental Implications: Describe the implications of the proposal on the characteristics identified:</i></p> <p><i>Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:</i></p>

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundee.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports

<p>Administrative Use</p>	<p><i>Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.</i></p>
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