



Clerk and Standards Officer:
Roger Mennie
Head of Democratic and Legal
Services
Dundee City Council

City Chambers
DUNDEE
DD1 3BY

18th March, 2025

TO: ALL MEMBERS, ELECTED MEMBERS AND OFFICER
REPRESENTATIVES OF THE DUNDEE CITY HEALTH AND SOCIAL CARE
INTEGRATION JOINT BOARD
(See Distribution List attached)

Dear Sir or Madam

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD

I would like to invite you to attend a meeting of the above Joint Board which is to be held remotely on Wednesday, 26th March, 2025 at 10.00 am.

Apologies for absence should be intimated to Arlene Hay, Committee Services Officer, on telephone 01382 434818 or by e-mail arlene.hay@dundeecity.gov.uk.

Members of the Press or Public wishing to join the meeting should contact Committee Services on telephone (01382) 434818 or by email at committee.services@dundeecity.gov.uk by 12 noon on Monday, 24th March, 2025.

Yours faithfully

DAVE BERRY
Acting Chief Officer

AGENDA

1 APOLOGIES

2 DECLARATION OF INTEREST

Members are reminded that, in terms of the Integration Joint Board's Code of Conduct, it is their responsibility to make decisions about whether to declare an interest in any item on this Agenda and whether to take part in any discussions or voting.

3 ACCOUNTS COMMISSION – IJB FINANCE BULLETIN 2023/2024 - Page 1

(Report No DIJB15-2025 by the Chief Officer, copy attached).

4 DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2025/2026 - Page 25

(Report No DIJB14-2025 by the Chief Finance Officer, copy attached).

5 MEETINGS OF THE INTEGRATION JOINT BOARD 2025 – ATTENDANCES - Page 289

(A copy of the Attendance Return DIJB21-2025 for meetings of the Integration Joint Board held over 2025 is attached for information and record purposes).

6 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held remotely on Wednesday, 16th April, 2025 at 10.00 am.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED OCTOBER 2024)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Bob Benson
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	David Cheape
Non Executive Member	Colleen Carlton
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Acting Chief Officer	Dave Berry
Acting Chief Finance Officer (Proper Officer)	Christine Jones
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Suzie Brown
Registered medical practitioner (not providing primary medical services)	Dr Sanjay Pillai
Staff Partnership Representative	Raymond Marshall
Trade Union Representative	Jim McFarlane
Third Sector Representative	Christina Cooper
Service User residing in the area of the local authority	Vacant
Person providing unpaid care in the area of the local authority	Martyn Sloan
Director of Public Health	Dr Emma Fletcher
Clinical Director	Dr David Shaw
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Andrew Thomson
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(b) CONTACTS – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Nicky Connor
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Robert Emmott
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	Elaine Holmes
Dundee City Council (Members' Support)	Sharron Wright

Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Kathryn Sharp
Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Richard Smith
Regional Audit Manager – NHS	Barry Hudson
Audit Scotland (Audit Director)	Rachel Browne
HSCP (Interim Head of Health & Community Care)	Angie Smith
HSCP (Head of Health & Community Care)	Jenny Hill
Health and Social Care Partnership	Shahida Naeem



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 26 MARCH 2025

REPORT ON: ACCOUNTS COMMISSION – IJB FINANCE BULLETIN 2023/24

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB15-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide a summary of the recent Accounts Commission IJB Finance Bulletin 2023/24 report to members of the IJB for information.

2.0 RECOMMENDATIONS

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

2.1 Note the content of this report.

2.2 Note the recommendation actions laid out in the Accounts Commission IJB Finance Bulletin 2023/24 report and summarised in sections 4.5 and 4.6

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 On 06 March 2025 the Accounts Commission published their report “Integration Joint Boards’ Finance Bulletin 2023/24”. The Finance Bulletin provides a comprehensive analysis of financial performance of IJBs across Scotland for the fiscal year 2023/24, based on analysis of the 2023/24 annual accounts for 29 IJBs and annual audit reports. Despite a real term increase in funding, IJBs continue to face precarious financial conditions characterised by overspending, depletion of reserves, and reliance on one-off savings. The report highlights significant challenges, including widespread deficits, reduced reserves, and a projected funding gap of £457 million for 2024/25. Additionally, high turnover in leadership positions poses risks to effective strategic planning and decision-making. The report underscores the need for collaborative efforts among IJBs, NHS, and council partners to transform services, invest in prevention, and improve outcomes. A full copy of the report is attached as appendix 1.

4.2 The report sets out the changing context in which IJBs are operating, including increasing demand and complexity of health and care needs due to demographic changes, workforce difficulties, and financial strains. The 2022 Census data highlights a significant increase in the aging population. This demographic shift results in higher demand for health and social care services, as older adults typically require more medical attention and support. There is a growing percentage of the population living with long-term illnesses. This trend increases the complexity and cost of care, as individuals with chronic conditions often need ongoing treatment and management. The Census also indicates a rise in the number of people

providing unpaid care. These carers play a crucial role in supporting the health and social care system, but they also face their own challenges, including financial strain and burnout.

- 4.3 In terms of financial performance, the report recognises that IJB funding increased by 4% in real terms from 2022/23 to 2023/24. However, 24 IJBs reported a deficit, leading to the necessity of unplanned use of reserves and additional financial contributions from partner bodies. In 2023/24, IJBs achieved 79% of their planned savings targets, with a significant portion being non-recurring. This reliance on one-off savings poses a risk to long-term financial sustainability, as recurring savings are necessary to balance future budgets. In the same period total reserves reduced by 40%, with contingency reserves almost halved. This depletion was primarily due to the need to cover deficits and fund ongoing operations. Notably, nine IJBs reported having no contingency reserves left, highlighting the severity of the financial strain. This overall position led Auditors to identify risks including reliance on non-recurring income, insufficient reserves, and underdeveloped plans for recurring savings. Looking ahead, the Accounts Commission notes that the financial outlook for IJBs is concerning, with a projected funding gap of £457 million for the fiscal year 2024/25. This gap underscores the need for IJBs to identify and implement recurring savings and reduce their reliance on reserves. The report states that to address these financial challenges IJBs should focus on strategic financial management, including:
- Collaborative Efforts: Working closely with NHS and council partners to identify opportunities for cost savings and efficiencies.
 - Investment in Prevention: Shifting focus towards preventive measures and early interventions to reduce long-term costs and improve outcomes.
 - Transformation of Services: Transforming service delivery models to be more efficient and effective, leveraging technology and innovation where possible.
- 4.4 The report highlights significant turnover in key leadership positions within IJBs, which poses risks to effective strategic planning and decision-making. Over half of the IJBs experienced changes in either their Chief Officer or Chief Finance Officer roles during the year. This high turnover rate can disrupt continuity and stability, making it challenging for IJBs to maintain a consistent strategic vision and effectively address the financial and operational challenges they face. To mitigate the risks associated with leadership turnover, the report suggests that IJBs should focus on succession planning, leadership development and stability and support for new leaders within the system. By addressing these areas, IJBs can enhance their resilience and capacity to navigate the complex challenges they face, ensuring more effective governance and improved outcomes for the communities they serve.
- 4.5 The Accounts Commission focuses on the importance of collaboration and transformation in addressing the significant challenges that IJBs face. The report emphasises the necessity for IJBs to work closely with their NHS and council partners. Effective collaboration is crucial for identifying opportunities for cost savings, improving service delivery, and achieving better health and social care outcomes. IJBs are encouraged to adopt integrated working practices that bring together health and social care services. This approach aims to provide more coordinated and seamless care for individuals, particularly those with complex needs. Establishing shared goals and objectives among IJBs, NHS boards, and local councils is also seen as essential for aligning efforts and resources towards common priorities.
- 4.6 To address financial challenges the Accounts Commission also recommends a focus on transformation across the health and social care system. The report highlights the need for IJBs to transform their service delivery models. This includes redesigning services to be more efficient and effective, leveraging technology and innovation where possible. The goal is to provide high-quality care while managing costs. Shifting the focus towards preventive measures and early interventions is also recommended as a key strategy for reducing long-term costs and improving health outcomes. The report includes a focus on developing a skilled and adaptable workforce is critical for supporting the transformation of services. This includes providing training and development opportunities for staff to equip them with the necessary skills and knowledge to deliver new models of care. Finally, engaging with

communities and service users is seen as an important aspect of transformation. The report recommends that candid conversations with communities about the impact of savings required to balance the budget must be an integral part of budget setting processes in the future.

- 4.7 The issues and challenges highlighted in this national report are broadly reflective of the range of issues and challenges specifically being faced by Dundee IJB. Many of the recommended actions are incorporated into the IJB's Strategic Delivery Plan and HSCP's Operational plans, with work ongoing to continue to explore further opportunities where possible. Further analysis from the Audit Scotland interactive online tool (as referenced in sections 2 and 3 of the Appendix) will be shared with Performance and Audit Committee to enhance understanding of financial performance and risk management.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

- 6.1 This report has not been subject to a risk assessment as it does not require any policy or financial decisions at this time.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

- 9.1 None

Dave Berry
Acting Chief Officer

DATE: 10 March 2025

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Integration Joint Boards

Finance bulletin 2023/24



ACCOUNTS COMMISSION 

Prepared by Audit Scotland
March 2025

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Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility

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Key messages

- 1 Integration Joint Boards' (IJBs) finances continue to be precarious. IJBs 2023/24 funding has increased in real terms compared to 2022/23 but there is a concerning picture of continued overspending, depletion of reserves and required savings being met through one-off rather than recurring savings.
- 2 The majority of IJBs reported a deficit on the cost of providing services requiring unplanned use of reserves and additional contributions from partner bodies:
 - Total reserves held by IJBs have reduced by 40 per cent in 2023/24. Contingency reserves have almost halved, limiting IJBs ability to address future deficits. Nine IJBs now do not hold any contingency reserves reducing their financial flexibility and increasing the risk to their financial sustainability.
 - NHS boards and councils face significant financial challenges themselves and IJBs cannot continue to rely on their partners being able to find additional money to support them during the year. IJBs need to agree budgets that are realistic and transparent and to have strategies in place to manage in-year risks.
- 3 The majority of the total planned savings were achieved, but a substantial proportion were achieved on a one-off basis meaning these non-recurring savings need to be carried forward and covered each year to balance future budgets.
- 4 The financial position is set to worsen with a projected funding gap of £457 million in 2024/25. The budget process needs collaboration with partners and candid conversations with communities about the impact of the savings needed to set a balanced budget. The budgets and proposed savings need to be realistic and achievable.
- 5 A continued high turnover of chief officers and chief finance officers adds to the risks around effective strategic planning and decision-making.

- 6 IJBs need to be working collaboratively with each other and with their NHS and council partners to find ways to transform services so that they are affordable. Investment in prevention and early intervention is needed to help slow the ever-increasing demand for services, the cost of more complex care and, improve the experience and outcomes for people.
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Introduction

- 1.** Integration Joint Boards (IJBs) are responsible for the governance, planning and resourcing of social care, primary and community healthcare and unscheduled hospital care for adults in their local area. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires the 32 Scottish councils and 14 territorial NHS boards to work together in partnerships to integrate how social care and community healthcare services are provided. IJBs were created as part of the Act. More information about the role of IJBs is set out in a short video available on our website [What are Integration Joint Boards?](#)
- 2.** On behalf of the Accounts Commission, Audit Scotland has undertaken an analysis of the IJB annual accounts for 2023/24 and the [annual audit reports](#) produced by local auditors. The data and analysis is published on the Audit Scotland website as an interactive online tool – [The IJB Finance bulletin 2023/24](#).
- 3.** The interactive online tool allows users to explore the financial performance of their local IJB, as well as compare individual IJBs. We anticipate this will be a useful resource for IJBs, their stakeholders and members of the public. It includes data on the funding and income and reserves position, outturn budget position, savings performance and financial outlook. The tool also includes local and national contextual data from the 2022 census that illustrates the increasing population pressures nationally and the significant variation across Scotland. Accompanying [guidance](#) on how to use the online tool is also available on the Audit Scotland website.
- 4.** This document provides a summary of the national level messages from the online Finance bulletin.
- 5.** Our findings are based on the 2023/24 annual accounts for 29 IJBs (27 audited and two unaudited), 2023/24 annual audit reports, as well as IJB budget documentation. The accounts for East Dunbartonshire IJB were unavailable at the time of publication.
- 6.** We have published the Finance bulletin as early as possible to help inform budget-setting discussions. Further information will be added to the data tool as it becomes available. By Autumn 2025, it will also include performance and outcome data.

Context

Demographic shifts are driving an increase in the demand and complexity of health and care needs

7. The pressures on Scotland's social care and healthcare services are escalating, with higher demand, workforce difficulties, and financial strains, further aggravated by inflationary cost pressures.

8. Scotland's wide-ranging population density also presents different logistical and workforce challenges, along with associated cost pressures, to providing services.

9. The 2022 Census sets out how the underlying factors impacting on the demand for social care and healthcare services have changed since 2011.

2022 Census data		Movement since 2011 census/range
Population	5.4 million	2.7% increase
Proportion of population aged over 65	20%	Increasing from 17%
Population density (residents per km ²)	70	Varying from 9 (Eilean Siar) to 3,555 (Glasgow)
Percentage of people who reported having bad or very bad health	7%	27% increase
Percentage of people with a long-term illness, disease or condition	21%	Increasing from 19%
Percentage of population that provide unpaid care	12%	28% increase

Source: Scotland's Census 2022

10. These societal changes result in an increased resource demand for social care and healthcare services and impact on the financial sustainability of these services as we set out later in this report.

Financial performance

The financial health of IJBs continues to weaken and there are indications of more challenging times ahead

IJB funding has increased in real terms compared to 2022/23

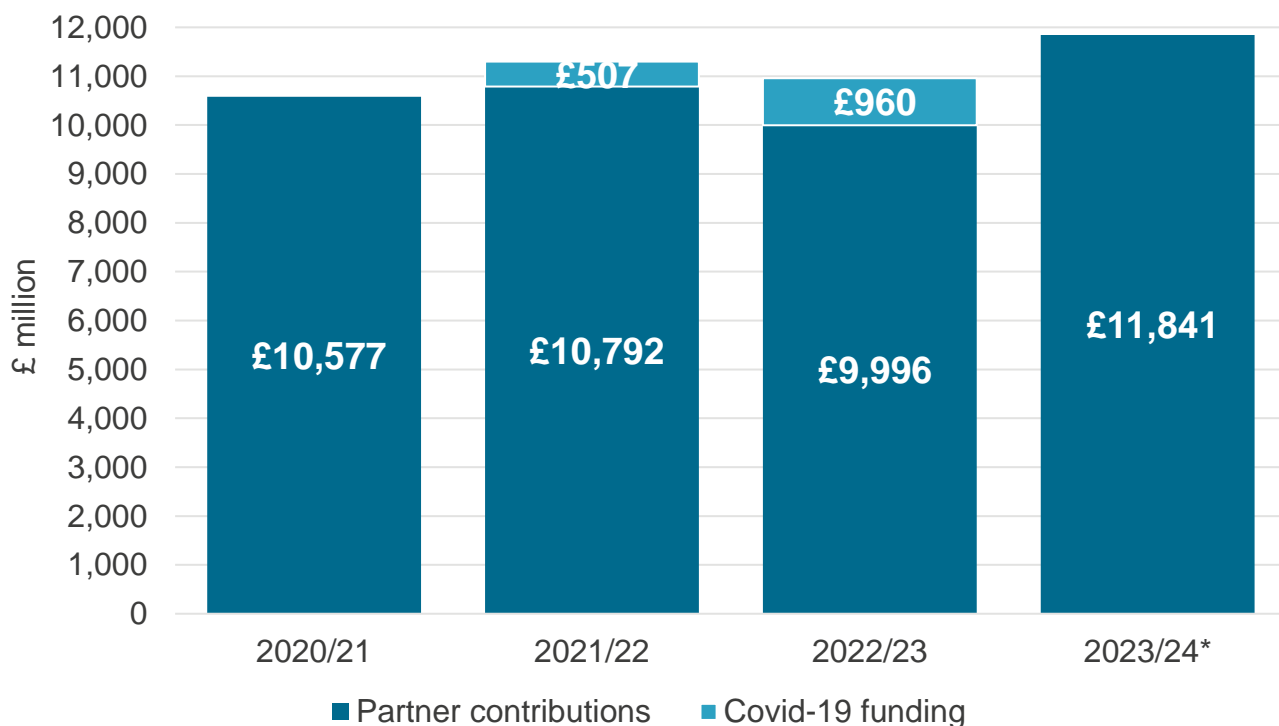
11. IJBs receive their funding as annually agreed contributions from their council and NHS board partners. Funding is largely received to cover in-year expenditure on providing services but can also be received for specific services and national initiatives to be funded in future years. The funding split between NHS and council partners remains around 70 per cent from NHS boards and 30 per cent from councils.

12. There has been a four per cent real-terms increase in IJB funding between 2022/23 to 2023/24 ([Exhibit 1](#)).

Exhibit 1

IJB Funding and income 2020/21 – 2023/24

Funding increased by four per cent in real terms in the past year



Note: * Position/movement excluding East Dunbartonshire IJB as accounts are unavailable.
Source: Audited accounts

The majority of IJBs reported a deficit on the cost of providing services requiring additional contributions from partner bodies and the unplanned use of reserves

13. Twenty-four IJBs reported a deficit on the cost of providing services with the majority (18) reporting a deficit between zero and three per cent ([Exhibit 2, page 9](#)).

14. Of the 24 IJBs reporting an operating deficit, 11 received additional contributions from partner bodies to cover the year end overspend and 16 made an unplanned drawdown from reserves. A number of IJBs will have received additional partner contributions during the year that will not be captured by this analysis. These additional in-year contributions can arise for a variety of reasons, including specific one-off cost pressures not anticipated during budget-setting.

15. Five IJBs reported an operational surplus, down from 19 in 2022/23. Reasons reported for surplus' included delays in the launch of some transformation and improvement projects and challenges in health and social care recruitment.

16. Recruitment and retention issues facing the sector persist, but the related savings from holding vacancies, that contributed to the majority of operational surpluses in 2022/23, are being outstripped by inflationary cost pressures and, reflecting the workforce pressures, a higher spend on agency/locum/bank staff. Other financial pressures driving the increase in the costs of providing services include increasing demand for services, prescribing costs and pay inflation.

Exhibit 2

Operational surplus/deficit as a proportion of the 2023/24 net cost of service

The majority of IJBs reported a deficit on the cost of providing services in 2023/24 requiring additional contributions from partner bodies and the unplanned use of reserves.



Note: * Comparable data for 2022/23 was not available for these IJBs. ** East Dunbartonshire IJB accounts unavailable.

Source: Audited accounts, auditor returns

The majority of the total planned savings were achieved, but a substantial proportion was achieved only on a one-off basis

17. There was a 154 per cent increase in the savings target between 2022/23 and 2023/24, increasing to £214 million. Overall, IJBs achieved 79 per cent of their planned savings targets in 2023/24. This was down

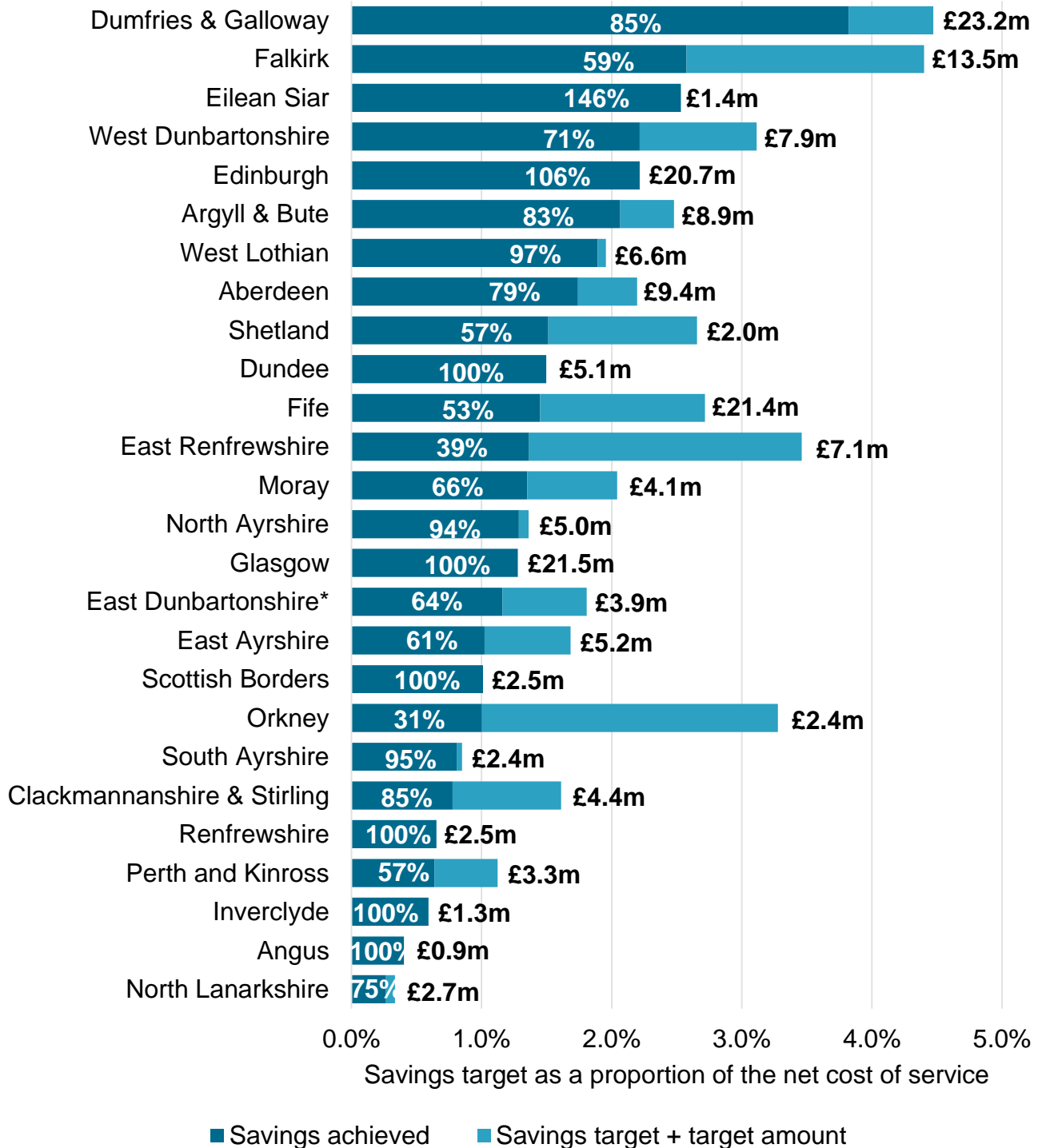
from 84 per cent in 2022/23. Only seven IJBs achieved all of their savings target with three IJBs achieving less than half their target ([Exhibit 3, page 11](#)).

18. Fifty-seven per cent of savings were achieved on a recurring basis with the remaining 43 per cent being achieved on a non-recurring basis. The non-recurring savings will be carried forward to be found again in future years.

Exhibit 3

2023/24 Savings performance

79 per cent of total planned savings were achieved in 2023/24, compared to 84 per cent in 2022/23.



Note: * In the absence of the 2023/24 East Dunbartonshire IJB accounts, the 2022/23 Net Cost of Service was used.

Source: 2023/24 Audited accounts, auditor returns

19. IJBs achieved 79 per cent of their planned savings target in 2023/24. Over two-fifths of this were achieved on a non-recurring basis. This means that these savings will be carried forward to be found again in future years. Identifying and achieving savings every year on a recurring basis, and moving away from relying on one-off savings, is essential for IJBs to maintain financial sustainability.

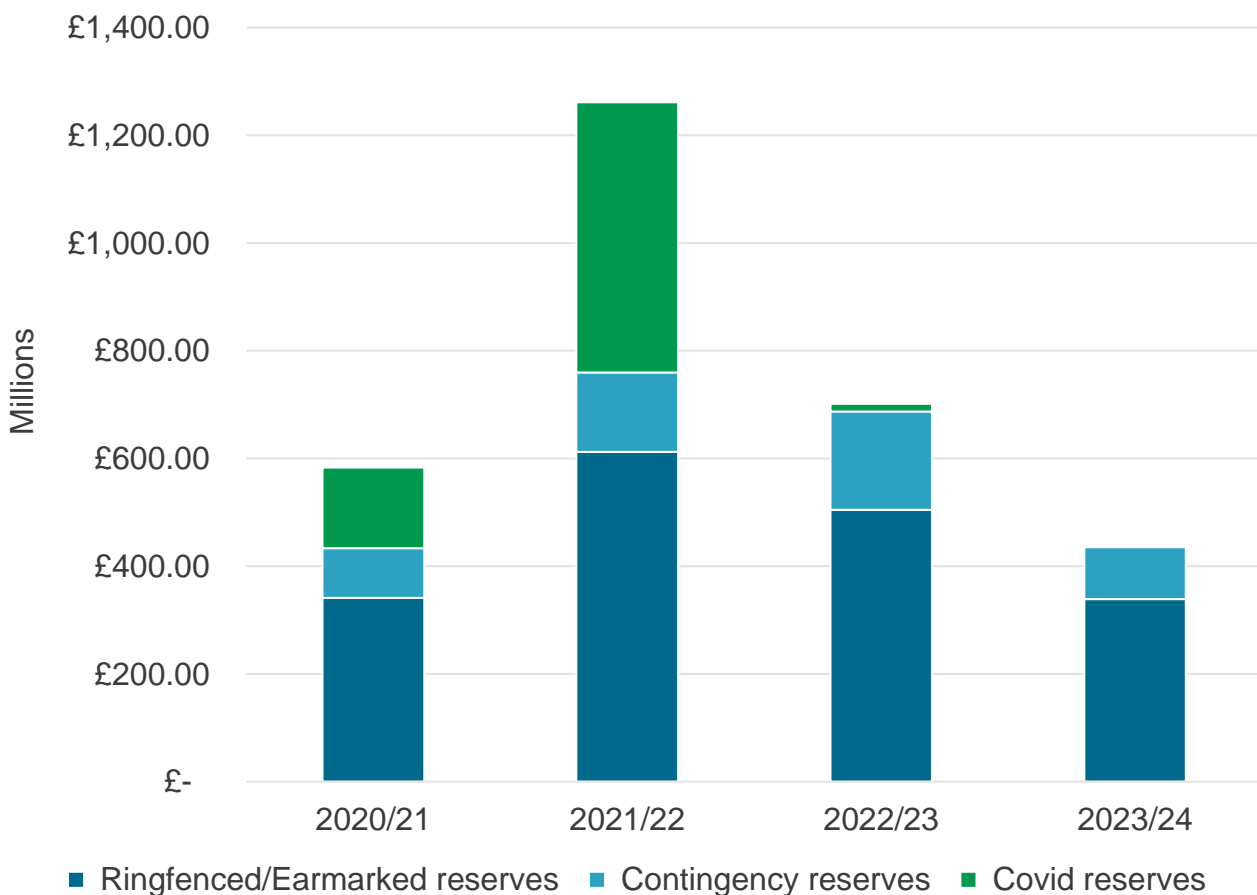
Total reserves held by IJBs have reduced by 40 per cent in 2023/24.

20. By the end of 2023/24, IJBs reported a reduction in their total level of reserves, decreasing by 36 per cent between 2022/23 and 2023/24 (40 per cent real-terms reduction). Part of the reduction relates to the use of ringfenced reserves to support Scottish Government national policy objectives ([Exhibit 4](#)).

Exhibit 4

Total reserves by year

Total reserves held by IJBs have reduced by 40 per cent in real terms in 2023/24.



Note: * 2023/24 position/movement excludes the East Dunbartonshire IJB position.

Source: Audited accounts

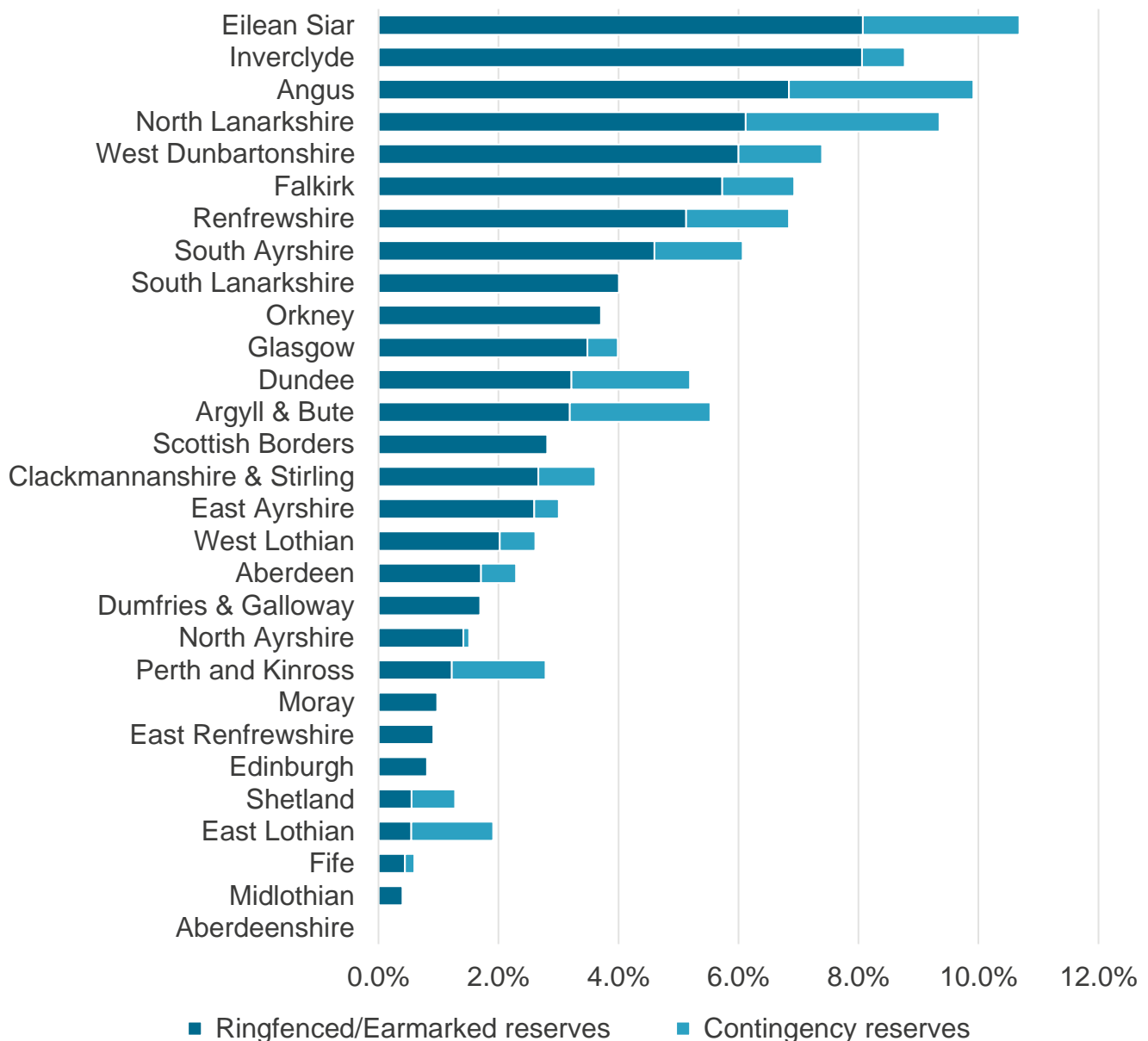
Contingency reserves have almost halved, limiting IJBs ability to address future deficits

21. Contingency reserves have almost halved (49 per cent real-terms reduction) and now represent 0.8 per cent of the total Net Cost of Services (down from 1.6 per cent). These are reserves that are held but have not been earmarked for a specific purpose and are often used to mitigate the financial impact of unforeseen circumstances ([Exhibit 5](#)).

Exhibit 5

2023/24 year end IJB reserves as a proportion of the net cost of services

Over half of all IJBs had contingency reserve levels of less than one per cent of net cost of services.



Source: Audited and unaudited accounts

22. One IJB (Aberdeenshire) utilised all their reserves in year, meaning that any future overspend position would require additional funding from partner bodies.

23. Four IJBs utilised all their contingency reserve in year, bringing the total number of IJBs without any contingency reserves, at the end of 2023/24, to nine.

Financial sustainability risks have been identified by auditors in the vast majority of IJBs

24. The majority of auditors raised financial sustainability risks as part of their annual audits of IJBs. The risks identified included the reliance on non-recurring sources of income, such as reserves and one-off savings, to meet overspends.

2023/24 Audit	
Financial management risks identified*	22%
Financial sustainability risks identified*	96%
Medium-term financial plan in place**	90%
Accounts presented within agreed timetable**	83%
Unmodified opinion*	100%
IJBs reporting turnover in senior officer roles (CO/CFO)**	57%
IJBs who agreed their 2024/25 budget prior to the start of the financial year**	87%

Note: * Based on 27 IJBs, where Annual Audit Reports were available. ** Based on all IJBs. Turnover figures include IJBs with interim Chief Officers (CO)/Chief Finance Officers (CFO) in place.

Source: Annual Audit Reports, IJB budget papers, Medium-term financial plans

25. Other financial sustainability risks highlighted by auditors included:

- Reserves level falling below minimum required as per their individual reserves policies. In one case, the general reserve has been depleted in full.
- Undeveloped/underdeveloped plans for the achievement of recurring savings to allow IJBs to reach a balanced financial position.

- Additional contributions being required from IJB partners to meet cost pressure.
- Inability to reduce reliance on agency and locum staff due to ongoing recruitment challenges.

26. Financial management risks identified included:

- Inaccurate information provided or not presented in line with regulations.
- Insufficient detail provided to allow the reader to fully assess the board's overall performance.
- Financial forecasting requiring more accuracy.
- Requirement to enhance the reporting to provide greater clarity regarding the underlying IJB budget and performance against the budget during the year.

Instability of leadership continues to be a challenge for IJBs

27. Over half of IJBs reported a change of Chief Officer or Chief Finance Officer in 2023/24. We previously reported that half of IJBs reported a change in senior leadership across 2021/22 and 2022/23.

28. The leadership and strategic vision of senior officers is crucial in the strategic planning and decision making required to drive much needed transformation change. Instability in leadership teams has the potential to disrupt strategic planning and the leadership capacity to bring about the fundamental change required to address the growing scale of challenges facing IJBs.

The projected financial position is set to worsen

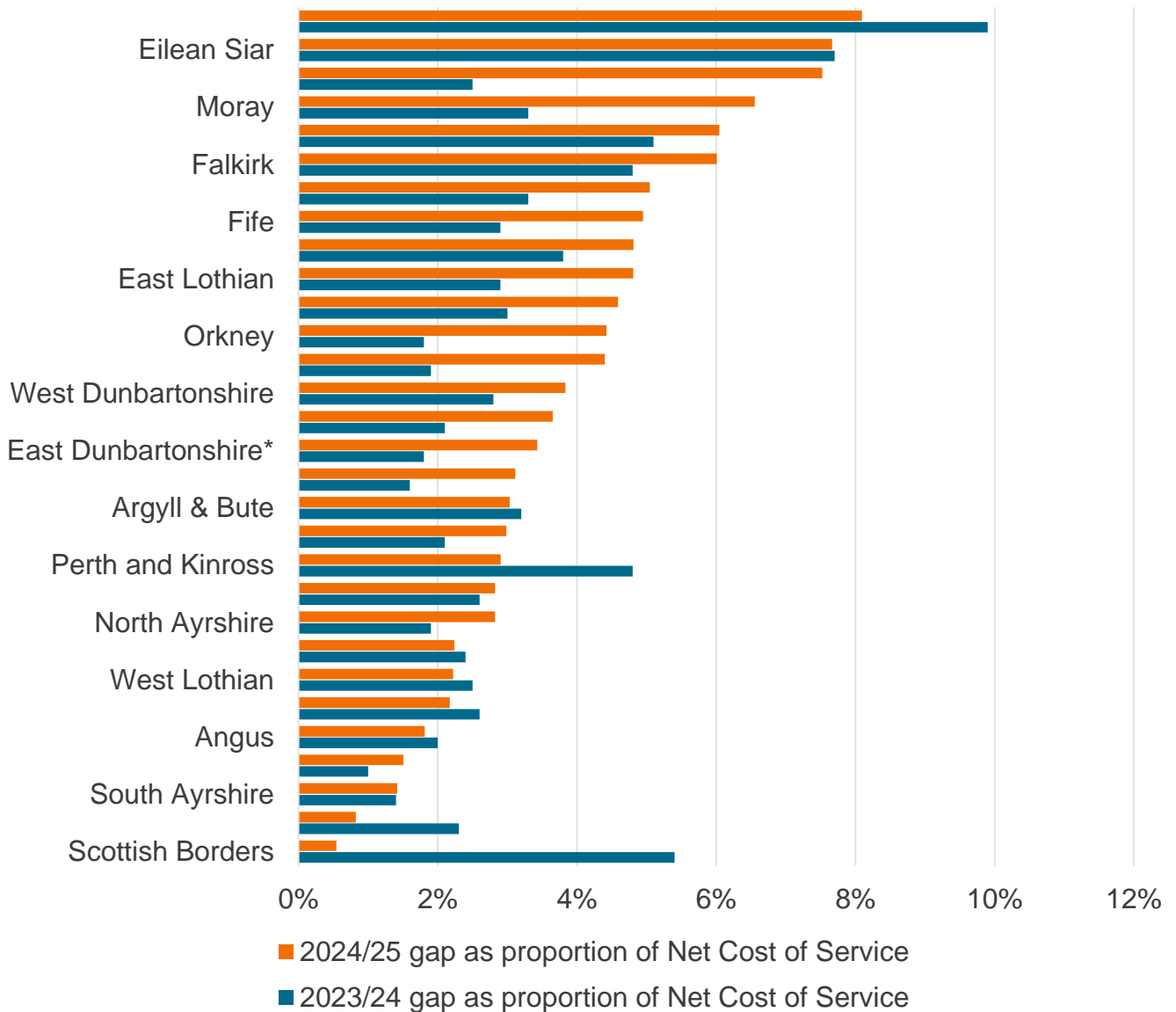
29. 2024/25 budget-setting revealed that the projected funding gap for IJBs has increased again to £457 million (£357 million for 2023/24) ([Exhibit 6, page 16](#)).

30. For 2024/25, 16 of the 30 IJBs agreed a balanced budget before the start of the financial year. Delays in the agreement of savings plans and NHS partner funding were the most common reasons for balanced budgets not being agreed at the start of the financial year.

Exhibit 6

IJB funding gaps as a proportion of 2023/24 net cost of services

IJB annual accounts and budget papers identify a 28 per cent increase in the overall projected funding gap between 2023/24 and 2024/25.



Note: * In the absence of the 2023/24 East Dunbartonshire IJB accounts, the 2022/23 Net Cost of Service was used.

Source: IJB budget papers, auditor returns

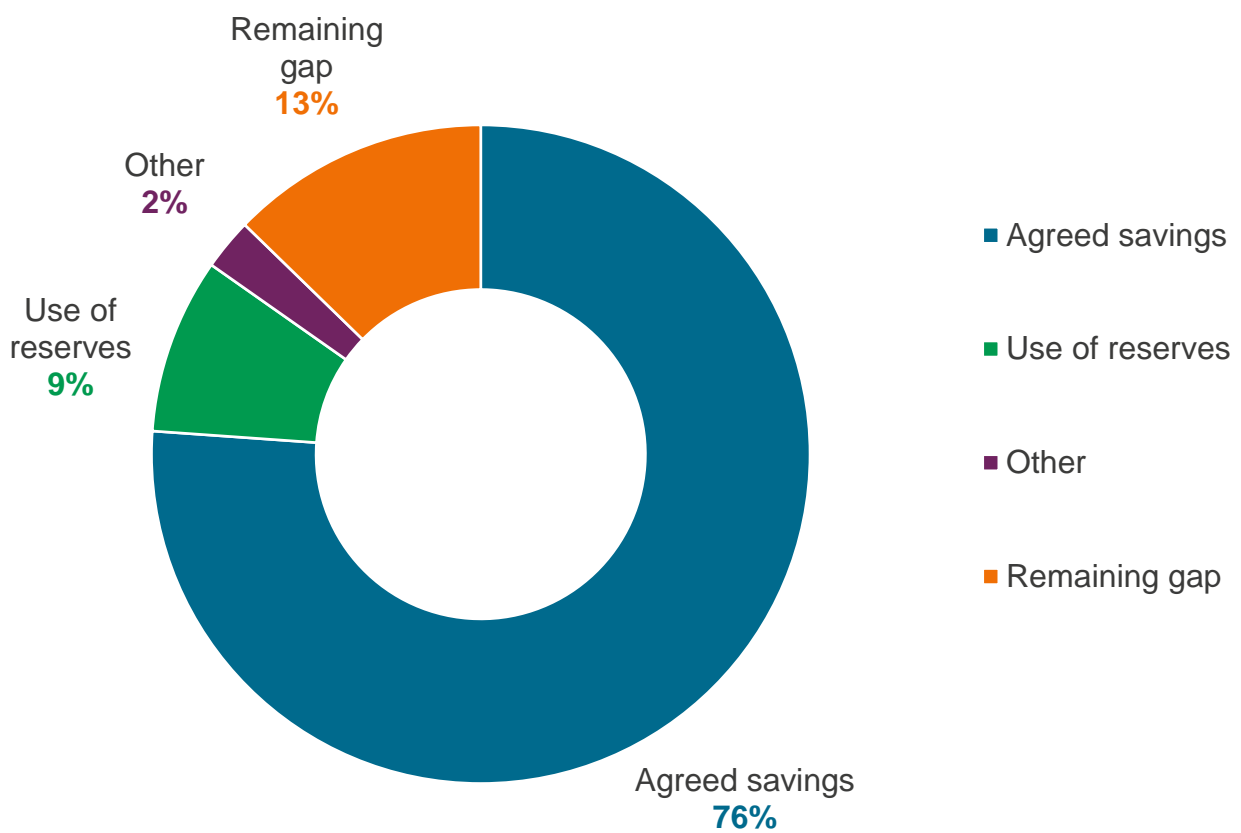
Reliance on non-recurring sources of income is not sustainable

31. At the time of the 2024/25 budget-setting, nine per cent of the projected funding gap was planned to be bridged using non-recurring reserves ([Exhibit 7, page 17](#)).

32. A proportion of the funding gap did not have planned savings agreed against it at the time of budget-setting. These unidentified savings made up 13 per cent of the total projected funding gap and were the result of 12 IJBs starting the 2023/24 financial year with an unbalanced budget.

Exhibit 7
2024/25 IJB funding gap planned action

The use of non-recurring reserves makes up nine per cent of plans to bridge the funding gap.



Source: IJB budget papers, auditor returns

33. The proposed savings contain both recurring and non-recurring savings. The reliance on non-recurring sources of income to fund recurring budget pressures is unsustainable in the medium to long term. The identification and delivery of recurring savings and a reduced reliance on drawing from reserves to fund revenue expenditure will be key to ensuring long-term financial sustainability.

Integration Joint Boards

Finance bulletin 2023/24



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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 MARCH 2025

REPORT ON: DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2025/26

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB14-2025

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 2025/26 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 2025/26.

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 2025/26 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 5 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 budgets 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 2025/26 delegated budget (Appendix 1).
- 2.5 Notes the results of the IJB Budget Consultation 2025/26 as set out in section 4.10 and Appendix 4.
- 2.6 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 2025 (as detailed in 4.6).
- 2.7 Notes the Operational Efficiencies and Management Actions detailed in Appendix 2 to this report
- 2.8 Approves the Budget Savings and financial support from Reserves as summarised in Appendix 3 and detailed in Appendices 6-12 to this report.
- 2.9 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 2025/26 for Dundee Integration Joint Board of £320.4m as noted in section 4.9 of this report.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Report DIJB69-2024 set out an initial overview of the budget setting process for 2025/26, and the information that was known or indicative at that time (Article XI of the minute of the meeting of the Dundee Integration Joint Board held on 11 December 2024 refers). 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 In February 2025, a further report was submitted to the IJB, which provided additional detail 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 (DIJB10-2025, and Article XI of the minute of the meeting of the Dundee Integration Joint Board held on 19 February 2025 refers).
- 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 2025/26 budget which is set out within the following sections.
- 4.1.5 A recently published report by Accounts Commission for Scotland titled "Integration Joint Boards' Finance Bulletin 2023/24" highlights that across Scotland the financial position of IJB's continues to be precarious. A full summary of the report is provided in DIJB15-2025 on this agenda.

4.2 Proposed NHS Tayside Delegated Budget

- 4.2.1 NHS Tayside's Financial Plan 2025/26 has been submitted to the Scottish Government as part of the Local Delivery Plan and is expected to be signed off by Tayside NHS Board on 24 April 2025 therefore the figures contained in this report are indicative at this stage.
- 4.2.2 The indicative budget currently assumes a 3% uplift settlement on recurring baseline budgets from NHS Tayside to Dundee IJB, plus assumed funding to cover 60% of additional employer National Insurance Contributions for directly employed staff. Until the NHS Tayside budget is approved, this remains a provisional position and at this time, the Chief Finance Officer is unable to comment as to whether the final budget offer is in line with the parameters set out by the Scottish Government.

Table 1 – Anticipated NHS Tayside Budget Uplift Details

	£000
Baseline Uplift (3%)	4,428
Employers National Insurance Contribution uplift (60% of projected additional cost for directly employed staff)	1,005
Total Net Additional Funding	5,433

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 yet provided a calculation for the large hospital set aside for 2025/26 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 27 February 2025 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 2 below and consists of a 'flat cash' settlement to the IJB's core funding.
- 4.4.2 As part of the national Local Government Budget Settlement from the Scottish Government, additional funding of £125 million has been provided to deliver a £12.60 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 £10m provided nationally.
- 4.4.3 Local Government has also received additional funding on a recurring basis to contribute to the additional cost of employers National Insurance Contributions, with a proportionate share to be passed to the IJB which is anticipated to cover 55% of increased cost for directly employed staff.
- 4.4.4 The Scottish Government's direction on funding for the £12.60 per hour and for Free Personal and Nursing Care states that this is to be additional to each council's existing recurrent 2024/25 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 2 – Dundee City Council Budget Uplift Details

	£000
Baseline Uplift	0
Employers National Insurance Contribution uplift (55% of projected additional cost for directly employed staff)	535
Additional Scottish Government Funding:	
- Free Personal Care Uprating (share of £10m)	75
- Adult Social Care Pay Uplift (share of £125m)(min £12.60ph from April 2025)	3,580
Total Net Additional Funding	4,190

4.5 Delegated Budget Existing and Emerging Financial Pressures

- 4.5.1 The IJB's delegated budget will be subject to a range of cost pressures over the course of 2025/26. Significant increases in demand for health and social care services has continued during 2024/25 due to the impact of an increasingly frail population, ongoing demographic changes and emphasis to minimise hospital delayed discharges. Utilisation of non-recurring savings solutions in 2024/25 also creates a cost pressure gap when planning for 2025/26. The range of cost pressures the IJB is likely to experience in 2025/26 are summarised and set out in table 3 below.

Table 3 – IJB Delegated Budget Anticipated Cost Pressures

	£000
Non-recurring savings solutions 2024/25	5,793
Investment to support 2024/25 demand led pressures	4,142
Provision for Estimated Staff Pay increases	3,436
Employer National Insurance cost pressure (directly employed staff)	2,647
Increase to Commissioned Services (including Real Living Wage, NCHC and FPC Uplift)	4,592
eNIC – Commissioned Services additional cost estimate	2,063
Primary Care Prescribing	1,452
Complex Care Transitions and Packages	1,000
Provision for Demographic Pressures	2,046
Total	27,171

- 4.5.2 The 2025/26 cost pressures include recurring funding to support Care at Home packages of care where spend has increased significantly in recent years and has been a key area of overspend during 2024/25. The investment of additional budget in this particular area partially reflects the demand growth and helps to address the current overspend. During 2024/25, the HSCP is currently purchasing more than 5,000 hours of external care at home a week greater than budget authorised by the IJB, primarily to meet and maintain delayed discharge targets and to remove unmet need in the community. Given the financial challenge of sustaining this

level of provision with the scale of other cost pressures, it is proposed that the IJB increases the commissioning of external care at home hours from the current authorised level by around 3,000 hours per week. This will have the net effect of reducing current provision by around 2,000 hours per week.

4.5.3 The implementation of this reduction back to within budget will be supported through a phased approach based around natural turnover in the service where packages of care come to an end for a variety of reasons. This approach will ensure that there is no impact on people currently receiving a package of care. The reduction in hours of care will be supported by the review of eligibility criteria for the service, with an intention to prioritise those people assessed as being at Critical Risk (highest priority and greatest need). Care packages are periodically reviewed as part of the normal care management processes and as a result there may be situations where changes to care provision may be agreed, these include situations where equipment, adaptations or technology may be available to provide alternative supports. It is also anticipated that there will be a waiting time to access new or increased packages of care, with the waiting time being longer for those people at lower levels of risk / need. Where a hospital discharge is dependent on care at home support, this will likely receive a higher priority to minimise delays to discharge. Wider work and initiatives with colleagues including the Acute Frailty Unit, Integrated Discharge Hub and Assessment at Home service will also continue to enhance and optimise the pathways for older people in need of health and social care.

4.5.4 The cost pressures will continue to be monitored throughout the 2025/26 financial year through the IJB's regular financial monitoring reporting process with any risks highlighted to the IJB.

4.6 Adult Social Care Pay Uplift

4.6.1 The delegated budget funds a range of health and social care services provided by the third and independent 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 tendering or other procurement processes. 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 4.4.4, 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 £12.60 per hour with effect from April 2025.

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 2025 to ensure the pay uplift for Adult Social Care staff is actioned appropriately in line with Scottish Government policy.

4.7 Reserves Position

4.7.1 At the financial year end 2023/24 the IJB's reserves stood at £17,813k. This primarily consisted of earmarked reserves in relation to Scottish Government funding including Mental Health, Primary Care, and Alcohol and Drug Partnership, along with set side funding to support the 2024/25 budget plan and Transformation and Strategic Developments. During the 2024/25 financial year, the Scottish Government continued 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.

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 around £6.4m for Dundee IJB.

4.7.3 The IJB's latest reported operational financial monitoring position for 2024/25 is showing a projected overspend to the year end with the IJB having been operating under Financial Recovery arrangements for much of 2024/25, however the year-end draft position will not be known until mid-May. The latest reported position (DIJB7-2025 - Article IX of the minute of the

meeting of the Dundee Integration Joint Board held on 19 February 2025 refers) indicated that the total reserves available to the IJB for 2025/26 will be approximately £5,979k consisting of around £5,952k of committed reserves and £27k of uncommitted reserves. However more recent (as yet unreported) figures for 2024/25 following monitoring to January and February 2025 are indicating continued improvements through financial recovery actions in the projected position which should result in a higher level of retained general reserve at the end of 2024/25.

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 £17.5m for which financial savings, operational efficiencies, prioritisation and other financial interventions will be required to provide a balanced budget for 2025/26.
- 4.8.2 Throughout the IJB's 2025/26 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 2025/26 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 noting and in Appendix 3 for approval by the IJB.

Table 4 – Budget Balancing Proposals

	£000
Anticipated NHS Tayside Budget Uplift	5,433
Dundee City Council Budget Uplift	4,190
IJB Delegated Budget Anticipated Cost Pressures	27,171
Anticipated Funding Shortfall	17,548
Operational Efficiencies and Management Actions	4,404
Non-Recurring Initiatives	3,756
Savings Proposals & Use of Reserves	9,388
Total	17,548

4.9 Proposed Dundee IJB Delegated Budget 2025/26

- 4.9.1 Factoring all of the above against the delegated budget results in a proposed position for 2025/26 as noted in Table 5 below.

Table 5 – Dundee Health & Social Care Partnership Proposed Delegated Budget 2025/26

	Dundee City Council	NHS Tayside (indicative only)*	Total Proposed Budget 2025/26
	£m	£m	£m
2025/26 Baseline Budget			
Hospital & Community Based Services		109.3	109.3
Family Health Services Prescribing		38.3	38.3
General Medical Services		53.0	53.0
Large Hospital Set Aside (value tbc)			
Adult Social Care	110.2		110.2
Total Baseline Budget	110.2	200.6	310.8
Add:			
Baseline Uplifts		4.4	4.4
eNIC Uplift	0.5	1.0	1.5
Inflationary Uplifts			0.0
Investment in New Scottish Govt Legislation/National Policy	3.7		3.7
Total Proposed Budget 2025/26	114.4	206.0	320.4

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 Strategic Commissioning Framework is dependent on the level of resources delegated to the IJB. Officers within the Health and Social Care partnership will continue to review and develop Services and Transformation Plans to reflect the changing demands, working practices and demographic needs. Relevant plans and proposals will be presented to the IJB and will be incorporated into future budget planning to ensure a financially sustainable Strategic Commissioning Framework beyond 2025/26.

4.10 Outcome of Budget Consultation Exercise

4.10.1 The IJB launched its first budget consultation on 14 February 2025, closing again 20 days later (5 March 2025). Regular promotion of the consultation was undertaken during the consultation to encourage feedback from a variety of stakeholders, including people who use health and social care services and supports, unpaid carers, members of the health and social care workforce and providers of health and social care services in the third and independent sector. There was a total of 560 responses.

4.10.2 The online survey was made available via Dundee Health and Social Care Partnership's website and paper versions made available in libraries and from Claverhouse Social Work Centre with support available from staff if required. The average time taken to complete the survey online was 40 minutes. Most responses were made online; 3 paper versions of the online survey were received and input, with a further 5 detailed written responses received in relation to specific options outlined within section 4 of the survey.

4.10.3 The survey contained 5 sections:

1. Section 1 gave an opportunity for people to provide information about their personal characteristics (when providing an individual response) or further information about the organisation they were responding on behalf of.
2. Section 2 asked about general priorities for IJB spending.
3. Section 3 gave people the opportunity to give their feedback on a range of specific options put forward by officers in responses to the IJB's budget gap. Respondents were asked to give an indication of how supportive they were of each option (1 being not at all and 7 being supportive) and concerned they were about the potential negative impacts of each option (1 being very concerned and 7 being not concerned).
4. Section 4 gave people the opportunity to provide further feedback on the potential negative impacts of each individual saving option put forward by officers, either from their perspective as individuals or more broadly for the group they were representing. They were asked to give an indication of the level of negative impact they expect the options would have on them (from no impact through to high impact – overall 4-point scale). This was followed by an opportunity to expand on this feedback.
5. Section 5 gave people the opportunity to provide any further feedback or suggestions that may have to help the IJB to save money.

The budget consultation was one of a range of different methods used to gather views on saving options and to assess their potential impact. The different sources of information utilised are set out in further detail in the Integrated Impact Assessment document that accompanies both this report, and reports regarding individual saving options.

4.10.4 Key findings from the budget consultation exercise are summarised below:

- Respondents were asked about factors they felt should be given greatest priority by the IJB when it is making decisions about how available budgets should be allocated. Factors that respondents felt should be given greatest priority were

meeting the needs of people who need services right now / are in crisis, helping people with the highest levels of need and, helping people to live independently in their own community. In relation to how services are delivered in the future, respondents felt greatest priority should be given to timely access, services being free to access and use and, services being provided in-person.

- Respondents expressed most support for saving options to work with NHS Tayside to improve the use of digital technology across health and social care services and to work with Dundee City Council to maximise income from chargeable services. Least support was expressed for reducing flexibility in service budgets to respond to unexpected changes in demand and for reducing the amount of funding the IJB provides to the Third Sector. Respondents were most concerned that saving options would result in services not being available in crisis situations and on the number and length of delayed discharges.
- Respondents were given the opportunity to provide information about the level and nature of negative impacts that individual saving options could have. They were asked to give an indication of the level of negative impact they expect the options would have on them (from no impact through to high impact – overall 4-point scale). Overall, the highest impact rating for individual respondents was given to reducing Third Sector Funding at 2.9, removing flexibility for unexpected demand 2.8 and reviewing Medicine for the Elderly and Palliative and End of Life Care and closing the Homeopathy Service both at 2.3 (all within the medium impact range). The lowest impact rating was given for reviewing the Community Meals Service and changing the model of service for Housing with Care both at 1.9 (low impact range). Overall, the highest impact rating for responses on behalf of an organisation was given to reducing Third Sector Funding at 3.5 (high impact range), removing flexibility for unexpected demand 3.1 (high impact range) and reviewing Medicine for the Elderly and Palliative and End of Life Care at 2.5 (medium impact range).
- Many respondents took the opportunity to also provide further feedback on the potential impact of savings options (between 89 and 200 responses were received for each option). Overall, these responses focused on protecting those services which serve vulnerable people; many respondents mentioned the impact of the savings options on older people, disabled people and people who long-term health issues, including mental health issues and drug and alcohol use, and unpaid carers. Feedback also emphasised the impact in particular on those living in poverty in the city.
- An analysis of average impact for specific groups has been completed, with a focus on equality and fairness groups. One instance of significant negative variation between the average impact score of a specific group and the average impact score for the whole sample of individual respondents was identified: the impact rating for people who consider themselves to have a religion or belief other than Christian, Church of Scotland or Roman Catholic (32 respondents) in relation to the option to close the Homeopathy Service for Tayside was 1 point higher (3.3) than that of the whole sample of individual respondents (2.3). It should also be noted that Black and Minority Ethnic Groups (43 respondents) rated impacts higher across all saving options; although these differences are not considered to be significant, taken together they demonstrate the need to consider impacts and mitigations for this group of people. Further detail is provided within the Integrated Impact Assessments accompany IJB reports.

4.10.5 A full copy of the results from the budget consultation exercise is attached as Appendix 4 to this report. Throughout the consultation period a range of helpful feedback was also received regarding the consultation process and survey tool; this will be used to inform planning of future budget consultations.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has

checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included in Appendix 5 to this report.

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 5 x Impact 5 = 25 (Extreme)
Mitigating Actions (including timescales and resources)	Developing a robust and deliverable savings, efficiencies and 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 4 x Impact 4 = 16 (Extreme)
Planned Risk Level	Likelihood 2 x Impact 4 = 8 (High)
Approval recommendation	Although the risk levels remain high, the development of a savings plan and availability of reserves will reduce the risk 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.

Christine Jones
Acting Chief Finance Officer

DATE: 14 March 2025

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB14-2025
2	Date Direction issued by Integration Joint Board	26 March 2025
3	Date from which direction takes effect	1 April 2025
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 2025/26 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 2025 (following receipt of NHS Tayside's formal budget offer)

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DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP		
REVENUE BUDGET 2025/26		
		Total Delegated Budget Cost Pressures
Cost Pressures & Investments 2025/26		£000
Non-recurring savings 2024/25		5,793
Investment to support 2024/25 Emerging budget pressures		4,142
Provision for Estimated Staff Pay increases		3,436
Employer National Insurance cost pressure (directly employed staff)		2,647
Increase to Commissioned Third Party Services (including Real Living Wage, NCHC and FPC Uplift)		4,592
eNIC - Commissioned Third Party services additional cost		2,063
Primary Care Prescribing growth		1,452
Complex Care Transition Provision		1,000
Provision for Demographic Pressures		2,046
Total Cost Pressures		27,171
Funding Increases:		
Additional Scottish Government Funding (Passed through Dundee City Council)		3,655
Dundee City Council		535
NHS Tayside		5,433
Total Anticipated Additional Funding		9,623
Net Anticipated Residual Funding Shortfall		17,548

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**Dundee Integration Joint Board Budget – Operational Efficiencies and Management Actions
2025/26**

	Efficiency / Management Action	2025/26 Value £000
	Recurring Actions	
1)	Dundee City Council Review of Charges – Additional Income	374
2)	Additional Community Alarm Charge to DCC Housing	34
3)	Removal of long-term vacant posts (staff slippage / vacancy factor)	1,300
4)	Joint commissioning of POA beds with neighbouring IJB	971
5)	Review and reduction of High-Cost care packages and additional 1:1 support spend	200
6)	Maximising opportunities through alternative funding	200
7)	Reduction in supplementary staffing spend (3% target)	225
8)	Review and reduction of Senior Management Structure	500
9)	Administration efficiency review	100
10)	Benefits from Pharmacy transformation work within NHS Tayside Workstream	500
	Total Recurring Operational Efficiency Initiatives	4,404
	Non-Recurring Proposals	
11)	Further 1.5% operational efficiency target	3,056
12)	Management of natural staff turnover / vacancy management	200
13)	Restructuring of funding to ADP	500
	Total Non-Recurring Initiatives	3,756
	Total Operational Efficiencies and Non-Recurring Initiatives	8,160

Detailed Overview of Efficiencies / Initiatives

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 27th February 2025. 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/cg270225\(budget\)\(full\)ag.pdf](https://www.dundee.gov.uk/reports/agendas/cg270225(budget)(full)ag.pdf)

As it is Dundee City Council who are the decision-making body in relation to charging they are also the body required to consider responsibilities under the Public Sector Equality Duty in relation to equality impact assessment. For this reason, additional income from the review of charges has not been assessed as part of the IJB Integrated Impact Assessment attached to this report.

Note 2) Additional Community Alarm Charge to DCC Housing

Increased income following review of charging rates to DCC Housing to provide the out of hours community response to sheltered housing tenants when there is no sheltered housing cover.

As it is Dundee City Council who are the decision-making body in relation to charging, they are also the body required to consider responsibilities under the Public Sector Equality Duty in relation to equality impact assessment. For this reason, additional income from the review of charges has not been assessed as part of the IJB Integrated Impact Assessment attached to this report.

Note 3) Removal of long-term vacant posts (staff slippage / vacancy factor)

During 2023/24 and 2024/25, non-recurring savings had been implemented through staff slippage / vacancy factor within service areas. It has been recognised that a number of posts have remained vacant for extended periods with minimal clinical or operational demand to recruit to these. As a result, decisions are to be taken with relevant budget holders to remove recurring earmarked funding for vacant posts from budgets.

Note 4) Joint commissioning of POA beds with neighbouring IJB

During 2024/25, the demand for Psychiatry of Old Age in-patient beds for Dundee residents has reduced, but opportunities have arisen for these beds to be utilised by neighbouring areas, with recharging arrangements implemented. Work is ongoing to put in place a more formal Service Level Agreement for these beds to be commissioned on a longer-term basis. Should it be evident that overall demand for these beds is reduced in future, further consideration of service provision will be explored.

Note 5) Review and reduction of High-Cost care packages and additional 1:1 support spend

Social care supports are provided to people based on their assessed needs. Some people with high levels of need and risk receive large and complex packages of care that have a high cost. For other people the cost of their care is high because additional staff are needed to support their care, for example someone living in a care home who requires one-to-one care. Operational services will continue to review all packages of care against eligibility criteria, in-line with legislative requirements and best practice, throughout 2025/26. It is anticipated that new models of care developed both internally and offered by external providers will, in some instances, allow assessed needs to be met at a lower cost to the Partnership. As is established practice, service users, unpaid carers and family members will play an active role in reviews.

Note 6) Maximising opportunities through alternative funding

Care Management teams continue to ensure that delegated funding continues to be available for assessed care needs in line with eligibility criteria, however opportunities will continue to be explored where alternative sources of funding, including the recently reopened Independent Living Fund, could be accessed to supplement or enhance statutory services care provision where appropriate to further improve the lives of individuals.

Note 7) Reduction in supplementary staffing spend (3% target)

Expensive supplementary staffing costs through bank / sessional, overtime and agency should only be used in exceptional or critical circumstances. Efforts to reduce this expenditure through review of essential staffing requirements and assessment of backfill needs. Wider support from partners' services to support staff wellbeing and return to work policies as well as ongoing planned recruitment to essential posts to be progressed to minimise the need for supplementary staffing. Where additional staffing is required, the most cost-effective option will be utilised.

Note 8) Review and reduction of Senior Management Structure

Senior and Extended Management structure of the Health and Social Care Partnership team is to be reviewed to ensure the most effective use of resources for the leadership team.

Note 9) Admin support review

Admin support is critical to the work of the Health and Social Care Partnership and the review will involve collating information about activity, roles, and system requirements to determine and shape what is required for the future in terms of best systems, technology and design of teams across the partnership.

Note 10) Benefits from Pharmacy transformation work within NHST

Work continues across Tayside to drive opportunities to ensure resources are utilised effectively and efficiently – this includes undertaking polypharmacy reviews, minimising medication waste and refining plans for Medicines of Low and Limited Clinical Value.

Note 11) Further 1.5% operational efficiency target

Given the extent of the overall financial challenge, a range of strategic priorities and operational efficiencies are being specifically targeted to achieve a balanced budget position. In order to deliver on the remaining shortfall, all operational services will be expected to deliver a 1.5% operational efficiency target during 2025/26. Operational managers have flexibility as to how this will be delivered but options will include local prioritisation of recruitment proposals, further efficiencies and prioritisation of tasks and services (including how these are achieved or delivered).

Note 12) Management of natural staff turnover / vacancy management

Further to note 4, it is proposed to extend the non-recurring budget adjustment in recognition that staffing costs during 2024/25 absorbed the existing savings target and reported a further underspend, it is proposed that an additional non-recurring budget adjustment is agreed for 2025/26. Both Dundee City

Council and NHS Tayside are continuing to implement policies to promote staff wellbeing and support return to work after periods of absence, which should have a further positive impact on vacancy management.

Note 13) Restructuring of funding to ADP

Due to the accumulation of historic underspends, Dundee Alcohol and Drug Partnership has a reserves balance of £529k. On a non-recurring basis, the Partnership will reduce the amount of funding passed onto the ADP by £500k in 2025/26, with the expectation that available reserves will be fully utilised to fill this gap. The ADP is therefore unlikely to be able to commission any new service provision in 2025/26. However, the ADP has already identified the intention to undertake a full review of commissioned services during 2025/26 to inform their future commissioning intentions and would therefore be unlikely to be seeking to commission new services prior to the completion of that review.

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Dundee Integration Joint Board Budget – Savings Proposals 2025/26

	Savings	2025/26 Value £000
	Recurring Proposals	
1)	Remove Demographic growth investment	2,046
2)	Reduction in uplift funding provision to external providers	1,492
3)	Reduction of Commissioned Care Home beds	500
4)	Third Party Commissioned Service	1,000
5)	Housing with Care review	300
6)	Community Meals Service review	100
7)	Palliative Care and Medicine for the Elderly service review	200
8)	Digital Transformation and Agile Working opportunities	1,000
9)	Charging policy review	200
10)	Whole system charging process, eligibility criteria and income maximisation	500
	Total Recurring Savings Proposals	7,338
11)	Utilisation of IJB Reserves	550
12)	Reduction of Transformation Reserve	1,500
	Total Non-Recurring Savings Proposals	2,050
	Total Savings Proposals	9,388

Detailed Overview of Saving / Initiative**Note 1) Remove Demographic growth investment**

In previous financial years provision has been made within the budget to account for in-year pressures associated with variation in demand for services and supports, usually driven by demographic and seasonal factors. It is proposed that for 2025/26 no provision is made to allow for further in-year demographic growth investment. Small variations in demand will continue to be addressed within existing service resources, however any significant change in demand throughout 2025/26 which cannot be managed via operational efficiency is likely to result in the need to prioritise service access (usually based on assessed need) and may result in waiting times (new or increased).

The IJB's budget consultation invited respondents to provide their views on the option of removing flexibility in service budgets to allow them to respond to unexpected increased demand during the year. Key results were:

- Reducing flexibility in budgets to respond to unexpected had an average level of support score of 3 (on a scale from 1 not supportive to 7 supportive), this was the lowest average score of all options. It should also be noted that when respondents were asked about the factors the IJB should prioritise when making decisions about how available budget is allocated, the factor with the highest level of support was 'services meeting the needs of people who need them right now / are in crisis (55% respondents placed this within their top 3 choices out of 9 factors).
- 408 individuals and 67 organisations rated the potential negative impact of this saving option, with the average impact ratings being 2.8 (medium impact) and 3.1 (high impact) respectively. 128 individual and 28 organisational respondents stated that this option would have a high impact, 126 individuals and 26 organisations said it would have a medium negative impact.
- 189 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:

- o A small number of respondents suggested that as the amount of funding available is limited, this is a preferable option to removing or reducing essential services. However, many others expressed concern that funding levels are insufficient to meet the anticipated rise in service needs and that flexibility in budget allocations is needed to effectively respond to unexpected demands.
- o Many respondents highlighted that without additional financial resources to respond to pressures, essential services have longer waiting times, resulting in poorer outcomes for vulnerable people. Respondents highlighted timely interventions, such as care packages, can prevent hospitalisation, delayed discharges and reduce the burden on healthcare systems; this led some respondents to suggest that savings should not be taken from community-based services but rather from secondary or acute care.
- o Specific concerns were raised about mental health services, which are described as under-resourced and frequently overwhelmed.
- o Several respondents stated that having flexibility within budgets to respond to changing demand is important to provide 'peace of mind', particularly for older people, unpaid carers, disabled people and people living with a long-term health condition.
- o Several respondents emphasised the importance of maintaining flexible support for unpaid carers, with potential for increased stress and mental health issues for this group. Some respondents were particularly concerned about additional pressure on unpaid carers in crisis situations, and for the potential for burnout and exhaustion.
- o Additionally, respondents stressed the need for prioritising service funding based on needs assessment and investing in preventative services to reduce long-term costs.
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in Appendix 4.

Note 2) Reduction in uplift funding provision to external providers

Due to the limited additional uplift funding available to the IJB, and overall financial level of funding shortfall, it is proposed that it would not be financial prudent to distribute additional uplift funding to external third party commissioned services where this has not been appropriately resourced to the IJB. Therefore, the cost pressure relating to absorbing unfunded employers' national insurance and pay uplift for providers that do not meet national adult social care pay criteria is to be offset by a corresponding reduction in funding to mitigate the impact to the IJB.

Note 3) Reduction of Commissioned Care Home Beds

Proposal to reduce the commissioning budget for external care home beds to reduce revenue costs by £500k

Further details for IJB consideration are provided in Appendix 6

Note 4) Third Party Commissioned Service

Proposal to reduce the level of service commissioned from third-party service providers to reduce revenue costs by £1,000k

Further details for IJB consideration are provided in Appendix 7

Note 5) Housing with Care Review

Proposal to review the current provision and model of commissioning of Housing with Care services with a view to reduce revenue costs by £300k

Further details for IJB consideration are provided in Appendix 8

Note 6) Community Meals Service Review

Proposal to review Community Meals Service and delivery model with a view to reduce revenue costs by £100k.

Further details for IJB consideration are provided in Appendix 9

Note 7) Palliative Care and Medicine for the Elderly service review

Proposal to review both Specialist Palliative Care and Medicine for the Elderly services with a view to reduce revenue costs by £200k

Further details for IJB consideration are provided in Appendix 10 & Appendix 11

Note 8) Digital Transformation and Agile Working opportunities

As part of its own Transformation Programme, NHS Tayside is working towards improving the way that digital technologies support the delivery of care, including the direct delivery of care and supporting the workforce to work more flexibly and efficiently. As digital functions are not delegated to the IJB, it is anticipated that the outcomes of this corporate programme will have positive impacts for Partnership services as changes are applied across all health and social care services. This includes services delivered directly by the Partnership, as well as externally commissioned services. Specific areas of focus will include:

- The use of digital technology to support the remote delivery of care, reducing associated travel time and costs.
- Utilising digital technology to better plan and monitor service delivery, for example the scheduling of social care visits, to ensure maximum efficiency and value for money.
- Promoting the use of new digital technologies to promote independence and enablement and therefore reduce reliance of direct, particularly face-to-face, service provision (where it is safe to do so).
- Significantly reducing the proportion of available workforce capacity that it utilised undertaking administrative processes, including through mobile working approaches.

It is anticipated that a focus on digital transformation and mobile working will have a positive impact on improving the efficiency of frontline services such as community nursing and care at home services. In some aspects of this work this will result in changes in the way that services and supports are delivered, including a shift from in-person to remote and digital delivery; however, this will only be possible where it is clinically safe to do so and risk factors, such as digital exclusion, have been considered and mitigated.

The IJB's budget consultation invited respondents to provide their views on the option of working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services. Key results were:

- Improving the way digital technology is used had an average level of support score of 4.7 (on a scale from 1 not supportive to 7 supportive), this was the highest average score of all options. It should also be noted that when respondents were asked about the factors the IJB should prioritise when making decisions about how services are delivered, 'services provide in-person appointments and support' was given a high level of priority (54% of respondents placed this within their top 3 choices out of 9 factors) and 'services provide digital access was given a low level of priority (66% of respondents placed this in their bottom 3 choices out of 9 factors).
- 399 individuals and 65 organisations rated the potential negative impact of this saving option, with the average impact ratings being 2.2 and 2.5 respectively (both medium impact). 63 individual and 8 organisational respondents stated that this option would have a high impact, 100 individuals and 22 organisations said it would have a medium negative impact.
- 127 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:
 - Overall respondents expressed significant support for improving digital access, whilst also recognising the challenges and risks this might involve for some groups. There was general agreement that digital developments to support administrative and internal business processes would have a significant positive impact, but that more caution is required regarding the potential risks and advantages of digital developments in frontline service delivery. There was clear consensus that a 'one size fits all' approach is not appropriate, and that digital developments will need to reflect population, individual and clinical needs.

- o Many respondents highlighted that older people might struggle to engage with online services and might exclude vulnerable populations, particularly people with learning disabilities, cognitive disorders, low levels of literacy or limited digital skills. Respondents expressed concern that reliance on digital services could exacerbate health inequalities, as some individuals lack access to the internet or devices. Some respondents said remote service delivery would leave people feeling lonely, isolated and helpless. Many respondents stated that any developments around digital services must be supported by investment in supporting people to access digital devices and to enhance digital literacy.
- o Many respondents felt that Technology Enabled Care could enhance service delivery in Dundee, and that this approach is currently underutilised. Concerns were raised regarding the current digital infrastructure, highlighting that many services are still using outdated technology, which hampers efficiency and effectiveness. Respondents emphasised that investment in IT systems is crucial for enhancing service delivery and ensuring access to services. Respondents from the workforce delivering community-based services said digital developments are a way to enhance communication, have access to people's records within their home, and reduce travel time and costs.
- o Some respondents expressed concern that to achieve the saving value for this option would require significant digital investment, at a level beyond the current means of either NHS Tayside or Dundee City Council. There was a call for stronger leadership of digital developments, and for learning to be taken from previous poor experiences of digital projects.
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in appendix 4.

Note 9) Charging Policy Review

Review of existing policy and charging rates for social care services with a view to increasing revenue income by £200k

Further details for IJB consideration are provided in Appendix 12

Note 10) Whole system charging process, eligibility criteria and income maximisation

Review of whole system charging processes with a view to improving the revenue position by £500k through a combination of increased income and reduced operational costs.

Further details for IJB consideration are provided in Appendix 12

Note 11) Utilisation of IJB Reserves

Given the anticipated level of reserves available to the IJB at the start of the 2025/26 financial year following recent improvements in 2024/25 financial performance, it is proposed that planned utilisation of reserves to the value of £550k is applied.

Note 12) Reduction of Transformation Reserve

The IJB previously agreed to set aside £3m to be utilised to support Transformation Investment. To date, proposals totalling £0.72m have been approved, with £2.28m currently uncommitted. It is proposed that £1.5m be diverted back to support the 2025/26 budget pressures. It is anticipated that this proposal will impact on the pace of transformation that is able to be achieved within the Partnership during 2025/26, and therefore also on the level of progress that can be made towards achieving the strategic shifts set out in the IJB's Plan for Excellence. As well as limiting the positive impact such transformation activities can have on outcomes and experiences for people accessing health and social care services and supports, it may also impact on the achievement of financial efficiency and sustainability outcomes associated with transformation programmes. It will therefore be imperative that remaining transformation funding is carefully prioritised for allocation during the year to achieve maximum return on investment. In addition, alternative sources of transformation funding may be available via partner bodies, and these options will also be explored when new requests are submitted.

The IJB's budget consultation invited respondents to provide their views on the option of reducing the amount of money the IJB has set aside in reserves to maximise the amount of funding available now to meet people's needs. Key results were:

- Reducing the amount of money in reserves had an average level of support score of 3.9 (on a scale from 1 not supportive to 7 supportive). It should also be noted that when respondents were asked about the factors the IJB should prioritise when making decisions about how available budget is allocated, the factor with the highest level of support was 'services meeting the needs of people who need them right now / are in crisis (55% respondents placed this within their top 3 choices out of 9 factors).
- 401 individuals and 61 organisations rated the potential negative impact of this saving option, with the average impact ratings being 2.1 and 2.4 respectively (both medium impact). 48 individual and 5 organisational respondents stated that this option would have a high impact, 107 individuals and 27 organisations said it would have a medium negative impact.
- 89 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:
 - While this approach offers short-term solutions, some respondents felt it is not sustainable in the long-term and could reduce the IJB's flexibility in responding to urgent needs, especially in crisis situations like potential pandemics.
 - Concerns were raised about the potential impact on the development of services for mental health and drugs and alcohol.
 - Respondents emphasized the need for more innovation and a balance between maintaining current services and investing in transformational change.
 - Some respondents questioned the effectiveness of 'spend to save' initiatives and highlighted the need for transformation to be led by frontline staff. Additionally, respondents felt more could be done to remove inefficiencies in the current health and social care system, particularly regarding wasted prescriptions.
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in appendix 4.

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Dundee Integration Joint Board

Budget Consultation



Results Report

March 2025

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1. Introduction

The consultation ran for 19 days from 14 February to 05 March 2025 with regular promotion undertaken during this period to encourage feedback. There was a total of 560 responses.

The online survey was made available via Dundee Health and Social Care Partnership's website, paper versions were made available in libraries and Claverhouse Social Work Centre with support available from staff if required, the average time taken to complete the online survey was 40 minutes. Respondents did not have to answer all questions and response data for individual questions is provided throughout this report.

3 paper versions of the online questionnaire and 5 further detailed written responses were received directly to the Health and Social Care Partnership. These written responses gave feedback in relation to some of the specific options outlined within section 4 the questionnaire. These written responses were entered into the questionnaire format, alongside the 552 responses received directly online.

Section 1 gave an opportunity for people to provide information about their personal characteristics (when providing an individual response) or further information about the organisation they were responding on behalf of. High level key information on respondents:

- 69% were female
- 70% were aged 45 years or over, with 16% being aged 65 years or over
- 84% stated their ethnicity as white
- 24% had a long-term illness or condition
- 19% had a disability
- 42% stated that they look after or give support to family members, friends, neighbours or others because of either long-term physical/mental ill-health/disability, or problems related to old age

A full overview of the demographic profile of respondents is contained in Appendix 1 of this report.

Section 2 asked about general priorities for IJB spending. Respondents were not required to answer all questions in this section. 515 people responded to at least one of the questions in this section. Factors that respondents felt should be given the greatest priority by the IJB when making decisions about how available budget should be allocated and used were: meeting the needs of people who need services right now / are in crisis; helping people with the highest levels of need; and, helping people to live independently in their own community. In relation to how services are delivered in the future, respondents felt greatest priority should be given to: timely access; services being free to access and use; and, services being provided in-person.

Section 3 gave people the opportunity to give their feedback on a range of specific options put forward by officers in response to the IJB's budget gap. They were asked to give an indication of how supportive they were of each option (1 being not at all and 7 being supportive) and how concerned they were about the potential negative impacts of each option (1 being very concerned and 7 being not concerned). 533 people responded to at least one of these questions. Respondents expressed most support for options to work with NHS Tayside to improve the use of digital technology across health and social care services (average score of 4.7) and to work with Dundee City Council to maximise income from chargeable services (4.6). Least support was expressed for reducing flexibility in service budgets to respond to unexpected changes in demand (3.0) and for reducing the amount of funding the IJB provides to the Third Sector (3.1). Respondents were most concerned that saving options would result in services not being available in crisis situations (1.8) and on the number (2.04) and length (2.05) of delayed discharges.

Section 4 gave people the opportunity to provide further feedback on the potential negative impacts of each individual saving option put forward by officers, either from their perspective as individuals or more broadly for the group they were representing. They were asked to give an indication of the level of negative impact they expect the options would have on them (from no impact through to high impact – overall 4-point scale)¹. This was followed by an opportunity to expand on this feedback. The question with the highest return was “How would this option impact on you? No impact to high impact” in relation to Closing the Homeopathy Service for Tayside with 530 responses. The question with the least responses was “Tell us more about this impact” in relation to reducing the amount of money this IJB has set aside in reserves at 89 responses.

Overall, the highest impact rating for individual respondents was given to reducing Third Sector Funding at 2.9, removing flexibility for unexpected demand 2.8 and reviewing Medicine for the Elderly and Palliative and End of Life Care and closing the Homeopathy Service both at 2.3 (all within the medium impact range). The lowest impact rating was given for reviewing the Community Meals Service and changing the model of service for Housing with Care both at 1.9 (low impact range). Overall, the highest impact rating for responses on behalf of an organisation was given to reducing Third Sector funding at 3.5 (high impact range), removing flexibility for unexpected demand 3.1 (high impact range) and reviewing Medicine for the Elderly and Palliative and End of Life Care at 2.5 (medium impact range).

The most narrative answers when asked for further feedback on the impact rating was given for reducing Third Sector funding at 200 responses, followed by removing flexibility for

¹ Impact ratings were converted to a numerical value to allow an average rating to be calculated. Scores in the range 0-1 represent no impact, 1.1-2, low impact, 2.1 – 3 medium impact, and 3.1 – 4 high impact.

unexpected demand at 180 and closing the Homeopathy Service at 169. The lowest number of narrative answers was given to reducing the amount of money in IJB reserves at 89.

For those who stated that they were not a resident of Dundee, the most answers for further feedback on impact were given for closing the Homeopathy Service at 19.

There was an overall feeling about protecting those services which serve the vulnerable. Many respondents mentioned the impact of the savings options on older people, people with a disability and people who long-term health issues, including mental health issues and drug and alcohol use, and unpaid carers. Feedback also emphasised the impact in particular on people living in poverty in the city.

An analysis of average impact for specific groups has been completed, with a focus on equality and fairness groups. One instance of significant negative variation between the average impact score of a specific group and the average impact score for the whole sample of individual respondents was identified: the impact rating for people who consider themselves to have a religion or belief other than Christian, Church of Scotland or Roman Catholic (32 respondents) in relation to the option to close the Homeopathy Service for Tayside was 1 point higher (3.3) than that of the whole sample of individual respondents (2.3). Black and Minority Ethnic Groups (43 respondents) reported higher average impact levels across all saving options; although these differences are not considered to be significant, taken together they demonstrate the need to consider impacts and mitigations for this group of people.

In the final section, respondents were asked for any further feedback or suggestions they may have to help the IJB to save money. Some respondents mentioned improving the efficiency of Health and Social Care Partnership operations to cut costs without affecting essential services, including reducing staff numbers in management and administrative roles, and reducing salaries. Respondents also focused on the need to invest in early intervention and prevention to mitigate future costs associated with emergency care and on improving communication and collaboration across the whole health and social care system.

There were some suggestions about improving the consultation process including having better public engagement, more accessible surveys, further detail available about saving options and wider community and stakeholder meetings to gather a broader range of opinions. Detailed suggestions will be used to inform and improve future consultation activities.

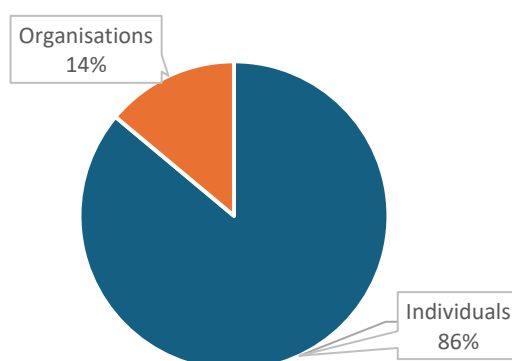
2. Section 1 – About you....

A full overview of the demographic profile of respondents is contained in appendix 1 of this report.

2.1 Question 1

Most respondents (86%) who took part in the budget consultation stated that they were responding to the consultation as an individual. The remaining 14% stated that they were responding on behalf of an organisation.

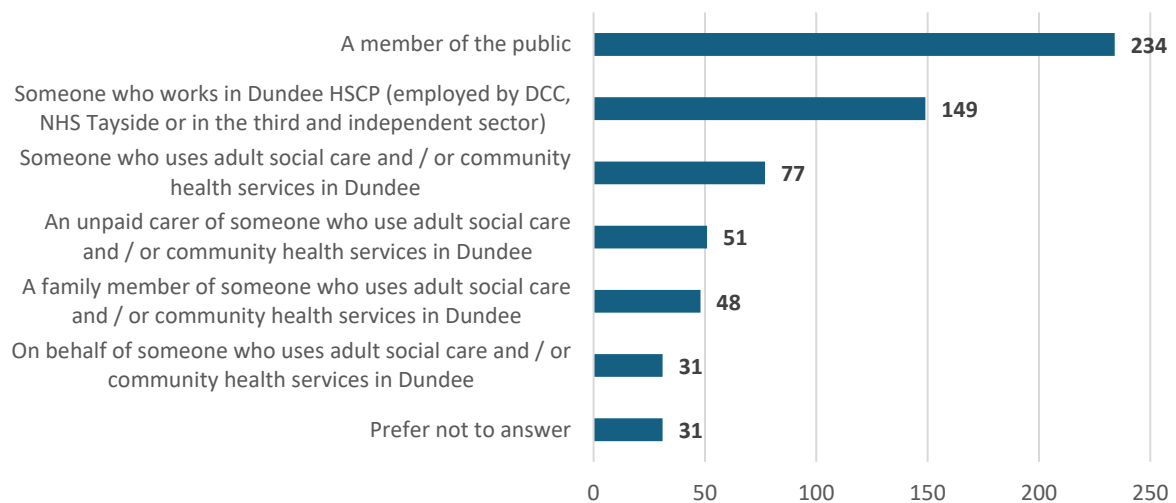
Chart 1: Breakdown of individual respondents and those responding on behalf of an organisation (560 respondents)



2.2 Question 2

This question asked for further details on the individual respondents. There were 482 responses from individuals and each respondent could select multiple options. Of the 482 responses, 234 were from members of the public, 149 were from people who work in the Health and Social Care Partnership, 108 were either directly from service users or submitted on their behalf by a third party, and 99 were from unpaid carers (51) or a family member of a service user (48).

Chart 2: Description of who the respondents are (482 respondents)



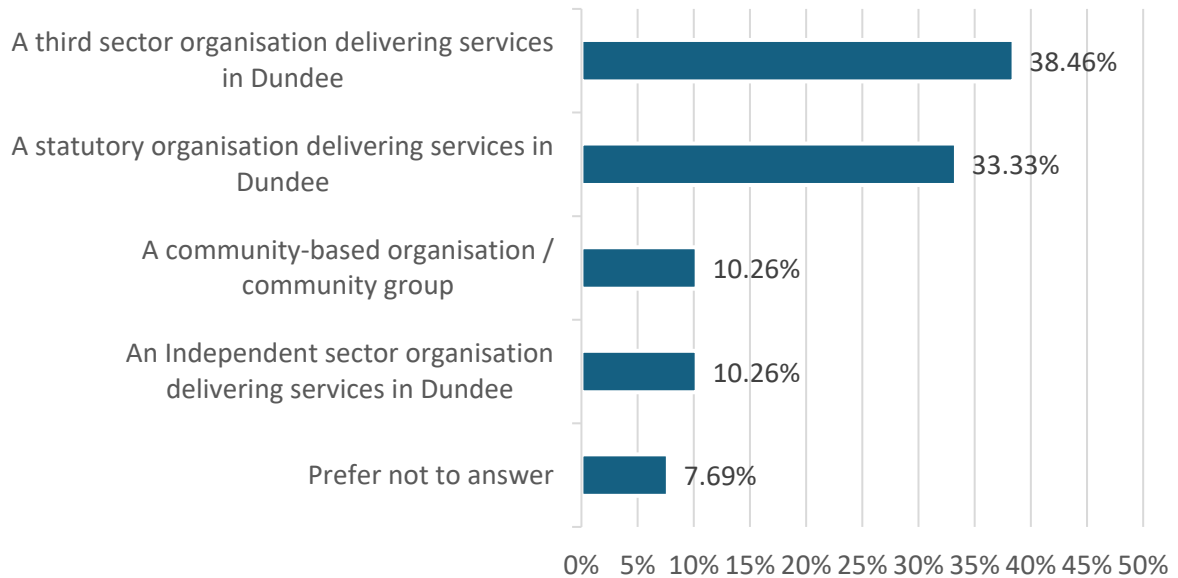
Each respondent could choose more than option, of the 482 respondents:

- 49% of the respondents were members of the public
- 31% of the respondents were someone who worked for the Dundee Health Social Care Partnership
- 16% were from someone who uses social care or community health services in Dundee
- 27% were on behalf of someone, family member for unpaid carer or someone who used social care or community health services
- 30 (6%) preferred not to answer

2.3 Question 3

This question asked for details of the organisations who responded. There were 78 responses on behalf of an organisation. Of the 78 responses, 38% were on behalf of a third sector organisation, 33% of behalf of a statutory sector organisation, 10% on behalf of an independent sector organisation and 10% on behalf of a community-based organisation / community group.

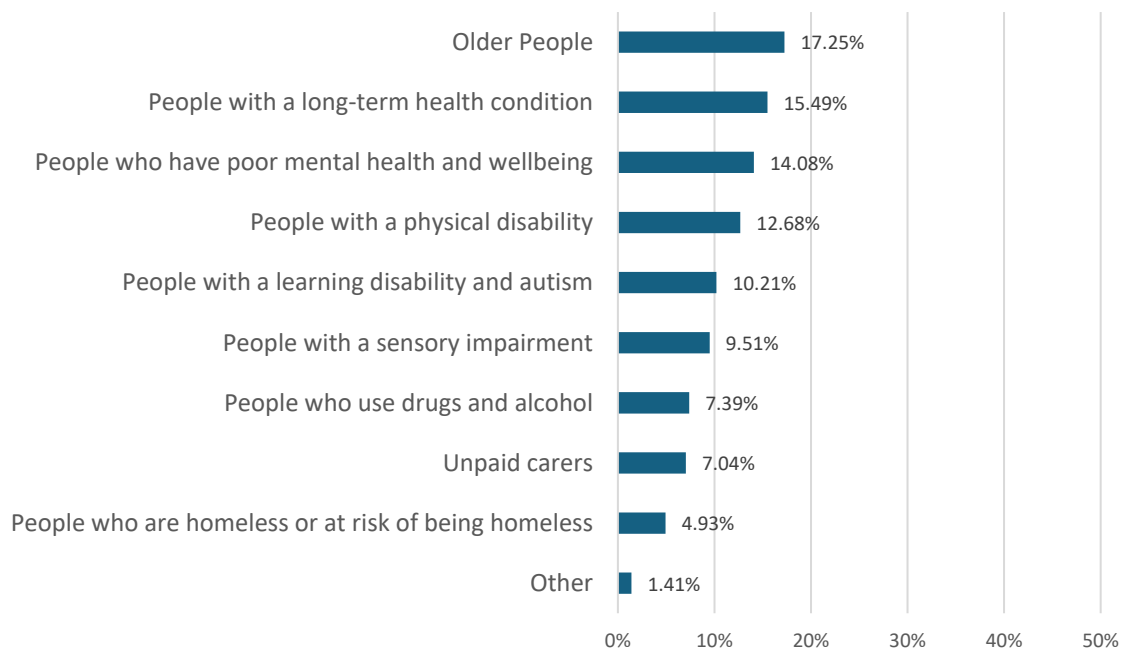
Chart 3: Type of Organisations (78 respondents)



2.4 Question 4

This question asked organisations who responded to provide further details about the groups of people that they have a specific focus on providing services to or representing. Each respondent could select more than one option. The top five areas of specific focus were: older people (17%), people with a long-term health condition (15%), people who have poor mental health and wellbeing (14%), people with a physical disability (13%) and people with a learning disability and autism (10%).

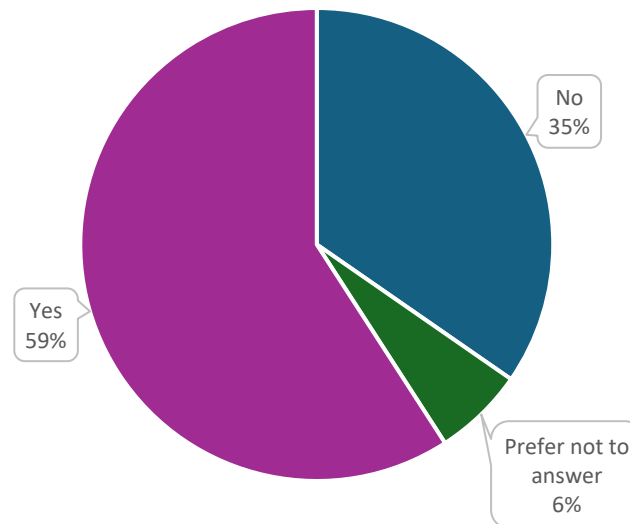
Chart 4: Groups of people organisations focus on (78 respondents)



2.5 Question 8

The majority of individual respondents (59%) who took part in the budget consultation stated that they are resident in Dundee. 35% stated that they were not resident in Dundee and 6% preferred not to answer this question.

Chart 5: Resident in Dundee (482 respondents)



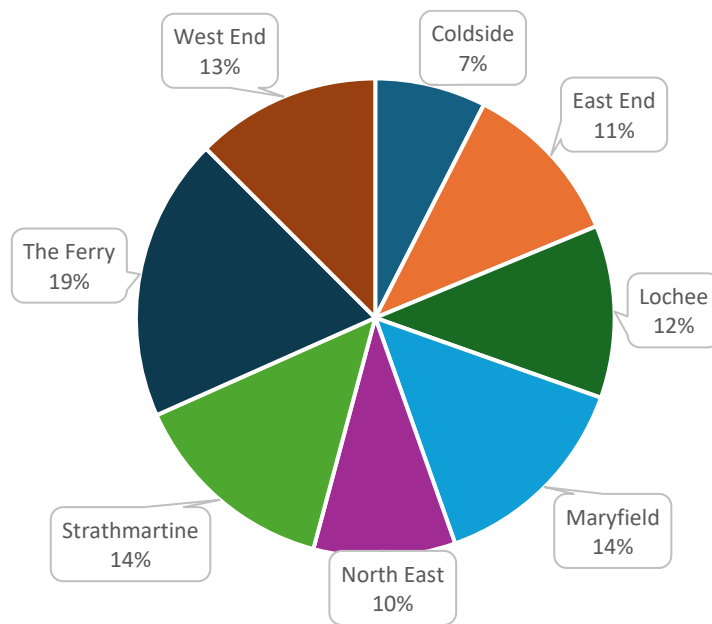
2.6 Question 9

Question 9 asked individual respondents to enter their postcode (482 respondents). The following table provides a summary of the postcode analysis.

Respondents entered a Dundee City postcode	50%
Respondents only provided a postcode district (DD1 to DD5) (<i>unable to ascertain if these are in Dundee City</i>)	10%
Respondents entered a postcode out with Dundee City	31%
Invalid postcode provided	1%
Postcode not provided	8%

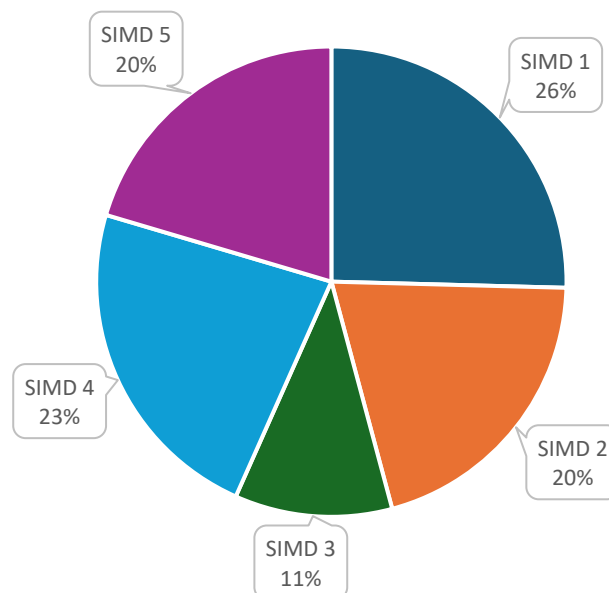
When looking at the Dundee City postcodes in more detail there were responses from all Local Community Planning Partnerships (electoral wards) in Dundee City. As can be seen in the chart below nearly a fifth (19%) of postcodes were in The Ferry. Strathmartine, Maryfield, the West End, Lochee and the East End wards all had more than 10%, and Coldside (7%) and the North East (10%) had fewest respondents.

Chart 6: LCPPs where individual respondents reside (240 respondents)



Further analysis of the Dundee City postcodes shows that 26% of respondents reside in areas of the city that are in the 20% most deprived areas of Scotland (SIMD 1). 20% of respondents reside in areas in the 20% least deprived areas of Scotland (SIMD 5)

Chart 7: Scottish Index of Multiple Deprivation of the postcodes where individual respondents reside (240 respondents)

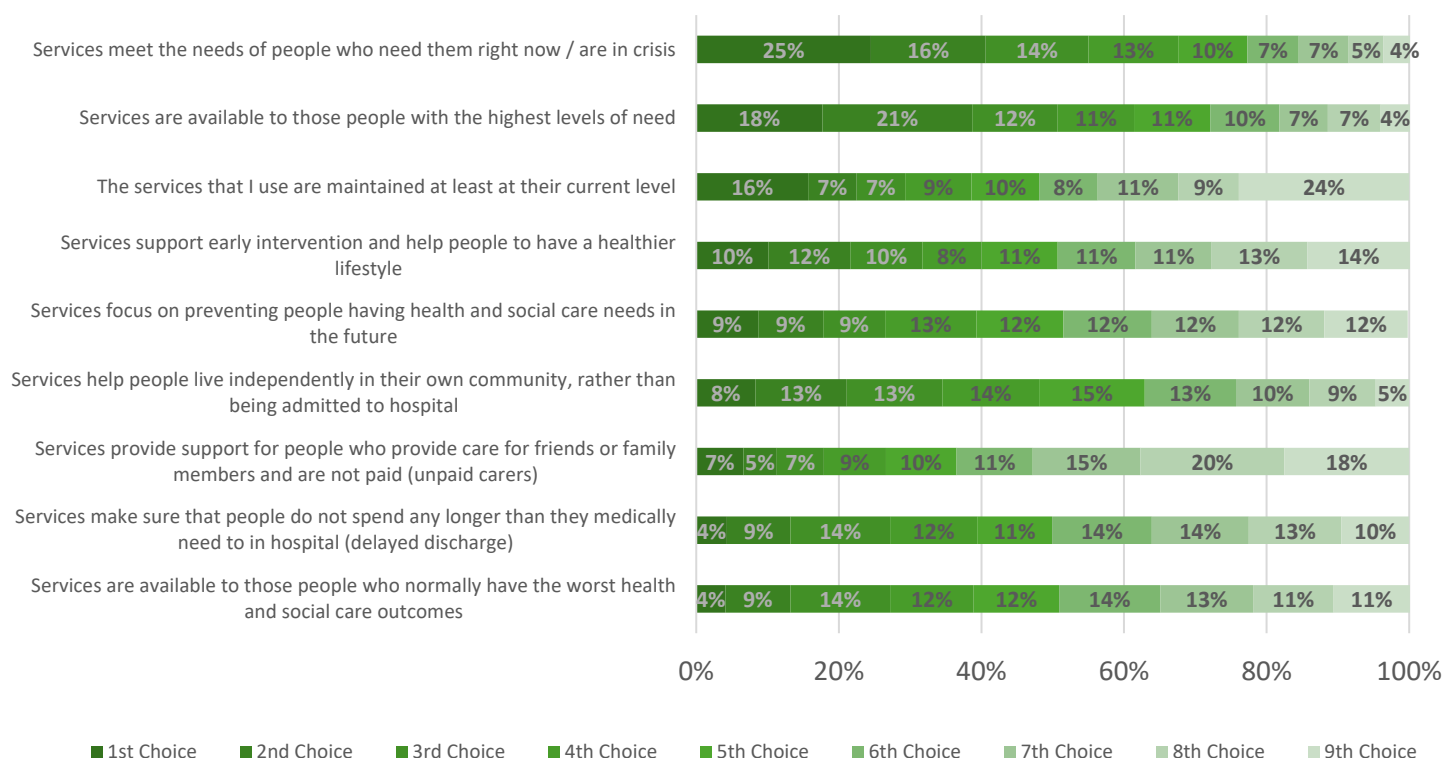


3. Section 2 – What is most important to you...?

3.1 Question 21

Question 21 asked respondents to rank the relative importance of 9 different factors that the IJB should consider when making difficult decisions about how the available budget is allocated and used. 496 respondents answered this question.

Chart 8: Ranking of the 9 factors the IJB should consider in order of importance



When analysing which factors were most commonly placed in respondents top 3 selection, the following options were given the most priority by respondents:

- Services meeting the needs of people who need them right now / are in crisis (55%).
- Services being available to those people with the highest levels of need (51%).
- Services helping people to live independently in their own community, rather than being admitted to hospital (35%).

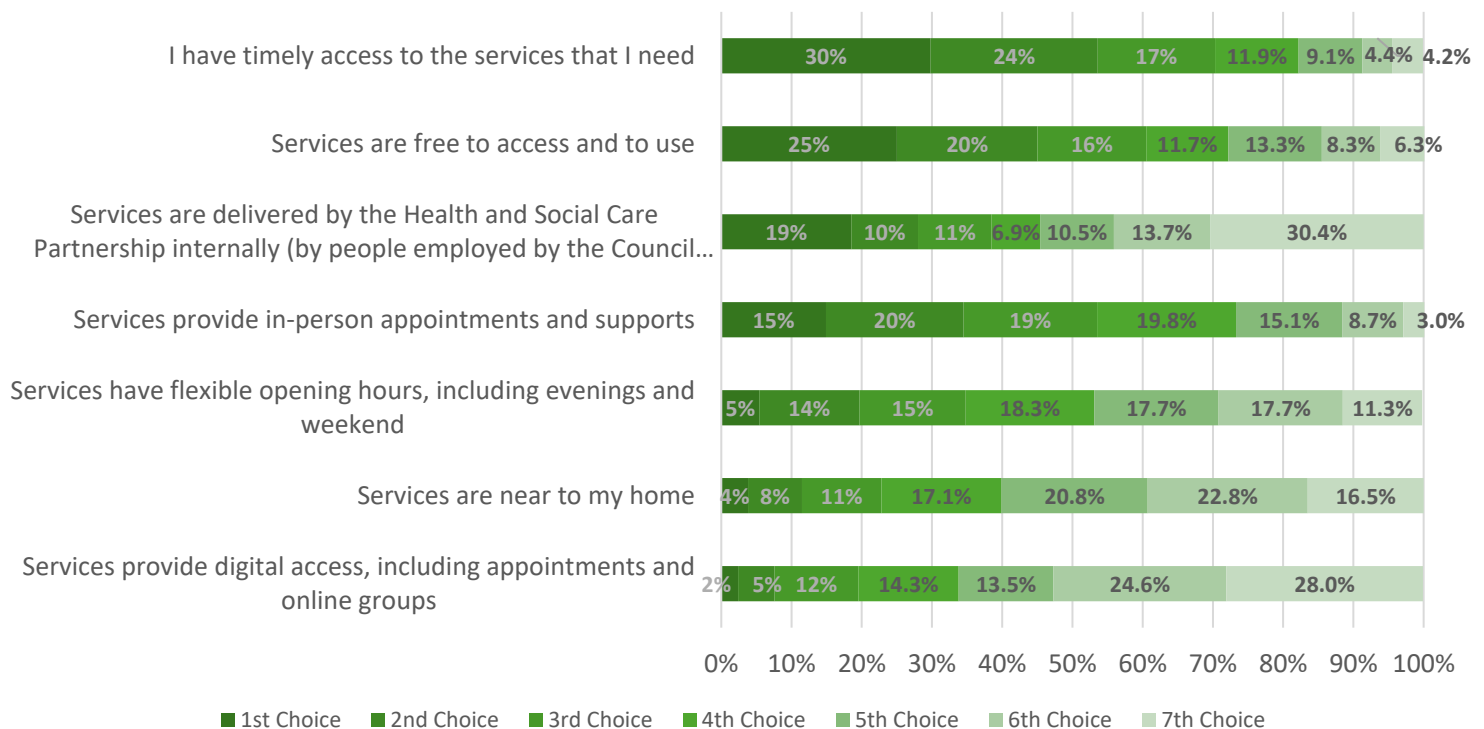
Analysis of factors which were most commonly placed in respondents bottom 3 selection shows that the following options were given the least priority by respondents:

- Services provide support for unpaid carers (53%).
- Services I use are maintained at least at their current level (44%).
- Services support early intervention and help people to have a better lifestyle (39%).

3.2 Question 22

Question 22 asked respondents to rank the relative importance of 7 different statements regarding how services are delivered when making difficult decisions about how the available budget is allocated and used. 496 respondents answered this question.

Chart 9: Ranking of the statements regarding how services are delivered in order of importance



When analysing which factors were most commonly placed in respondents top 3 selection, the following options were given the most priority by respondents:

- Timely access to services (70%).
- Services are free to access and to use (60%).
- Services provide in-person appointments and support (54%).

Analysis of factors which were most commonly placed in respondents bottom 3 selection shows that the following options were given the least priority by respondents:

- Services provide digital access (66%).
- Services are near to my home (60%).
- Services are delivered by the Health and Social Care Partnership internally rather than by other organisations (55%).

4. Section 3 – Balancing the Budget

4.1 Question 23

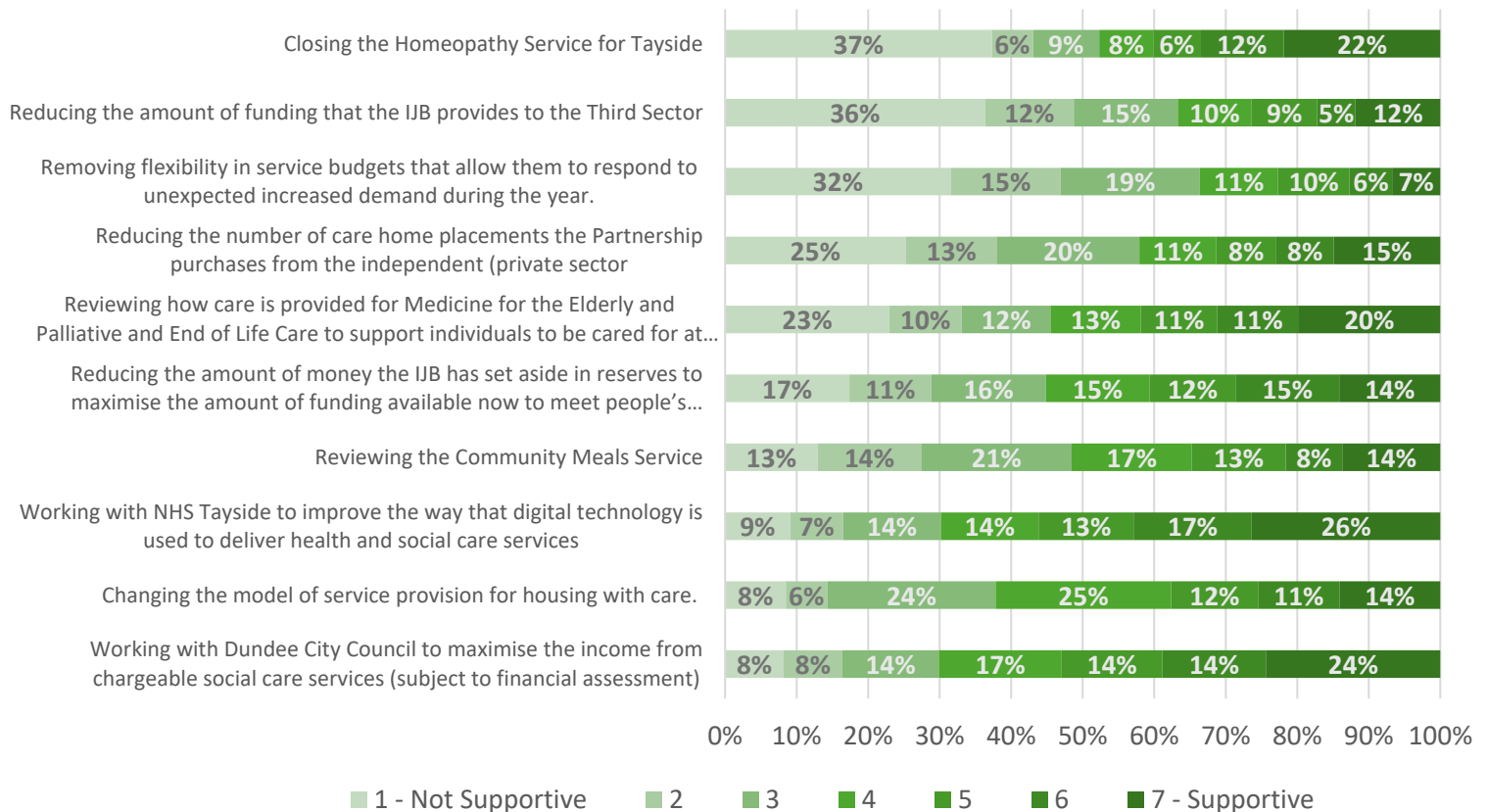
Question 23 asked respondents to indicate their level of support for several saving options put forward by officers. Respondents were asked to rate each option on a scale of 1 to 7, where 1 is not supportive and 7 is supportive. The statements were:

- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year.
- Reducing the number of care home placements the Partnership purchases from the independent (private) sector.
- Reducing the amount of funding that the IJB provides to the Third Sector.
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care (PEOLC) to support individuals to be cared for at home.
- Reducing the amount of money the IJB has set aside in reserves to maximise the amount of funding available now to meet people’s current needs.
- Working with Dundee City Council to maximise the income from chargeable social care services (subject to financial assessment).
- Closing the Homeopathy Service for Tayside.
- Reviewing the Community Meals Service.
- Working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services.
- Changing the model of service provision for housing with care.

The option to work with NHS Tayside to improve the way digital technology is used had the highest average score on the scale of support at 4.7. The option to work with Dundee City Council to maximise income from chargeable services had the second highest average score of support at 4.6.

The option to reduce flexibility in service budgets to respond to unexpected demand had the lowest average score on the scale of support at 3.0. The option to reduce the amount of funding the IJB provides to the Third Sector had the second lowest average score of support at 3.1.

Chart 10: Ranking of support for a number of saving options put forward by officers



4.2 Question 24

Question 24 asked respondents to indicate their level of concern about several potential impacts that the saving options put forward by officers might have on people. Respondents were asked to rate each option on a scale of 1 to 7, where 1 is very concerned and 7 is not concerned. The statements were:

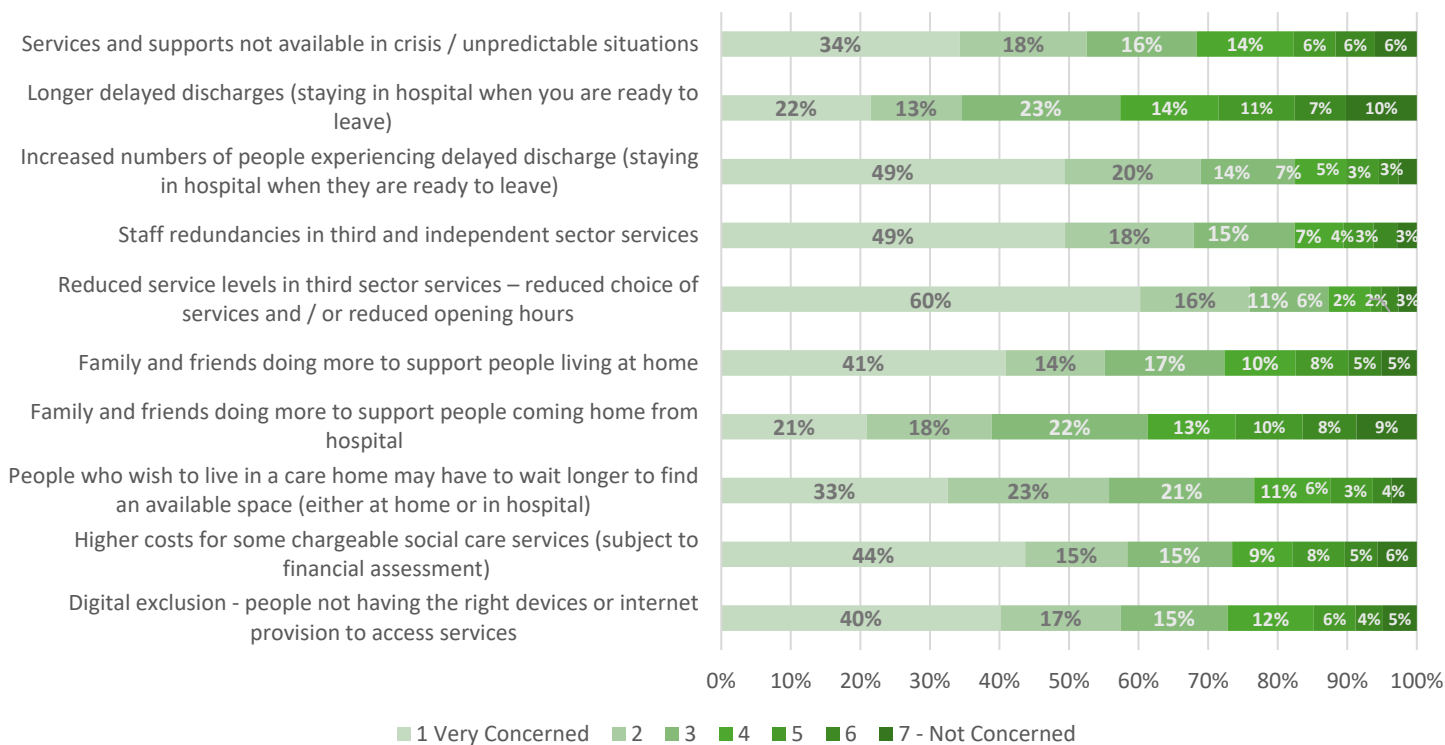
- Family and friends doing more to support people living at home.
- Family and friends doing more to support people coming home from hospital.
- Higher costs for some chargeable social care services (subject to financial assessment).
- Increased numbers of people experiencing delayed discharge (staying in hospital when they are ready to leave).
- Longer delayed discharges (staying in hospital when you are ready to leave).
- Services and supports not available in crisis / unpredictable situations.
- People who wish to live in a care home may have to wait longer to find an available space (either at home or in hospital).
- Staff redundancies in the third and independent sector.

- Reduced service levels in third sector services – reduced choice of services and / or reduced opening hours.
- Digital exclusion – people not having the right devices or internet to access services.

The impact of services and supports not being available in crisis/unpredictable situations had the greatest level of concern (average score 1.9). The impact of increased numbers of people experiencing delayed discharge and longer delays in hospital had the second highest level of concern (average score 2.2 for each).

The impact of higher costs for some chargeable social care services had the lowest level of concern (average score 3.4). The impact of digital exclusion - people not having the right devices or internet provision to access services had the second lowest level of concern (average score 3.3).

Chart 11: Ranking of level of concern about a number of potential impacts that the saving options put forward by officers might have on people



5. Section 4 – Impact on you...

Section four of the consultation asked some questions about specific options that might be considered by the IJB to set a balanced budget for 2025/26. For each of the ten saving options put forward by officers, respondents were invited to rate the level of negative impact they expect the option would have on them (or the person / people they represent) on a four-point scale:

- No impact – where they expect the option would not have any negative impact on them.
- Low impact – where they expect the option would cause minimal negative impact on them.
- Medium impact – where they expect the option would result in moderate negative impact on them.
- High impact – where they expect the option would result in significant negative impact on them.

Where respondents selected low, medium or high impact they were also invited to provide further feedback about the impacts the option would have on them and anything that can be done to minimise negative impacts.

The full text for each saving option that was included in the survey can be viewed in Appendix 2.

Impact ratings were converted to a numerical value to allow an average rating to be calculated. Scores in the range:

- 0 - 1 represent no impact
- 1.1 - 2 represent low impact
- 2.1 – 3 represent medium impact
- 3.1 – 4 represent high impact.

‘Prefer not to answer’ responses were excluded before average impact ratings were calculated.

5.1 Removing flexibility in service budgets that allow them to respond to unexpected increased demand during the year.

Question 25 How would this impact on you?

There were 78 responses on behalf of organisation, of which 11 selected 'prefer not to answer'. The average impact rating was 3.1 (high impact).

There were 482 responses from individuals, of which 74 people selected 'prefer not to answer'. The average impact rating was 2.8 (medium impact).

Chart 12: Impact of removing flexibility in service budgets by respondent type

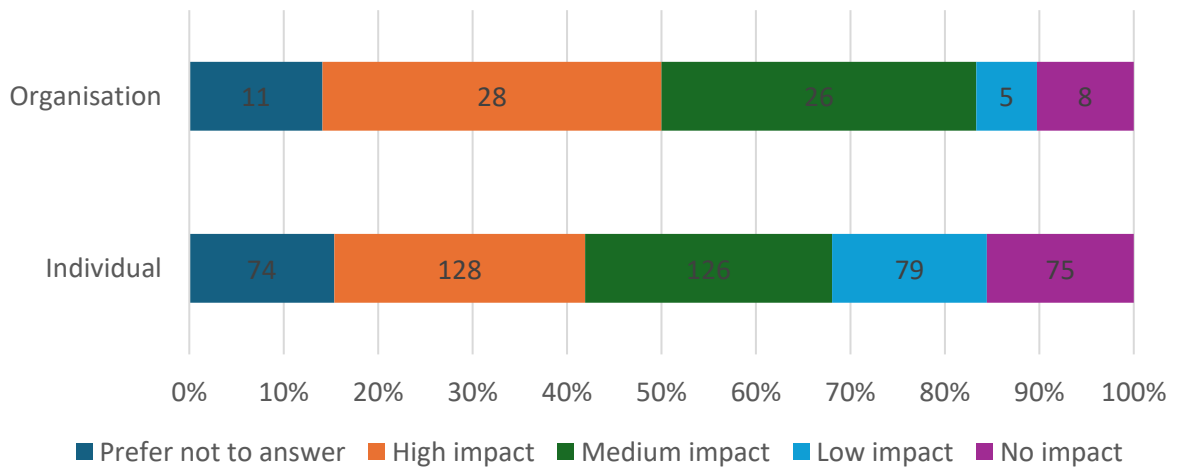
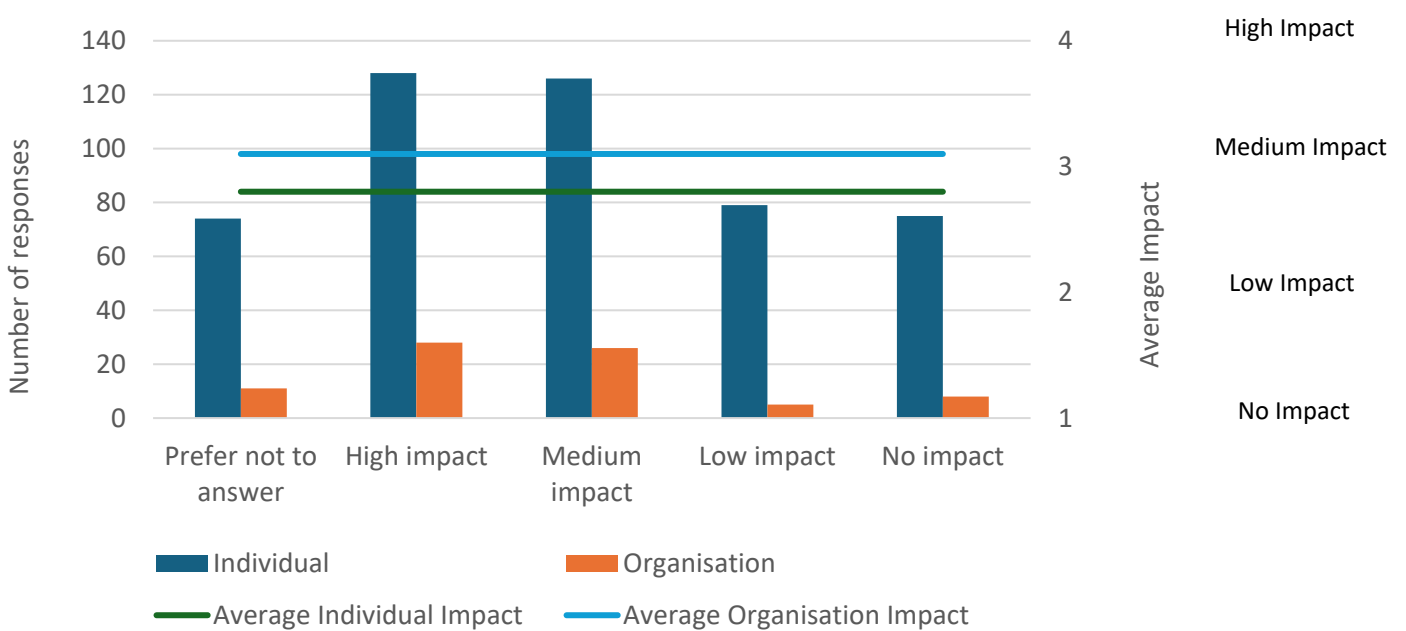


Chart 13: Impact of removing flexibility by level of impact



180 respondents also provided feedback about the impacts the option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts. Key themes from these responses were:

A small number of respondents suggested that as the amount of funding available is limited, this is a preferable option to removing or reducing essential services. However, many others expressed concern that funding levels are insufficient to meet the anticipated rise in service needs and that flexibility in budget allocations is needed to effectively respond to unexpected demands, especially during seasonal spikes or emergencies. Many respondents felt that increased demand during the year was inevitable given the nature of the services being provided and the overall health and social challenges faced by Dundee's population. There was particular concern about Winter Pressures, with many respondents stating that provision should be made within budgets in response to this.

Many respondents highlighted that without additional financial resources to respond to pressures, essential services have longer waiting times, resulting in poorer outcomes for vulnerable people. Respondents highlighted timely interventions, such as care packages, can prevent hospitalisation, delayed discharges and reduce the burden on healthcare systems; this led some respondents to suggest that savings should not be taken from community-based services but rather from secondary or acute care. Some respondents, were concerned about the potential for a cycle of increased demand and reduced availability, ultimately harming those people who rely on these essential supports.

Specific concerns were raised about mental health services, which respondents described as under-resourced and frequently overwhelmed. Many individuals reported long waiting times for assessments and treatments, which exacerbates mental health crisis. Several respondents stated that having flexibility within budgets to respond to changing demand is important to provide 'peace of mind', particularly for older people, unpaid carers, people with a disability and people living with a long-term health condition.

Several respondents emphasised the importance of maintaining flexible support for unpaid carers, with potential for increased stress and mental health issues for this group. Some respondents were particularly concerned about additional pressure on unpaid carers in crisis situations, and for the potential for burnout and exhaustion. Respondents emphasised that for many unpaid carers and cared for people the Health and Social Care Partnership provides a 'safety-net', and services must be available in crisis situations.

Respondents were concerned about the need for adequate staffing and resources, and the risk of increased pressure on existing employees, potentially leading to burnout. Concerns were also raised regarding the impact on staff morale and retention, as well as potential to increase levels of staff absence. A few respondents expressed concern that staff would be "left to make up the difference" as targets for waiting times etc would remain in place and must be met.

Several respondents emphasised the importance of prioritising service funding and service capacity based on needs assessment. There was some concern that without this, some people with high levels of need would not receive essential services that they require. Some respondents suggested that there is a need to invest more money in preventative services to address the factors that drive increased demand on health and social care services and reduce costs in the long-term.

5.2 Reducing the number of care home placements the Partnership purchases from the independent (private) sector.

Question 27 How would this impact on you?

There were 78 responses on behalf of organisation, of which 10 selected 'prefer not to answer'. The average impact rating was 2.4 (medium impact).

There were 482 responses from individuals, of which 65 people selected 'prefer not to answer'. The average impact rating was 2.2 (medium impact).

Chart 14: Impact of reducing the number of care home placements by respondent type

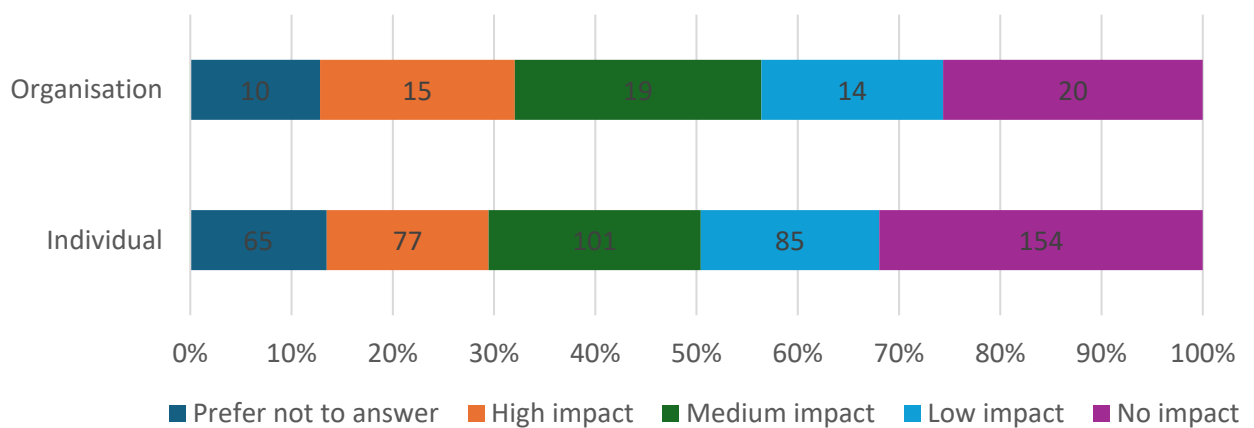
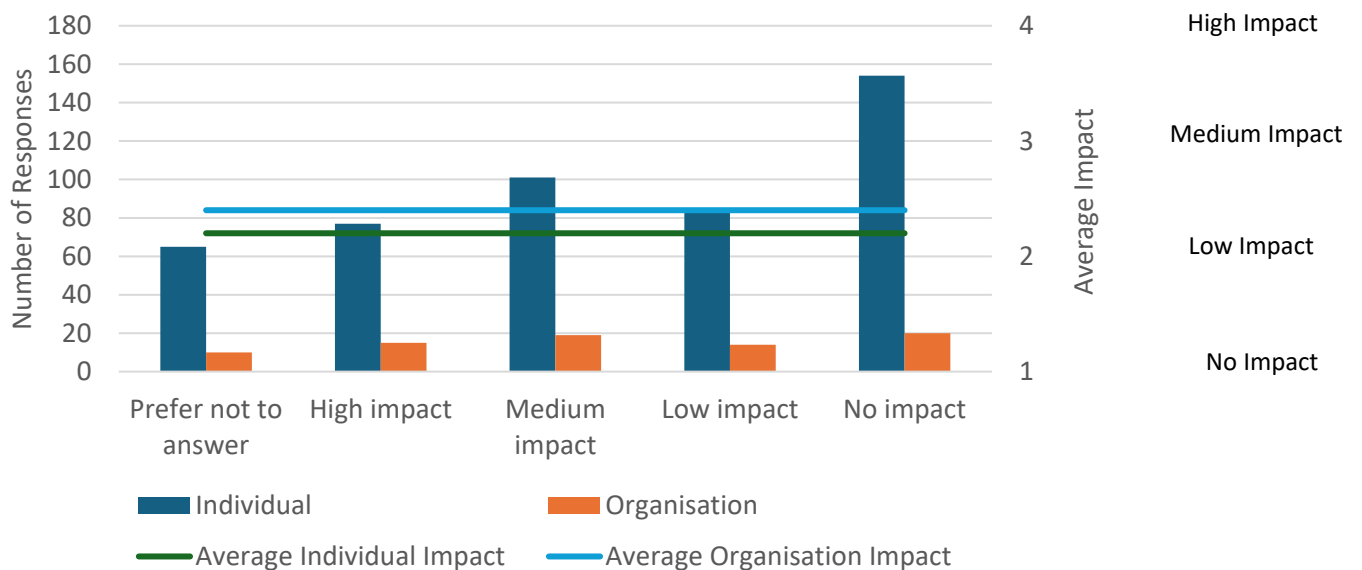


Chart 15: Impact of reducing the number of care home placements by level of impact

129 respondents also provided feedback about the impacts the option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts, key themes from these responses were:

Many respondents raised concerns regarding the potential negative impact of this saving proposal on older people. There was particular concern about the lack of available placements for older people with complex needs that cannot be met at home or in Partnership operated care homes, which are primarily residential and do not provide nursing or Elderly Mentally Infirm care (care for older adults with significant mental health needs). Many respondents reported that most care home placements are currently made in crisis / emergency circumstances, and that it is already challenging to secure a placement. Respondents felt that this would become worse if the number of available placements is further reduced and could present a risk to people's safety and wellbeing, as well as significantly increasing pressure on acute health services. Some respondents highlighted the need for earlier planning for transition to care homes to prevent emergency situations and waiting times.

Several respondents stated that the care home system is already under pressure, with delayed discharges from hospitals being a significant concern. They believe that reducing care home placements will make this issue worse, leading to longer hospital stays for patients who need to move to a care home. This could ultimately increase costs for the NHS and result in poorer patient outcomes. Specific concerns were expressed about potential for increased frailty whilst waiting for a care home placement and the potential impact on unscheduled admissions and patient flow. Some respondents also raised concerns about the impact this would have on the physical and mental health of the workforce in both health and care at home services.

There was a general consensus that care home placements are essential for individuals who have no alternative, but that the focus must be on community support services that enable older people to remain at home safely, particularly care at home services. Several respondents emphasised their preference to stay in their own home with the right support rather than to move to an unfamiliar setting.

Many respondents were concerned that reducing care home availability, without a corresponding increase in care at home services, will lead to crisis situations where older people are left without necessary support, resulting in increased strain on families, unpaid carers and healthcare systems. Several respondents highlighted that if care at home services are not sufficient this is likely to impact on unpaid carers' own health needs and lead to crisis and emergency care being needed. The risk of mental distress, physical exhaustion and burnout for unpaid carers where an admission to a care home is delayed was also highlighted, with some unpaid carers reporting that by the time their relative was assessed the move to a care home already felt overdue.

A number of respondents shared personal experiences that illustrated the difficulties they have experienced when trying to secure care home placements for their relatives, reporting that they had to navigate a complex and bureaucratic process.

Some respondents had concerns that private sector providers have a profit motive and highlighted issues with quality of care, therefore expressing a preference for care home services operated by the Partnership. Concerns were also expressed about the terms of conditions and treatment of staff who work in private sector care homes.

5.3 Reducing the amount of funding the IJB provides to the Third Sector.

Question 29 How would this impact on you?

There were 78 responses on behalf of organisation, of which 7 selected 'prefer not to answer'. The average impact rating was 3.5 (high impact).

There were 482 responses from individuals, of which 69 people selected 'prefer not to answer'. The average impact rating was 2.9 (medium impact).

Chart 16: Impact of reducing the amount of funding to Third Sector by respondent type

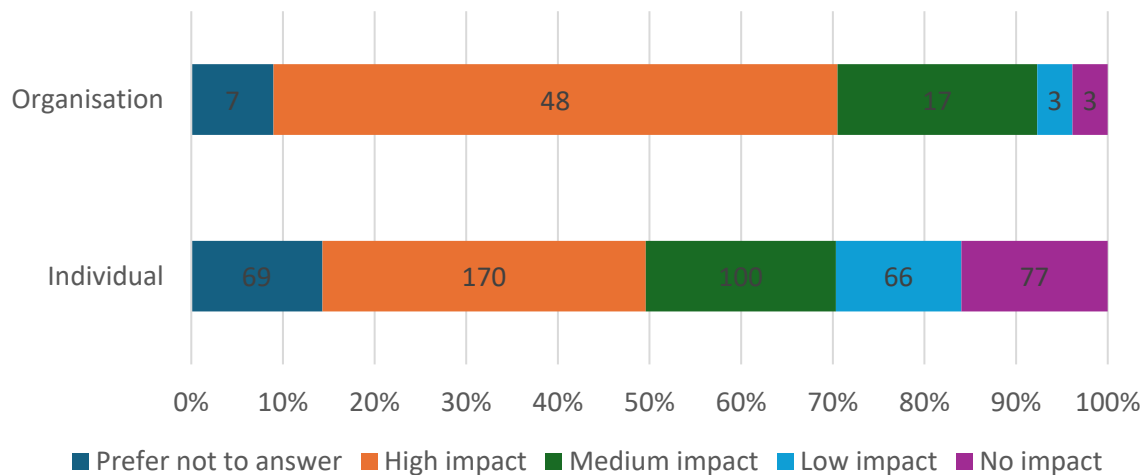
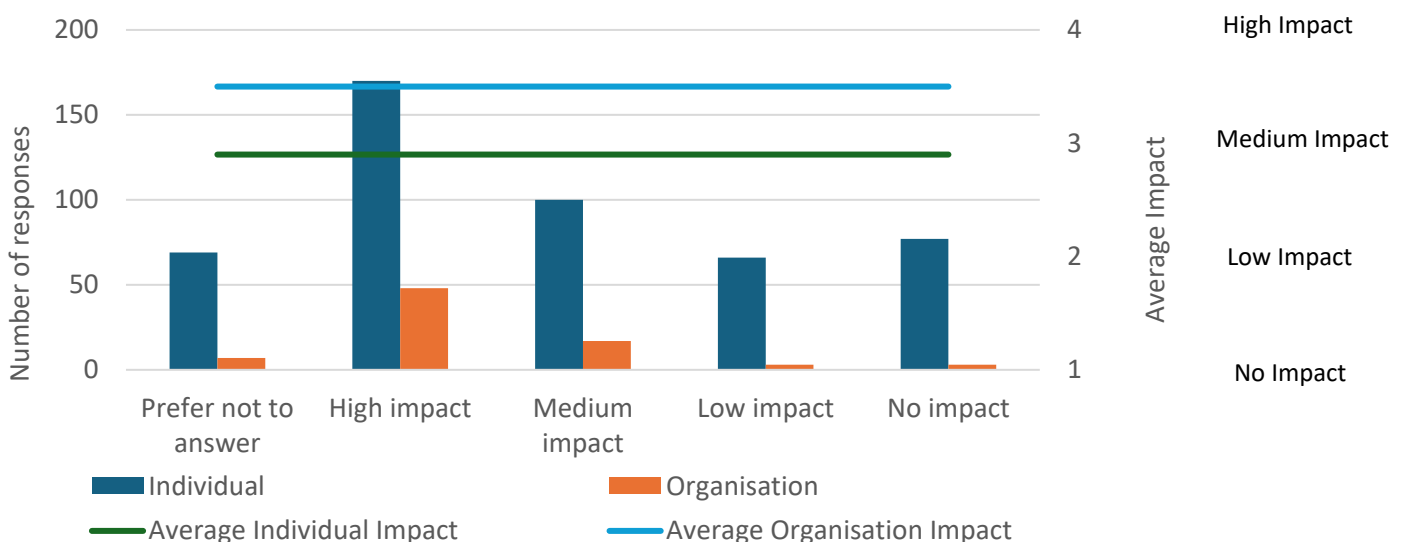


Chart 17: Impact of reducing the amount of funding to Third Sector by level of impact



200 people also provided feedback about the impacts the option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts, key themes from these responses were:

There was consensus among respondents that reductions to third sector funding will exacerbate existing health and social care needs and lead to increased reliance on statutory services, resulting in higher long-term costs for the IJB. Several respondents stated that third sector services often deliver care more efficiently and effectively than their statutory counterparts, including paying their staff less. Many respondents emphasised that third sector organisations provide essential support that are not available from statutory services. Respondents highlighted that many service users find third sector services more

approachable and helpful and may not use alternative statutory services. The proposed reduction to funding was viewed as shortsighted, with respondents expressing concern it will lead to increased demand for crisis interventions and hospital admissions, ultimately straining public resources further.

Respondents felt that many individuals rely on third sector services for timely support, that can help prevent crisis and reduce the need for more costly interventions. Respondents stated that third sector services are not merely supplementary to statutory services, but integral to the community's well-being, acting as a safety net that prevents more significant societal issues from arising. This was reflected in a number of positive comments from individuals about the specific services they are supported by.

Many respondents recognised that third sector services are used most frequently by some of the most vulnerable and disadvantaged people within Dundee, and therefore reduced funding would have a disproportionate impact on these groups.

Respondents highlighted a risk of staff redundancies and an impact on the overall sustainability of some third sector organisations, including the possibility of service closures. Some respondents also highlighted concern that reducing employment opportunities in the third sector would have a disproportionate impact on people with a disability and on people in Peer Support Worker roles who may find it more difficult to secure alternative employment. A short-term risk in relation to staff retention was also highlighted due to the current uncertainty about funding levels.

Several respondents commented on rising costs, including National Insurance costs and other staff costs, which they felt could be mitigated if the IJB commits to matching inflationary costs in future years. Some respondents stated that the third sector is at "*breaking-point*" already, partly due to filling gaps within statutory sector services and being asked to do 'more with less' over many years. Some respondents said that because of this the third sector do not feel like a valued and equal partner.

Across all services types the key concerns highlighted by respondents were:

- The potential impact on the health and wellbeing of the people who use / need these services. This includes being able to continue to live independently and participate in their community.
- The potential for more people to be in crisis and seek support from statutory services because preventative and early interventions delivered in the third sector are no longer available. The potential for a greater reliance on residential care was highlighted.
- The potential for vulnerable people to be more isolated and lonelier, and for them to be impacted negatively by disruption to the services they use or the staffing of those services.

- Third Sector services provide more flexible support than is available in the statutory sector and are therefore better able to meet people's needs.

Additional sector specific feedback is summarised below:

Services providing support to unpaid carers - Some respondents highlighted the potential double impact of third sector funding reductions for unpaid carers – the impact of possible reductions to services for unpaid carers themselves and the additional pressure on unpaid carers that could arise from reductions in services that the cared for person is supported by. Several respondents highlighted the value to the economy of unpaid care – estimated to be £15.9 billion each year. Some respondents highlighted that reductions to funding for services for unpaid carers does not reflect national policy and could potentially contravene legislative requirements.

Services providing enablement support for people with a learning disability and autism - Specific concerns were raised by some respondents that reductions in funding to learning disability support providers could lead to reduced employment, education and volunteering opportunities for people.

Services providing mental health and wellbeing supports - Several respondents emphasised that without these services, there is a risk of increased hospital admissions. Some respondents felt that third sector services are already compensating for failing mental health services in the statutory sector, while being significantly under-resourced.

Third sector infrastructure and capacity building services - Some respondents highlighted that these services are crucial for maintaining the overall sustainability and effectiveness of third sector organisations.

Services providing support for people who use drugs and alcohol - Some respondents stated that reducing funding for drug and alcohol support services would lead to more deaths and overdoses.

Services providing independent advocacy - Service users from advocacy services highlighted their concerns that funding reductions would lead to people being more isolated from their friends and community, and to reduced volunteering and employment opportunities. Some respondents also stated that reductions in funding could potentially contravene legal requirements to provide advocacy support.

Support services for people who are homeless or at risk of homelessness - Some respondents highlighted that the occurrence of rough sleeping could increase if homeless services receive less funding, and that there is a need for services to have a greater focus on homelessness prevention.

Some respondents did feel that third sector funding should be reviewed as this was the least-worst option from the saving proposals being considered. Respondents said that any

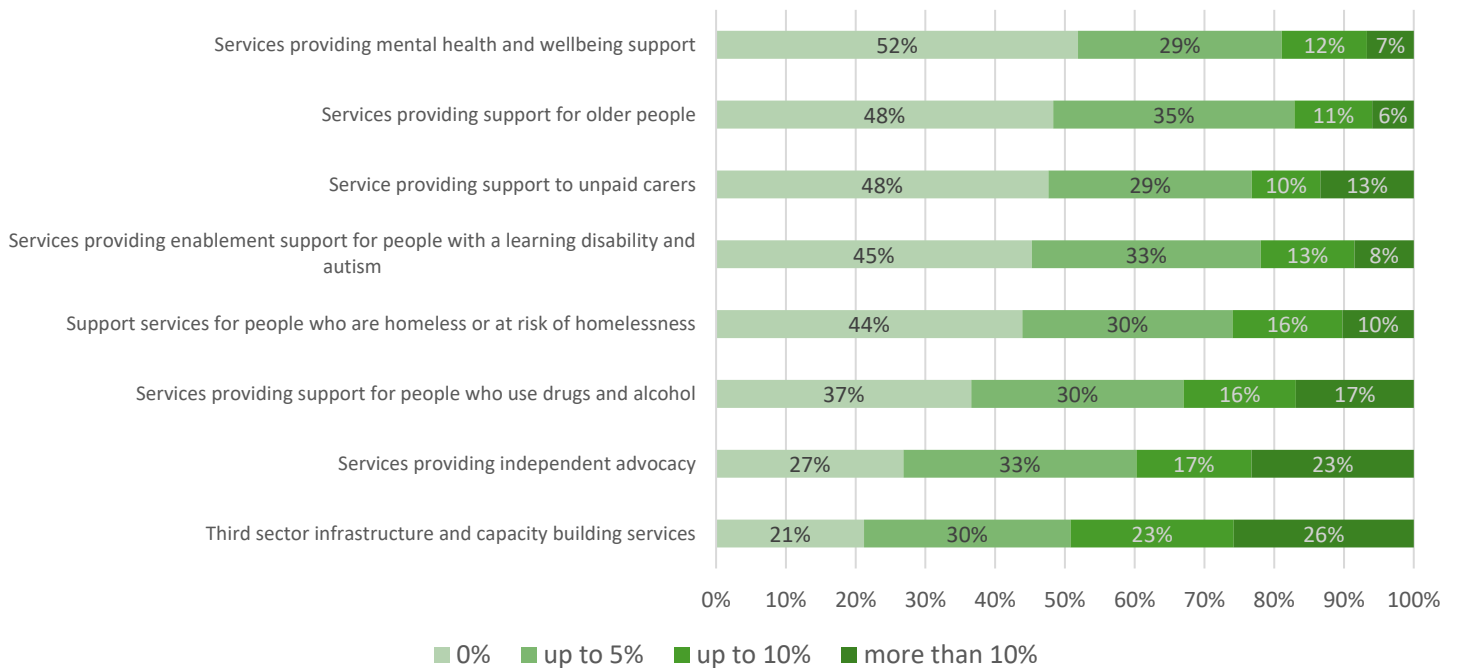
reductions should be based on evidence gathered through contract monitoring and focus on funding essential services and those that provide the best return on investment. Some respondents suggested actions that could improve the efficiency of third sector services: removing duplication, making better use of digital resources, and providing more support to help them access other sources of funding. Some respondents stated that significantly more could be done by communities in terms of volunteering and contribution of resources by private sector businesses.

Question 31 If the IJB were to reduce the level of funding for third sector organisations working in the following areas, what level of reduction would you support?

There were 508 responses to this question.

For all service types other than independent advocacy services, and Third Sector infrastructure and capacity building services, the highest individual response rates were a 0% reduction. Independent advocacy and Third Sector infrastructure and capacity building had highest response rates for up to 5% reduction.

For all services categories, with the exception of mental health and wellbeing services, the majority of respondents indicated that they would support some level of reduction in funding, with the highest response rate being for up to a 5% reduction. However, for older people and unpaid carers services the majority was only slight at 52%.

Chart 18: % level of funding reduction respondents supported

5.4 Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home.

Question 32 How would this impact on you?

There were 78 responses on behalf of organisations, of which 15 selected 'prefer not to answer'. The average impact rating was 2.5 (medium impact).

There were 482 responses from individuals, of which 83 people selected 'prefer not to answer'. The average impact rating was 2.3 (medium impact).

Chart 19: Impact of reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care by respondent type

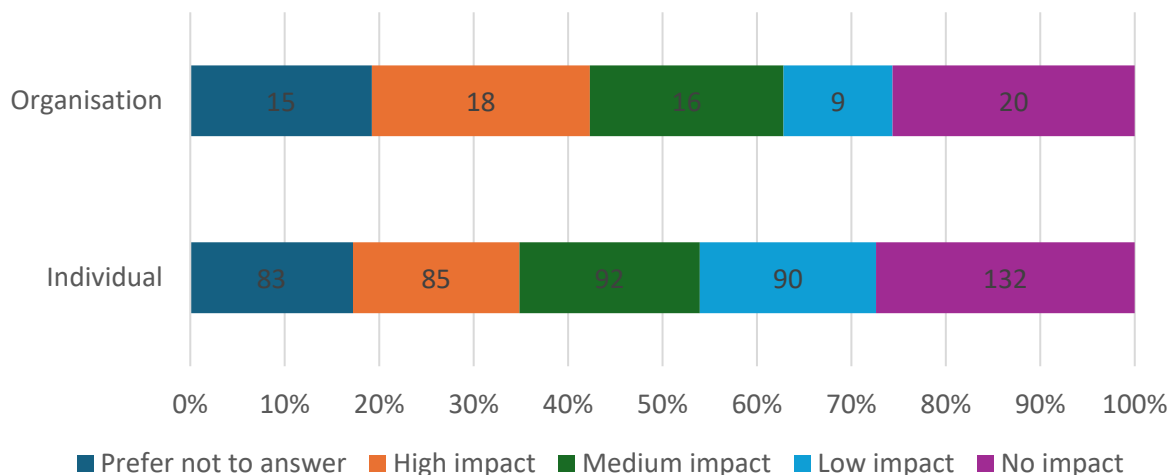
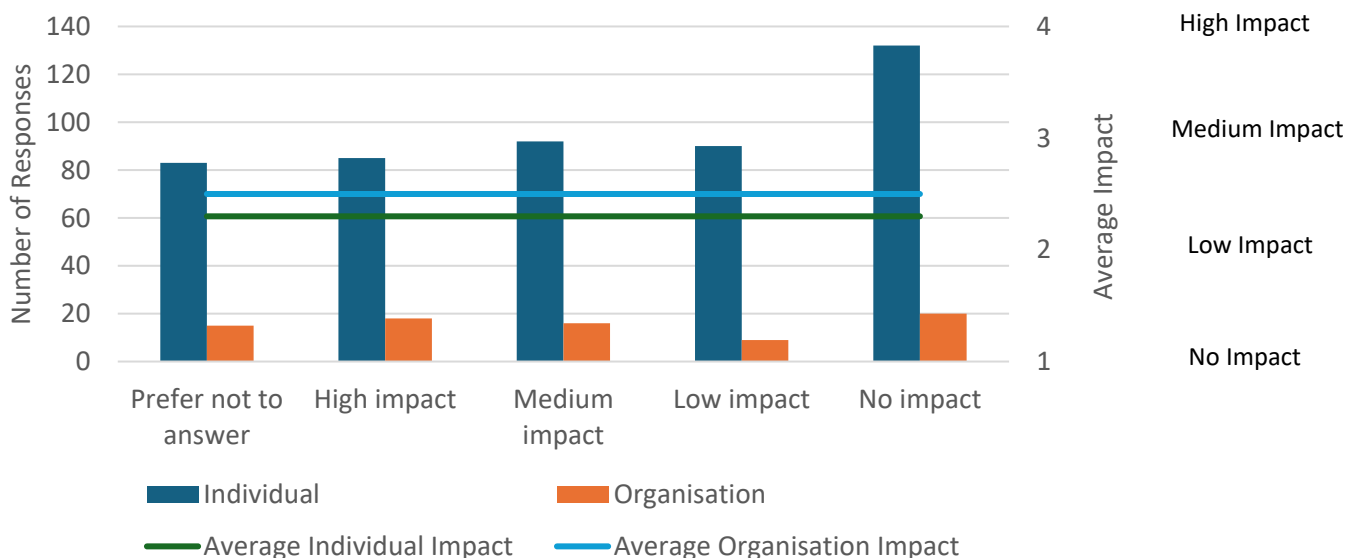


Chart 20: Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care by level of impact



115 people also provided feedback about the impacts the option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts. Key themes from these responses were:

Palliative and End of Life Care (PEOLC)

Respondents stated that many people express a desire to receive end-of-life care at home, supported by their families, rather than in hospitals or hospices. There was a strong consensus around the need for enhanced community services to ensure that individuals can die with dignity and comfort, in a place that aligns with their wishes. Many respondents explicitly supported the further development and enhancement of community-based

services for PEOLC, and the transfer of resources from in-patient settings to community services. However, some respondents were concerned that a shift to community-based services would disadvantage people who are vulnerable or have no family support, and that any inpatient bed reductions might impact disproportionately on younger people.

Some responses highlighted that increased emphasis on receiving care at home places additional stress on unpaid carers and wider family members, who require training and resources to provide adequate support. Some respondents noted that the psychological impact of seeing and caring for someone who is dying is huge, and that some families cannot cope with this even when community support is available. The importance of social care services in supporting families at this time was emphasised. Respondents also highlighted that while care at home is preferred, it may not provide the same level of pain management and support as a hospice, particularly for those living alone or who have unsuitable housing conditions. Specific challenges related to the type of housing in Dundee were highlighted; with flats often not having adequate space for equipment such as beds and hoists, and insufficient accessibility of bathroom facilities. A small number of respondents said that home care can never be as responsive and comprehensive as that provided in a hospice.

A small number of respondents highlighted their lack of confidence in data related to occupancy levels of current inpatient beds and felt that robust data needed to be produced and analysed to inform future plans. Some respondents also felt that more needed to be done to make sure that local proposals are aligned to national strategy.

Some respondents expressed concern about the effectiveness of any proposals to reduce hospital beds, as community services are not yet sufficiently developed to handle the increased demand for home care. Additionally, respondents stated that families often struggle to provide end-of-life care due to work commitments and lack of support, leading to potential crises if adequate resources are not available. Some respondents stated that maintaining sufficient hospital beds is crucial for those who cannot be cared for at home, ensuring that patients receive the necessary medical attention.

Some respondents shared positive personal reflections of their experience of home care and of hospice care. Others reported negative experiences of relatives dying in hospital when there were no beds available in hospices. Maintaining access to hospice services for those that want this was seen as a priority by many respondents.

Respondents suggested several ways in which current services could be improved:

- Providing enhanced training and resources for unpaid carers and family members, as well as access to respite care and counselling.
- Providing more flexible and responsive community-based social care supports.

- Enhancing the capabilities of community-based services to provide pain management and medical support.
- Investing in increased capacity within community-based services to meet rising demand.
- Enhancing community engagement and awareness about available services and how they can support individuals and families at end-of-life.

Medicine for the Elderly

Many respondents supported the further development and enhancement of community-based services for older people, and the transfer of resources from in-patient settings to community services. However, some expressed concern that other saving proposals are likely to result in reduced levels of community-based support and that this would make any reduction in in-patient beds unsafe and unsustainable. Some respondents were also concerned that a shift to community-based services would disadvantage people who are vulnerable or have no family support.

A small number of respondents highlighted their lack of confidence in data related to occupancy levels of current inpatient beds and felt that robust data needed to be produced and analysed to inform future plans. Some respondents focused on their wish for improvements in the way care is provided and co-ordinated in the community to prevent admissions to hospital, rather than a focus on reducing inpatient beds.

Some members of the public reported concerns that there is pressure to discharge people from hospital too early and before suitable community-based service are in place. Some people reported their experiences of “*failed discharges*” leading to crisis admissions and said that they lacked confidence in delayed discharge data that has been published as it does not reflect their experience. These respondents felt that further reducing inpatient beds would make this worse.

5.5 Reducing the amount of money the IJB has set aside in reserves to maximise the amount of funding available now to meet people’s current needs.

Question 34 How would this impact on you?

There were 78 responses on behalf of organisations, of which 17 selected ‘prefer not to answer’. The average impact rating was 2.4 (medium impact).

There were 482 responses from individuals, of which 81 people selected ‘prefer not to answer’. The average impact rating was 2.1 (medium impact).

Chart 21: Reducing the amount of money the IJB has set aside in reserves by respondent type

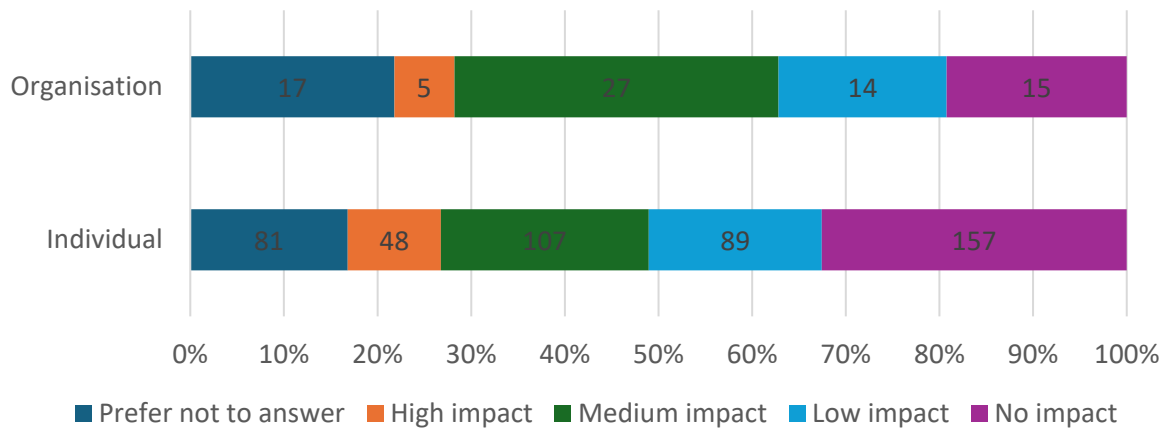
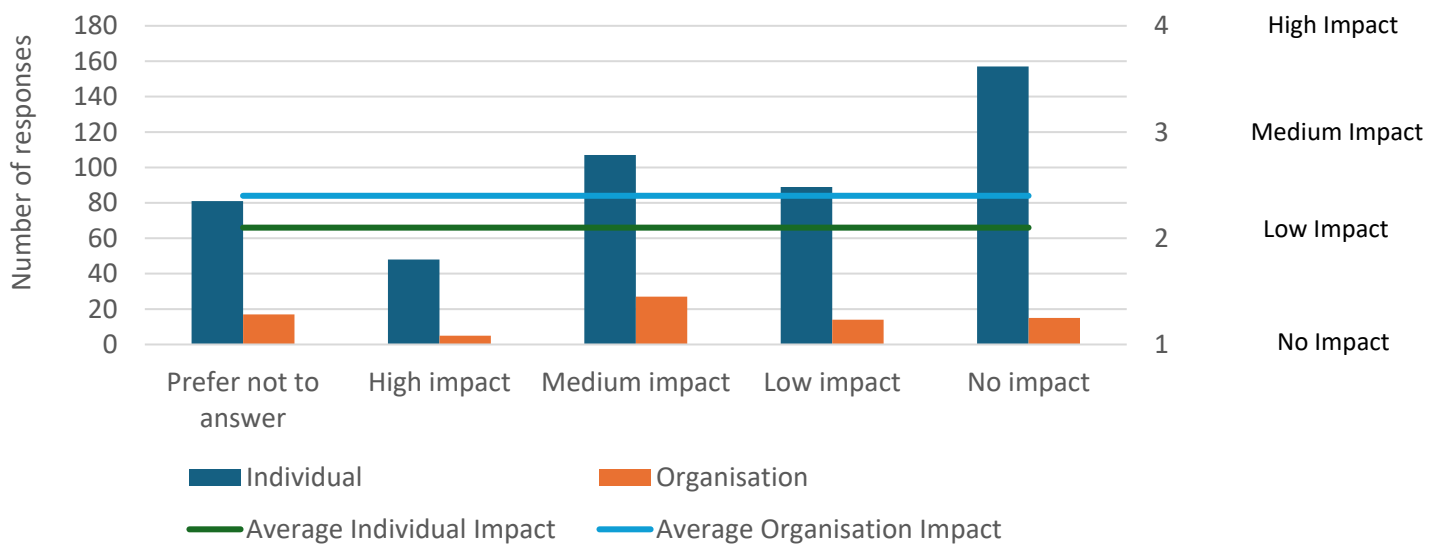


Chart 22: Reducing the amount of money the IJB has set aside in reserves by level of impact



89 people also provided feedback about the impacts the option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts, key themes from these responses were:

Many responses emphasised the urgency of addressing current service needs rather than prioritising funds for reserves. However, whilst this would offer short-term solutions, some respondents felt this approach is not sustainable in the longer-term. Respondents also expressed concerns that reducing reserve levels could reduce the IJB's flexibility in responding to urgent needs, especially in crisis situations like potential pandemics. However, many people felt that this saving proposal would have less of a direct negative impact on both service users and the workforce than other options.

Some respondents were concerned that reducing the transformation reserve could delay the development and implementation of new initiatives that aim to improve the quality of care, potentially affecting those who rely on specialised services. This included concern about the impact on the development of services for mental health and drugs and alcohol.

Other respondents were concerned that focusing on immediate needs might delay essential transformation projects that could bring long-term benefits. Some respondents stated that there is a need for more innovation, so a balance needs to be found between maintaining current services and investing in transformational change. They also highlighted that transforming the health and social care system is not just about financial investment but also about cultural change that encourages collaboration, respect and a focus on patient-centred care.

Some respondents questioned the effectiveness of 'spend to save' initiatives and lacked confidence in the IJBs ability to deliver transformation. They highlighted that effective transformation must happen across the whole health and care system and will require a significantly larger budget than the IJB has available (even if it were not to reduce reserve levels). Several respondents stated that transformation is more likely to be effective if it is led by frontline staff rather than project managers and other support staff. Some respondents also suggested transformation projects should be focused mainly on digital investment.

Many respondents felt more could be done to remove inefficiencies in the current health and social care system, particularly regarding wasted prescriptions.

5.6 Closing the Homeopathy Service for Tayside.

Question 36 How would this impact on you?

There were 78 responses on behalf of organisations, of which 11 selected 'prefer not to answer'. The average impact rating was 1.8 (low impact).

There were 482 responses from individuals, of which 19 people selected 'prefer not to answer'. The average impact rating was 2.3 (medium impact).

Chart 23: Closing the Homeopathy Service for Tayside by respondent type

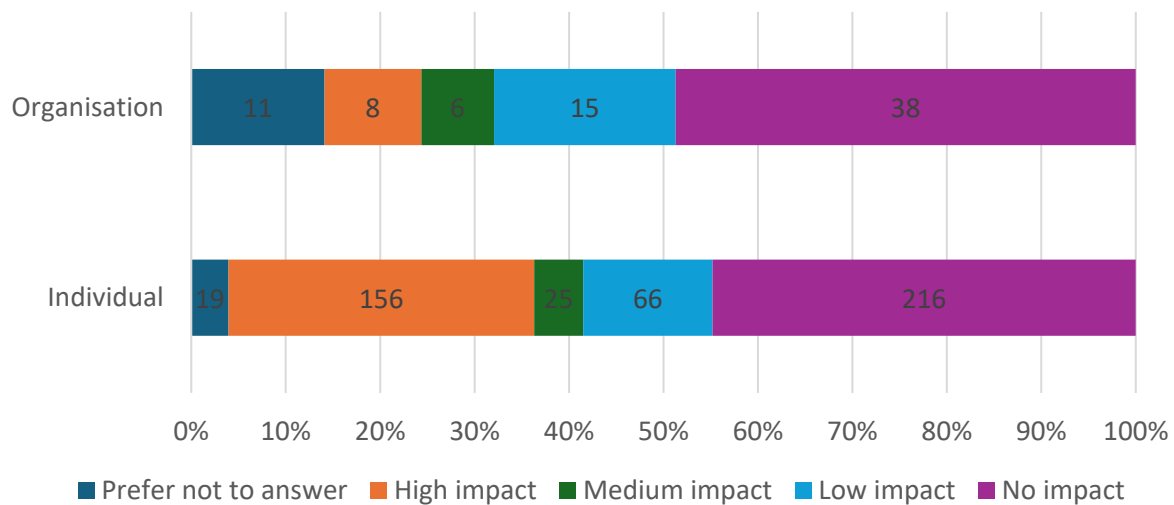
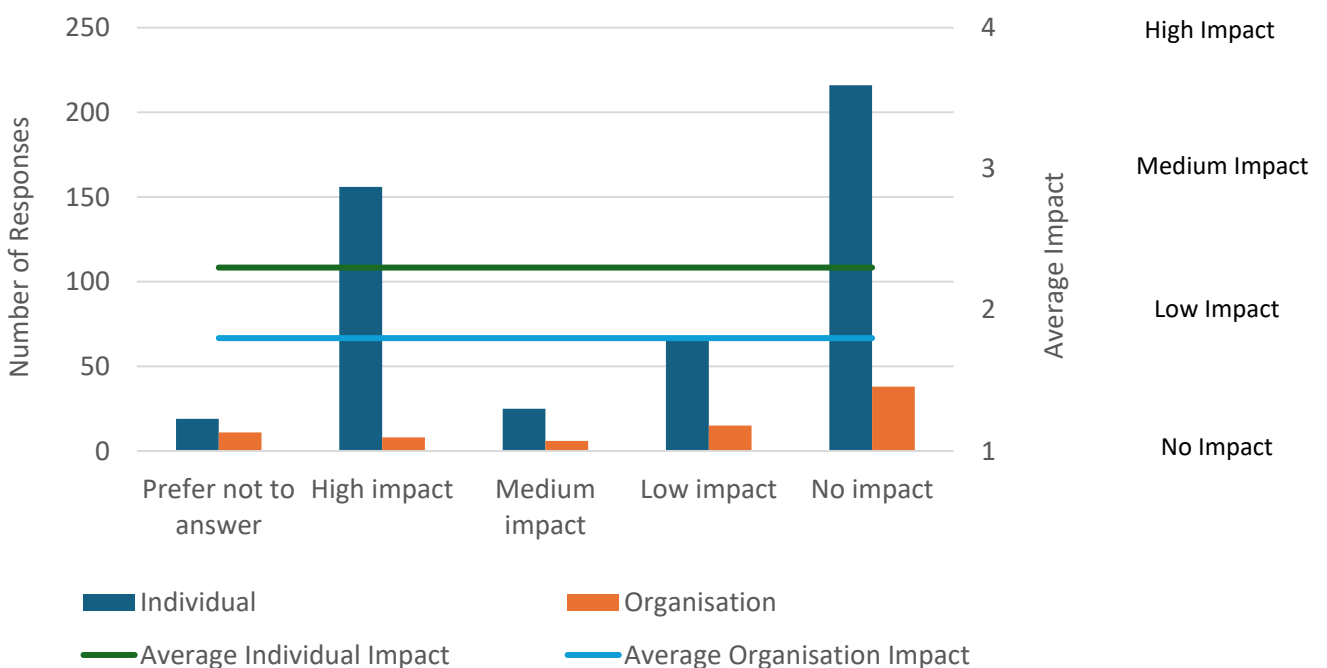


Chart 24: Closing the Homeopathy Service for Tayside by level of impact



169 people also provided feedback about the impacts the option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts. Key themes from these responses were:

Overall, there was a high level of support for maintaining the Homeopathy Service for Tayside, emphasising its value to patients, particularly those facing serious health challenges. Some respondents reported that homeopathy and similar alternative treatments have proven effective for them. Many respondents particularly stressed the benefits as a

preventative approach and to support symptom management for people receiving cancer treatments and who are intolerant of / unresponsive to conventional medicine. Several respondents shared personal accounts of their positive experience of accessing the service, including the impact it had on their wellbeing and quality of life. Some respondents expressed the view that any savings achieved through the closure of the service would lead to higher costs through increased reliance on conventional medicine, including increased demand on GPs.

Several respondents also highlighted the importance of patient choice in healthcare and that the closure of the service would limit choice. Some respondents expressed concern that vulnerable and disadvantaged people would not be able to afford to pay for private alternatives. Other respondents suggested that funding to third sector services, such as cancer support charities, could be used to make sure that alternative provision is available to these groups of people. They also suggested that welfare benefits, such as Adult Disability Payment, could help to meet the costs of alternative services. Several respondents stated that many charities have waiting lists or will provide treatments only for a limited time, and that there is very limited availability of private homeopathy services in Tayside.

Several respondents expressed concern that the closure of the service would have a disproportionate impact on people who have been diagnosed with cancer or who have long-term health conditions. Many respondents stated that the quality of life and physical health benefits reported by people who have used the service are significant in comparison to the relatively small saving that would be realised.

Some respondents argued that patients desiring homeopathy should self-fund, pointing out that the service is non-essential and should not be funded by the IJB or other public sector bodies. These respondents stated that publicly funded health services should be evidenced-based, and that national guidance does not support the continuation of the Homeopathy service. Some respondents who viewed the service as non-essential felt that if it was to continue to be provided it should be a chargeable service based on financial assessment. Overall, these respondents judged the service to be less vital and effective than other services funded by the IJB. Several respondents suggested that the closure of the service would not have a significant impact on patient health, as there is minimal data to support the effectiveness of homeopathy.

One respondent suggested factors that should be considered were the IJB to decide to close the service: transition support for current patients of the service; provision of information about alternative provision; and financial assistance for those people not able to afford private treatment.

5.7 Reviewing the Health and Social Care Partnership’s Community Meals Service.

Question 38 How would this impact on you?

There were 78 responses on behalf of organisations, of which 12 selected ‘prefer not to answer’. The average impact rating was 2.3 (medium impact).

There were 482 responses from individuals, of which 72 people selected ‘prefer not to answer’. The average impact rating was 1.9 (low impact).

Chart 25: Reviewing the Community Meals Service by respondent type

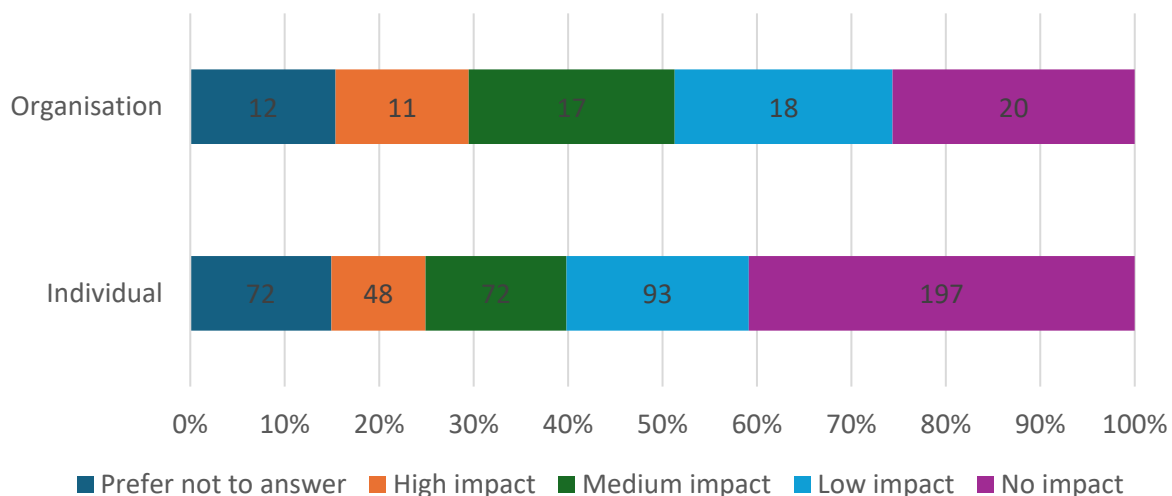
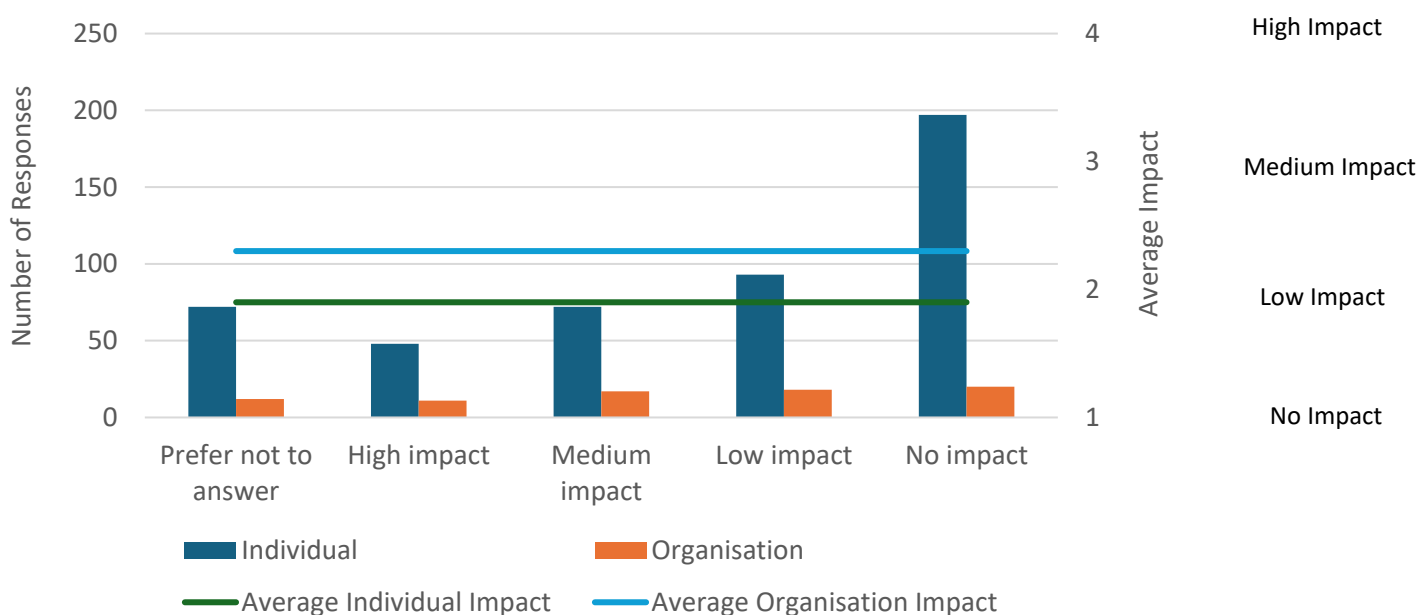


Chart 26: Reviewing the Community Meals Service by level of impact



100 people also provided feedback about the impacts the option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts. Key themes from these responses were:

Overall, while there was a consensus amongst respondents that a meals service is necessary, there was strong agreement that a comprehensive review is needed to enhance efficiency and quality to better meet service user needs.

Respondents stated that the Community Meals Service is essential for many people, particularly older people, and that a reduced service could contribute to increased hospital admissions due to poor nutrition and fluid intake amongst vulnerable people. Some respondents were concerned that any changes could lead to increased demand for social care visits (more or longer visits), as the service provides additional support to help service users to prepare and serve meals, which many alternative providers would not do. Members of the workforce who responded felt that due to other pressures it would be unrealistic to provide visits at mealtimes solely to support serving of meals. Risk of social isolation was also raised by respondents, with meal delivery often providing the only social interaction that some service users have in their day. A few respondents felt that the service has a preventative impact, picking up on early indicators of concern before issues get worse and more costly responses are needed. Several respondents stated that the service provides immediate access to meals in crisis situations, whereas alternative providers in the private sector cannot.

Some respondents highlighted the potential risk of increased pressure on unpaid carers that could arise if the model of provision is changed. They were concerned about unpaid carers having to spend more time preparing and serving meals and that this could contribute to strain on their health and wellbeing. Respondents were also concerned that any changes to the service would impact most on older people and people with a disability.

Many respondents expressed dissatisfaction with the quality of meals currently provided and felt the service should be reviewed and improved. Several respondents highlighted that there are various alternative meal providers that offer better quality, competitive pricing and can meet a range of nutritional and cultural needs. They felt that this raised questions about the sustainability of the service in its current model. Some people suggested that community-based organisations could offer a better service than the Partnership, including working with organisations such as Food Train. Respondents suggested that any savings made through a review could be reinvested to support community-run provision. They also said that people should be given support to find out about and access alternative providers.

5.8 Working with Dundee City Council to maximise the income from chargeable social care services (subject to financial assessment).

Question 40 How would this impact on you?

There were 78 responses on behalf of organisations, of which 14 selected 'prefer not to answer'. The average impact rating was 2.4 (medium impact).

There were 482 responses from individuals, of which 84 people selected 'prefer not to answer'. The average impact rating was 2.1 (medium impact).

Chart 27: Maximising income from chargeable social care services by respondent type

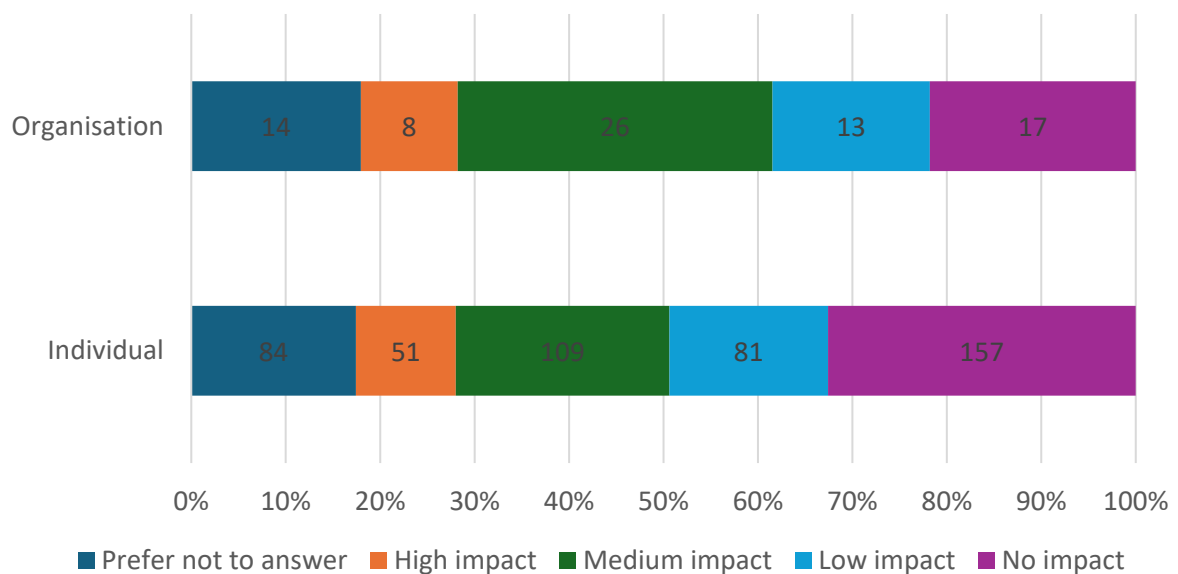
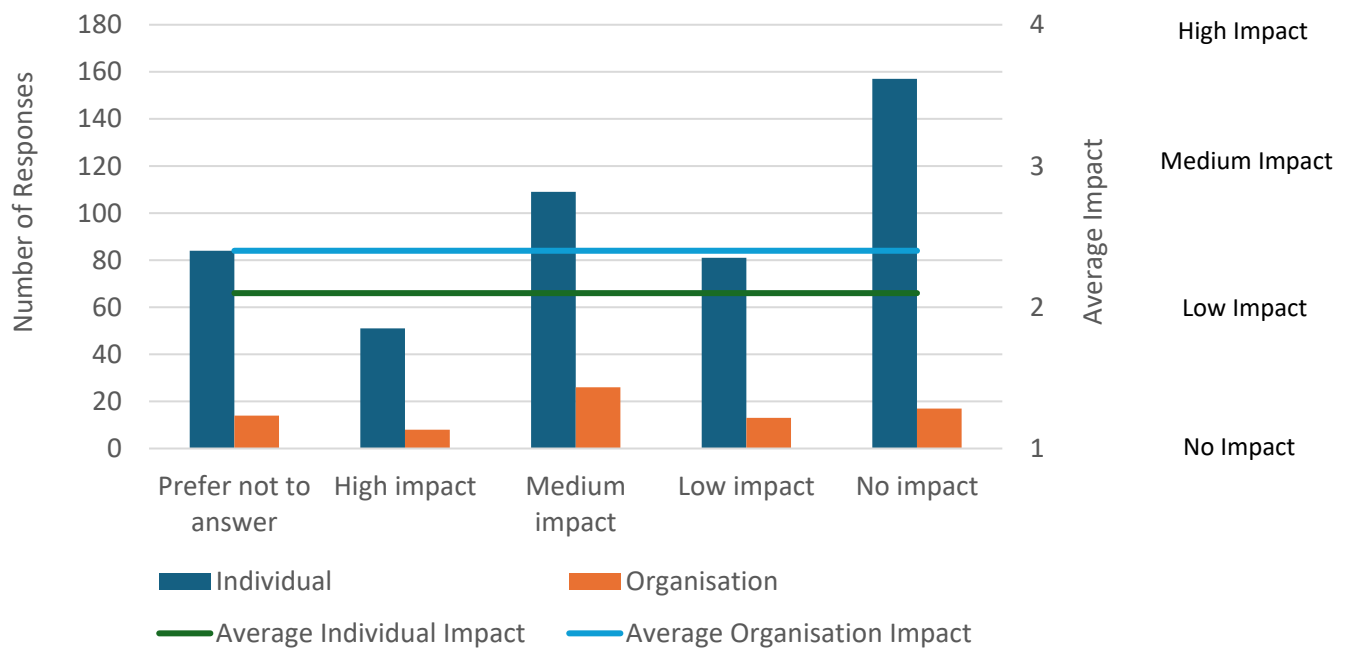


Chart 28: Maximising income from chargeable social care services by level of impact

99 people also provided feedback about the impacts the option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts, key themes from these responses were:

Many respondents expressed concern that increased charges (even minimal increases) could lead to greater financial strain on those who rely on social care services, particularly the elderly and low-income families. This could result in individuals declining necessary services, impacting on their quality of life, health and wellbeing, and leading to social isolation and stress for service users, unpaid carers and family members. There was concern that some people would not be able to meet basic needs (such as food and heating costs) if charges are increased. Respondents emphasised the necessity of maintaining service quality and accessibility, stating that higher charges should not compromise the level of care provided.

Respondents had particular concerns about any change to charges for day care services for adults, which were described as a 'lifeline' for older and people with a disability and their families. There was concern that these services could become unaffordable and significantly increase the risk of carer stress and burnout, potentially leading to more people needing residential care at an earlier stage. There was also particular concern that charges could exacerbate poverty amongst people with a disability.

Some respondents highlighted that this could also inadvertently increase pressure on third sector services, as people seek alternative support for them. A few respondents highlighted the risk of the cumulative impact of this proposal alongside proposals that might reduce the availability of alternative support in the third sector. They felt that the most disadvantaged

groups (older people, people with a disability and those living in poverty) would be most significantly impacted).

Some respondents felt that generating income and having a more consistent approach to charging is necessary as it will help to protect services for the future. Several respondents indicated a personal willingness to pay more rather than have services reduced. Some felt that small increases could be affordable for many and therefore the option of charging more should be thoroughly considered. Several respondents felt changes to charging would lead to more responsible use of available services and encourage people to do more to look after their own health and wellbeing. In principle, many respondents felt that an approach based on full-cost recovery but also subject to means-testing was reasonable. A few respondents highlighted that more could be done to review the efficiency of chargeable services in addition to considering changes to charging levels.

Respondents noted that while some individuals can afford to pay more, others may struggle with even minimal increases due to existing financial pressures. Many respondents suggested that charging should be means-tested. Some respondents were concerned that people who have worked hard to accumulate savings should not be 'unfairly penalised' and stated that they have already contributed via tax and national insurance payments. Some respondents expressed specific concerns about the impact of charging increases on people just above threshold income. There was a strong consensus that financial assessments must be thorough to ensure charges are equitable and consider individual circumstances, especially given the current cost of living crisis. A number of suggestions were made about improving financial assessment processes:

- Assessment should be completed by Welfare Rights services and should incorporate an emphasis on income maximisation.
- Assessments should be able to be carried out in the person's own home and not require them to come into an office.
- Assessment process should be much quicker – digital technologies should be used to help collect and analyse information.
- Clearer information about the outcome of the assessment should be provided.
- There should be an appeals process.

Some members of the workforce said that the financial assessment process and existing benefit and income maximisation checks will help to mitigate any impact of charging changes.

Several respondents felt that there should be more emphasis on effective collection of income, ensuring bills are accurate, timely and debt is not allowed to build-up. A few also

said there should be more focus on checking for fraud and the submission of inaccurate information during the financial assessment process.

Respondents placed a strong emphasis on clear communication from the Partnership regarding any changes to charging policies, including providing support for individuals navigating these changes.

5.9 Working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services.

Question 42 How would this impact on you?

There were 78 responses on behalf of organisations, of which 13 selected 'prefer not to answer'. The average impact rating was 2.3 (medium impact).

There were 482 responses from individuals, of which 83 people selected 'prefer not to answer'. The average impact rating was 2.2 (medium impact).

Chart 29: Improving the way digital technology is used by respondent type

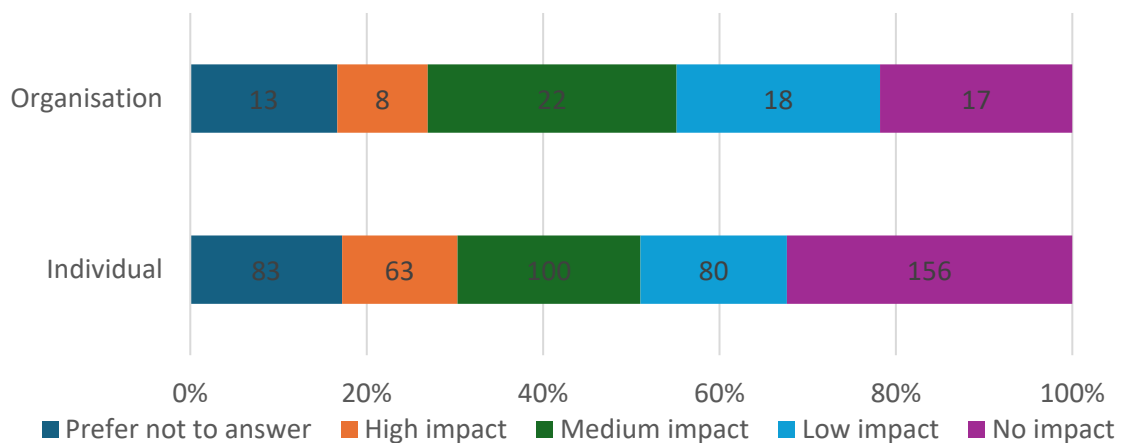
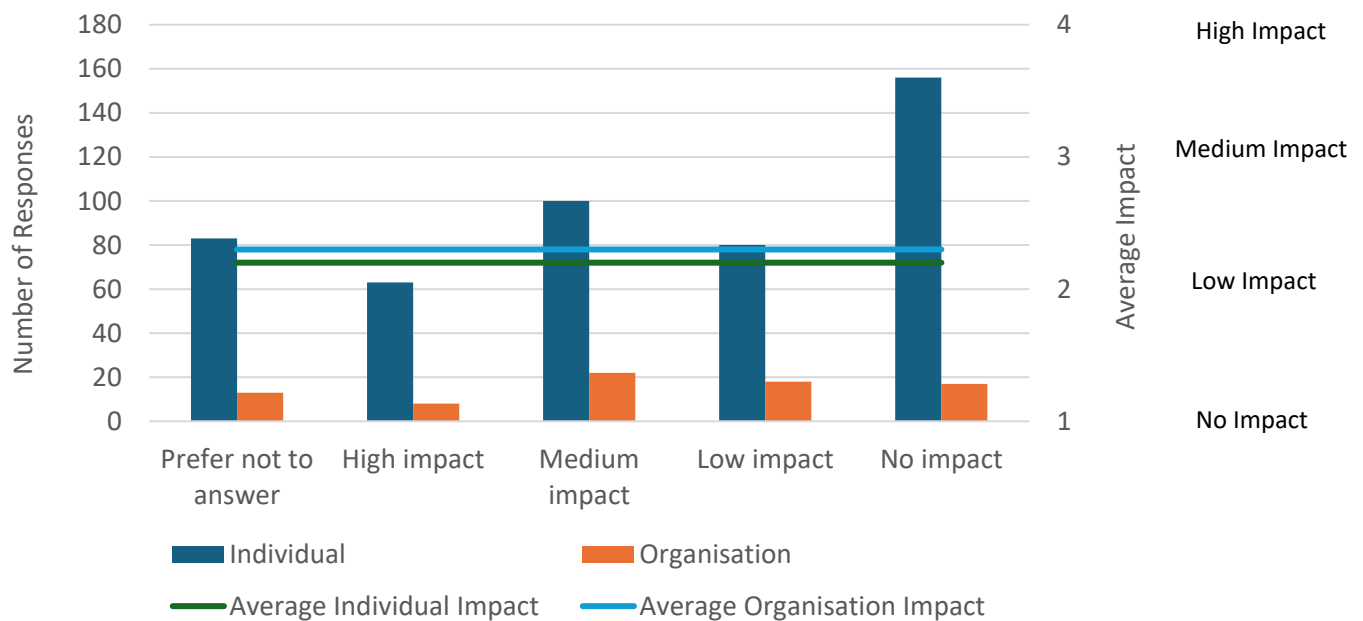


Chart 30: Improving the way digital technology is used by level of impact

127 people also provided feedback about the impacts the option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts. Key themes from these responses were:

Overall respondents expressed significant support for improving digital access, whilst also recognising the challenges and risks this might involve for some groups, particularly for older and vulnerable people. There was general agreement that digital developments to support administrative and internal business processes would have a significant positive impact, but that more caution is required regarding the potential risks and advantages of digital developments in frontline service delivery. Many respondents shared examples of both positive and negative experiences of digital processes and services.

Many respondents highlighted that older people might struggle to engage with online services and might exclude vulnerable populations, particularly people with learning disabilities, cognitive disorders, low levels of literacy or limited digital skills. Respondents stated that forcing digital engagement can disproportionately disadvantage these populations and that alternatives must be available to prevent increased pressure on unpaid carers and third sector services, and to prevent needs escalating and requiring more costly interventions, particularly in crisis situations.

Respondents expressed concern that reliance on digital services could exacerbate health inequalities, as some individuals lack access to the internet or devices. Some respondents said remote service delivery would leave people feeling lonely, isolated and helpless. Many respondents stated that any developments around digital services must be supported by investment in supporting people to access digital devices and to enhance digital literacy.

Most respondents felt that a balanced approach is required, advocating for both digital and in-person services. While digital solutions can improve efficiency and accessibility for some, the necessity for traditional face-to-face support remains essential for many service users and to ensure comprehensive care and avoid misdiagnosis. Respondents expressed that a hybrid model could be beneficial, allowing flexibility while ensuring that those who are digitally excluded are not left behind. There was clear consensus that a 'one size fits all' approach is not appropriate, and that digital developments will need to reflect population, individual and clinical needs.

Many respondents felt that Technology Enabled Care could enhance service delivery in Dundee, and that this approach is currently underutilised. Respondents from the workforce highlighted the importance of training for the workforce to support digital developments. Concerns were raised regarding the current digital infrastructure, highlighting that many services are still using outdated technology, which hampers efficiency and effectiveness. Respondents emphasised that investment in IT systems is crucial for enhancing service delivery and ensuring access to services.

Respondents from the workforce delivering community-based services said digital developments are a way to enhance communication, have access to people's records within their home, and reduce travel time and costs. This would ensure that time is spent with patients/service users rather than in an office, ultimately improving the accuracy of records and reducing administrative time. There was also support for using digital approaches to plan and schedule workloads. However, concerns were raised about a lack of management support for hybrid working, which the workforce believed could increase both efficiency and staff morale. Some respondents felt that use of remote appointments could contribute to reducing emergency admissions to hospitals.

Many respondents said that existing online information and digital resources could be significantly improved. Some people stated that the design of these systems needs more focus on user experience. Several people stated that services need to move away from appointment letters to use of e-mail and text messaging.

Some respondents expressed concern that to achieve the saving value for this option would require significant digital investment, at a level beyond the current means of either NHS Tayside or Dundee City Council. There was a call for stronger leadership of digital developments, and for learning to be taken from previous poor experiences of digital projects.

5.10 Changing the model of service provision for housing with care.

Question 44 How would this impact on you?

There were 78 responses on behalf of organisations, of which 14 selected ‘prefer not to answer’. The average impact rating was 2.5 (medium impact).

There were 482 responses from individuals, of which 87 people selected ‘prefer not to answer’. The average impact rating was 1.9 (low impact).

Chart 31: Changing the model of service provision for housing with care by respondent type

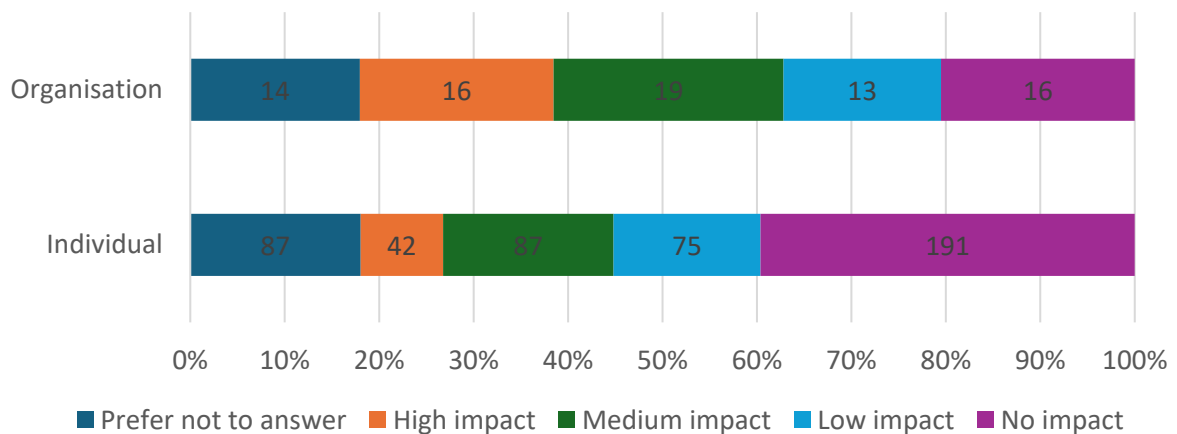
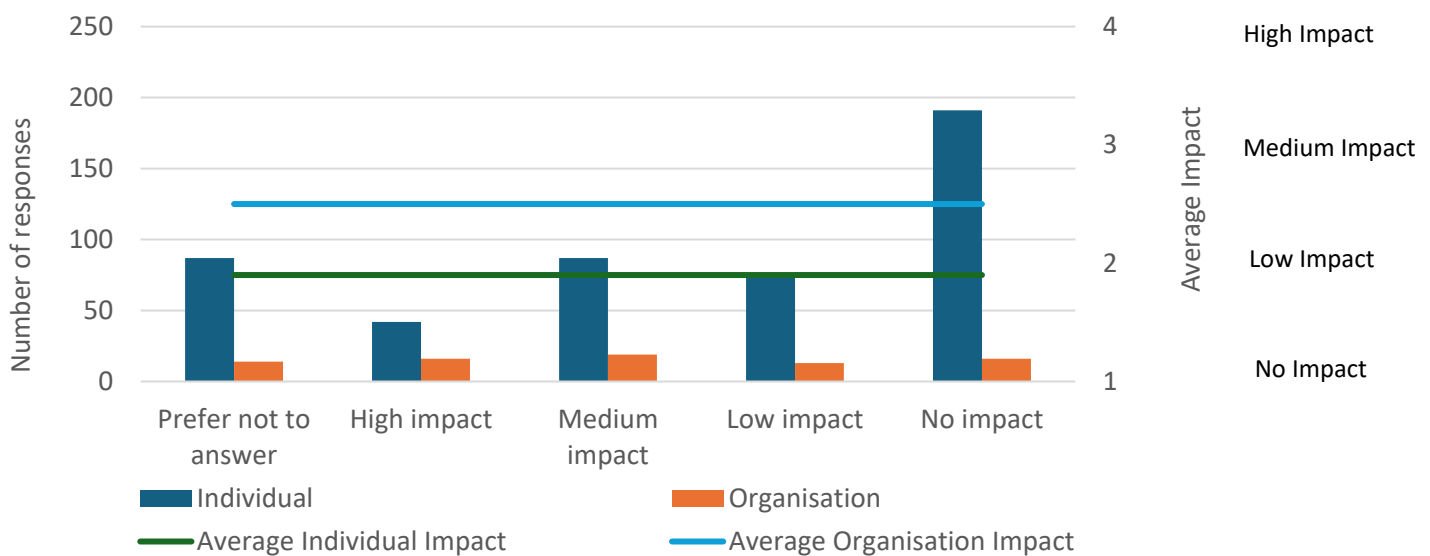


Chart 32: Changing the model of service provision for housing with care by level of impact



72 people also provided feedback about the impacts the option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts. Key themes from these responses were:

Many respondents recognised the need to review the way that the housing with care service is provided, to make sure the service meets peoples' needs but is also more efficient. Respondents emphasised that this is a valuable service for many older people, and suggested a range of aspects of the service that could benefit from improvement as part of a review process.

Many respondents expressed that the use of private care providers is not working effectively in wider social care (care at home services) and therefore this should not be introduced for housing with care services. They indicated that they are worried about a potential decline in service quality if care is outsourced to external providers, stressing the need for careful vetting, quality assurance and a focus on cost-effectiveness. Several respondents advocated for in-house care models instead of third-party providers, citing better care standards and the importance of established relationships between staff and service users.

Some respondents suggested that the quality of housing with care services has declined since COVID-19, with reduced communal activities and meal services. They felt that the model of care needed to be reviewed and improved to better serve residents.

Respondents also highlighted that accommodation that meets the evolving needs of residents is required. They stated concern about the overall housing shortage in the city and suggested that allocation processes should be reviewed to address long-term waiting lists and low demand for certain property types. Respondents also said that housing with care needs to be promoted more widely as an option as many people are unaware of the service, and that referral and assessment processes should be strengthened to make sure the service is available to people who might benefit from it.

Many respondents were concerned that changes to the service would significantly affect vulnerable residents who rely on consistent care from familiar staff, highlighting the emotional and mental health implications of staff changes. One respondent suggest that this could be mitigated by having a thorough transition process including early communication and planning with service users and their families. They also suggested an extended handover process between existing and new staff and process for gathering feedback and making necessary adjustments to care arrangements. Some people were also concerned that any changes would result in older people living amongst younger families or younger people with complex care and support needs, which they felt would not create a positive environment.

From a workforce perspective, respondents noted concerns regarding protecting jobs for people currently working within the service. Several respondents also expressed concern about the potential for staff health and wellbeing to be impacted due to uncertainty about the future of the services and saving proposals. A few respondents emphasised the need for careful management of change both from a workforce and a service user perspective.

6. Section 5 – What else does the IJB need to know?

6.1 Question 45

Respondents were invited to provide suggestions about other ways in which the IJB could save money. 231 provided further feedback and suggestions.

Several suggestions were made regarding the potential for staff hour reductions and the reallocation of funds from less effective services to those prioritised for vulnerable populations, such as the elderly and people with a disability. Respondents emphasised the importance of conducting a thorough review of services across health and social care to ensure equitable consideration of savings.

Several respondents said there should be a reduction in senior management salaries and the number of management positions, with many respondents suggesting that a flatter management structure could lead to improved service delivery. Suggestions also include limiting administrative tasks and meetings to allow more time for direct care. Respondents expressed a strong preference for prioritising funding for frontline care services over administrative roles, suggesting that this could enhance the overall efficiency of care delivery. Many respondents stated that frontline staff are often underappreciated and overburdened, with a need for better support and recognition.

Investing in prevention and early intervention was highlighted as a crucial strategy to mitigate future costs associated with emergency care. Respondents focused on maintaining support for third sector services that focus on preventing crises, which could ultimately reduce the need for more expensive interventions.

Respondents highlighted the importance of improving communication across the whole system of health and social care, including hospitals, community services, and third sector organisations, to reduce service duplication and enhance overall efficiency. Many respondents called for greater transparency in how funds are allocated and a commitment to ensuring that cuts do not disproportionately affect the most vulnerable populations. Several respondents said that prioritisation of services should be evidence-based.

Specific suggestions made respondents to generate savings for the IJB were:

- Reduce staff hours: Offer staff the opportunity to reduce their working hours from 37 to 35 hours per week.
- Reduce senior staff salaries: Reduce the salaries of senior managers.
- Review management structures: Reduce the number of managers and divert funds from management to frontline service delivery.
- Review administration resources: review and reduce the number of administrative posts in the Partnership.

- Shared services: work with other public sector services across Tayside to develop a shared services approach, especially for management and administrative functions.
- Reduce supplementary staffing: reduce the use of expensive agency and other supplementary staffing.
- Reduce single-use items: Reuse items like basins unless a patient has an infection to reduce waste.
- Charge for certain services: Charge for services like money management support and transport.
- Review referral and eligibility criteria: make sure that services are targeted towards those people who need them most.
- Review care packages: Regularly review care packages to ensure funds are used effectively.
- Increase community supports: Enhance community supports to prevent unnecessary hospital admissions.
- Charge for community alarms and adaptations: Raise charges for community alarms and adaptations in line with other areas in Scotland.
- Review procurement services: Ensure procurement services focus on purchasing items at the lowest possible cost.
- Improve efficiency in medication: Focus on reducing waste in medication and unnecessary prescriptions.
- Focus on legislative requirements: review and redirect funding currently spent on staff and services beyond minimum legal requirements.
- Digital transformation: use digital solutions to reduce paperwork and manual process and release more time for direct care.
- Shared IT systems: reduce the number of systems and allow multiple teams to access / use the same information and records.
- External funding: seek more funding from external sources, rather than internal savings.
- Income generation: explore opportunities for social enterprises or partnership funding to generate additional revenue.
- Reduce administrative tasks: reduce the number of meetings, reports and other administrative tasks.

- Hybrid working: support more staff to work in hybrid way, reducing office and travel costs.
- Invest more in staff wellbeing: improve wellbeing supports for staff to help reduce staff absence levels.
- Voice: enhance the participation and voice of people with lived experience within the Partnership and the IJB.
- Transition planning: improve systems for early planning of transitions from children's to adult services.
- Delayed discharge: investigate and address the impact of failed hospital discharges.
- Stop interventions with low clinical value: stop providing services and treatments that have low clinical value.
- Enhance the role of the third sector: transfer the provision of more services to the third sector where they can deliver them at lower cost.
- Contract monitoring: improve contract monitoring process to ensure best value and contract compliance.
- Streamline pathways: review and simplify referral pathways to enable people to access the service they need directly, rather than having to be referred by a professional.

A range of detailed, service specific suggestions were also made which will be shared with the relevant service areas.

6.2 Question 46

Respondents were invited to provide any other feedback about the savings options put forward by officers and the impact they would have. 195 gave further feedback.

Many respondents restated their significant concerns about the potential negative impacts on vulnerable populations, emphasising the need for careful consideration of the consequences associated with proposed saving options. They said that further reductions to the IJB budget could result in dangerous living conditions for diverse communities in Dundee, leading to increased burnout among staff as they face criticism for inadequate services. Several respondents highlighted concerns regarding increased risk of harm and death. There was a strong view that while cost-saving measures are necessary, they should not come at the expense of those who rely on these essential services and should be evidence-based. Many respondents referenced the cost-of-living crisis and the potential for impacts on people to be compounded by this wider context.

Many respondents shared their fear that saving options will disproportionately affect those who are most in need, including older adults, individuals with mental health challenges and who have a learning disability, people with a disability and people struggling with drug and alcohol use. Several respondents expressed specific concerns regarding a reduction in support for carers leading to increased stress and burnout, ultimately leading to greater need for statutory services when unpaid carers reach crisis point. Concerns were also expressed regarding the economic impact of reduced support for unpaid carers, with some carers requiring to give up work and young carers having reduced opportunities for education and entrance into the job market. Some respondents highlighted that the proposals contradict the strategic plan of the IJB, could impact on compliance with legislative requirements and impact local delivery of policy promises made by the Scottish Government.

Several respondents shared both positive and negative examples of recent experiences of health and social care services in Dundee. A few respondents highlighted that had seen positive changes in community-based services over the last year and were concerned that savings would be a backwards step and undo progress that has been made.

Several respondents restated the importance of the role of the third sector, emphasising that cuts to these organisations would lead to a decline in vital community services and a loss of experienced and skilled staff. A few respondents expressed concern that a two-tier workforce will emerge for health and social care, with the third sector workforce bearing the impact of no funding uplifts to cover National Insurance changes and inflation, leading to redundancies and poorer terms and conditions whilst those in statutory services remain relatively protected.

The need for a focus on preventative care and support, often delivered in the third sector, was also highlighted. Respondents stated that without these important aspects of service provision pressure on statutory services would increase and result in higher costs due to emergency interventions, long-term care placements and hospital admissions. Many respondents stressed the importance of maintaining services that support individuals in their homes to prevent unnecessary hospital admissions.

The potential emotional impact on both service users and staff due to the proposed savings was a recurring theme. Many expressed feelings of deflation and concern for their own futures, as well as for the well-being of those they care for. Several respondents stated that the uncertainty surrounding budget savings creates anxiety among staff and service users alike, further complicating the delivery of care. Respondents also highlighted the potential for this to lead to further increases in absence and challenges in recruitment and retention of staff. Some respondents from the workforce stressed the need to focus on achieving savings via efficiencies, particularly removing duplication amongst services and processes. Others expressed significant frustration that there is a perception that they can continue to 'do more with less'. Several respondents advocated for early and open communication with

the workforce, service providers and the public both to manage the process of changes to services and mitigate the impacts of these changes.

Many respondents commented more broadly on the funding of health and social care services in Scotland. There was a focus on the need for additional investment to support changes in health and social care that will have preventative impacts and reduce the long-term costs of care and support. Several respondents highlighted specific concerns around the underfunding of social care services and the need for Government to prioritise investment.

7. Impacts for Specific Groups or Areas

The following charts show how respondents feel they would be impacted by the individual saving options included in the consultation. Charts are shown for respondents within protected characteristics groups, some socio-economic groups and by geographical area (ward) across the city.

The data presented is based on the following question, which was asked for each individual option: How would this option impact on you? A four-point scale was provided: No impact, low impact, medium impact and high impact.

Impact ratings were converted to a numerical value to allow an average rating to be calculated. Scores in the range:

- 0 - 1 represent no impact
- 1.1 - 2 represent low impact
- 2.1 – 3 represent medium impact
- 3.1 – 4 represent high impact.

‘Prefer not to answer’ responses were excluded prior to the calculation of average impact ratings.

Each of the individual charts compare the average impact rating for the specific group with the average impact rating for all individual respondents. For example, the average for all those who stated that they had a disability is compared with the total average response from all individual respondents to that option. Each chart also shows the difference between the two averages, with the options then being shown ordered from highest average impact to lowest average impact for the specific population group (left to right).

It should be noted that response rates for some specific population groups were low and are therefore not representative. Other sources of information will be used, alongside the consultation findings, to assess the equality impacts of saving options. An Integrated Impact Assessment, covering both equality and fairness groups, will be published by the IJB for each saving option.

7.1 Summary of Highest Ranked Impacts for Specific Groups

The table below summarises the saving options that each specific population group ranked as having the highest average impact. The savings with the 3 highest impact ratings are included – for some specific groups more than one saving option had the same average impact score, where this is the case all savings options with that score are included.

Chart 33: Summary of highest ranked impacts for specific groups

	Highest ranked by average impact		
	Key: High Impact Medium Impact		
Equality or Fairness Group	1	2	3
TOTAL INDIVIDUAL SAMPLE	Third Sector	Flexibility	MfE and PEOLC ²
Disability	Third Sector	Flexibility	Homeopathy
Sex - female	Third Sector	Flexibility	MfE and PEOLC
Sex - male	Third Sector	Flexibility	MfE and PEOLC
Pregnancy and maternity	Not available due to small numbers		
Gender reassignment	Not available due to small numbers		
Religion or belief - with religion or belief	Flexibility	Third Sector	Homeopathy
Religion or belief - no religion or belief	Third Sector	Flexibility	Care Home placements Digital technology MfE and PEOLC
Religion or belief - Christian, Church of Scotland or Roman Catholic	Flexibility Third Sector	MfE and PEOLC Homeopathy	Care Home placements
Religion or belief – other religion or belief	Homeopathy	Third Sector	Flexibility
Married or civil partnership	Third Sector	Flexibility	MfE and PEOLC Homeopathy
Age - under 25	Not available due to small numbers		
Age - 25-64	Third Sector	Flexibility	Care Home MfE and PEOLC Homeopathy
Age - 65+	Homeopathy	Third Sector	Flexibility
Sexual Orientation - straight / heterosexual	Third Sector	Flexibility	Homeopathy MfE and PEOLC
Sexual orientation - gay or lesbian	Third Sector	Flexibility	Care Home placements
Sexual orientation - bisexual or other	Third Sector	Flexibility	Care Home placements Chargeable social care services

² Medicine for the Elderly and Palliative and End of Life Care

	Highest ranked by average impact		
	Key: High Impact Medium Impact		
Equality or Fairness Group	1	2	3
TOTAL INDIVIDUAL SAMPLE	Third Sector	Flexibility	MfE and PEOLC ²
Race - White Scottish / Other British / Irish	Third Sector	Flexibility	MfE and PEOLC
Race - White Eastern European / White Other	Homeopathy	Flexibility	Third Sector
Race - Black and Minority Ethnic Groups	Third Sector	Flexibility Homeopathy	MfE and PEOLC Reserves
Unpaid care	Third Sector	Flexibility	MfE and PEOLC Chargeable social care services
Resident in Dundee	Third Sector	Flexibility	MfE and PEOLC
SIMD³ 1 and 2	Third Sector	Flexibility	MfE and PEOLC
SIMD 4 and 5	Third Sector	Flexibility	MfE and PEOLC Digital
LCPP⁴ - Coldsides	Third Sector	Flexibility	MfE and PEOLC Chargeable social care services
LCPP - East End	Third Sector	Flexibility	Care Home
LCPP - Lochee	Flexibility Third Sector	Digital technology	Reserves
LCPP - Maryfield	Third Sector	Flexibility	MfE and PEOLC
LCPP - North East	Third Sector	Flexibility	Chargeable social care services
LCPP - Strathmartine	Third Sector	Flexibility	Care Home placements
LCPP - The Ferry	Third Sector	Flexibility MfE and PEOLC	Digital technology
LCPP - West End	Third Sector	Flexibility	MfE and PEOLC

More information on impact ratings for specific groups is provided in the sections below.

³ Scottish Index of Multiple Deprivation

⁴ Local Community Planning Partnership (electoral ward)

7.2 Summary of Variation from Average Impact for Specific Groups

The table below summarises the variation between the average impact score for the specific group and that of the whole sample of individual respondents. Negative numbers (highlighted in green) indicate the saving option has a lesser impact for the specific group than the whole sample of individual respondents. Positive numbers (highlighted in red) indicate the saving option has a greater impact for the specific group than the whole sample of individual respondents. Variations of 1 point or more are considered to be significant. The total sample size for each specific group is also provided – caution should be applied when consider variation for specific groups with a low sample size.

Sample sizes provided represent the total number of respondents who identified as belonging to specific groups through the questions in Section 1 of the survey. Not all respondents provided impact options for all saving options. Average impact ratings were calculated after respondents who ‘preferred not answer’ were excluded ; the number of respondents excluded varied for each saving option.

Chart 34: Summary of variation between average impact for specific groups and that of the whole sample of individual respondents

Equality or Fairness Group	Sample Size	Flexibility	Care Home Placements	Third Sector	MfE and PEOLC ⁵	Reserves	Chargeable Social Care Services	Homeopathy	Community Meals Service	Digital Technology	Housing with Care
TOTAL INDIVIDUAL SAMPLE	482	2.8	2.2	2.9	2.3	2.1	2.1	2.3	1.9	2.2	1.9
Disability	91	0.2	-0.2	0.2	0	0	0.2	-0.2	-0.1	0	-0.1
Sex - female	333	0	0.1	0	0.1	0	0	0	0.1	0	0.1
Sex - male	125	-0.3	-0.1	-0.2	-0.2	-0.1	-0.1	-0.1	-0.1	-0.2	-0.1
Pregnancy and maternity	4	Not available due to small numbers									
Gender reassignment	1	Not available due to small numbers									
Religion or belief - with religion or belief	221	0	0.1	-0.1	0.1	0.1	0	0.3	0.1	-0.1	0.1

⁵ Medicine for the Elderly and Palliative and End of Life Care

Equality or Fairness Group	Sample Size	Flexibility	Care Home Placements	Third Sector	MfE and PEOLC ⁵	Reserves	Chargeable Social Care Services	Homeopathy	Community Meals Service	Digital Technology	Housing with Care
TOTAL INDIVIDUAL SAMPLE	482	2.8	2.2	2.9	2.3	2.1	2.1	2.3	1.9	2.2	1.9
Religion or belief - no religion or belief	201	-0.1	0	0	-0.1	-0.1	0	-0.4	-0.1	0	0
Religion or belief - Christian, Church of Scotland or Roman Catholic	188	0	0.1	-0.1	0.1	0.1	0	0.1	0.1	-0.1	0
Religion or belief – other religion or belief	32	-0.1	-0.4	-0.1	0.3	0.2	0	1	0.3	-0.1	0.5
Married or civil partnership	254	-0.1	0	0	0	0	0	0.1	0	0	0

Equality or Fairness Group	Sample Size	Flexibility	Care Home Placements	Third Sector	MfE and PEOLC ⁵	Reserves	Chargeable Social Care Services	Homeopathy	Community Meals Service	Digital Technology	Housing with Care
TOTAL INDIVIDUAL SAMPLE	482	2.8	2.2	2.9	2.3	2.1	2.1	2.3	1.9	2.2	1.9
Age - under 25	3	Not available due to small numbers									
Age - 25-64	386	0	0.1	0	0	0	0	-0.2	0	-0.1	0
Age - 65+	75	-0.3	-0.1	-0.2	-0.1	-0.1	0	0.7	-0.2	0.1	0
Sexual Orientation - straight / heterosexual	383	-0.1	0	-0.1	0	0	0	0	0	0	0
Sexual orientation - gay or lesbian	22	-0.3	-0.1	-0.3	-0.3	-0.3	-0.2	-0.3	-0.2	-0.5	-0.3

Equality or Fairness Group	Sample Size	Flexibility	Care Home Placements	Third Sector	MfE and PEOLC ⁵	Reserves	Chargeable Social Care Services	Homeopathy	Community Meals Service	Digital Technology	Housing with Care
TOTAL INDIVIDUAL SAMPLE	482	2.8	2.2	2.9	2.3	2.1	2.1	2.3	1.9	2.2	1.9
Sexual orientation - bisexual or other	13	0.3	0.2	0.4	-0.1	-0.3	0.3	-0.6	-0.2	-0.7	-0.1
Race - White Scottish / Other British / Irish	397	-0.1	0	0	0	0	0	-0.1	0	0	0
Race - White Eastern European / White Other	19	0.2	-0.2	-0.4	-0.3	-0.4	-0.1	0.9	0	-0.3	-0.2

Equality or Fairness Group	Sample Size	Flexibility	Care Home Placements	Third Sector	MfE and PEOLC ⁵	Reserves	Chargeable Social Care Services	Homeopathy	Community Meals Service	Digital Technology	Housing with Care
TOTAL INDIVIDUAL SAMPLE	482	2.8	2.2	2.9	2.3	2.1	2.1	2.3	1.9	2.2	1.9
Race - Black and Minority Ethnic Groups	43	0.1	0.5	0.1	0.5	0.7	0.4	0.6	0.4	0.3	0.7
Unpaid care	201	0	0	0.2	0	0	0.2	-0.2	0	0	0.1
Resident in Dundee	285	-0.1	0	0	0	0	0	-0.6	0	-0.1	0
SIMD ⁶ 1 and 2		-0.2	0.1	0	-0.1	-0.1	0	-0.8	-0.1	-0.3	-0.1
SIMD 4 and 5		-0.2	-0.3	-0.1	-0.1	-0.1	-0.1	-0.6	-0.2	0	-0.1
LCPP ⁷ - Coldside	18	-0.2	-0.4	0.2	-0.2	-0.4	0	-1.2	-0.3	-0.3	-0.3
LCPP - East End	27	-0.2	0.2	-0.2	0	-0.2	0	-0.8	0.3	-0.4	-0.1
LCPP - Lochee	28	-0.1	-0.2	-0.2	0	0.3	-0.1	-0.6	-0.1	0.3	-0.2

⁶ Scottish Index of Multiple Deprivation

⁷ Local Community Planning Partnership (electoral ward)

Equality or Fairness Group	Sample Size	Flexibility	Care Home Placements	Third Sector	MfE and PEOLC ⁵	Reserves	Chargeable Social Care Services	Homeopathy	Community Meals Service	Digital Technology	Housing with Care
TOTAL INDIVIDUAL SAMPLE	482	2.8	2.2	2.9	2.3	2.1	2.1	2.3	1.9	2.2	1.9
LCPP - Maryfield	34	0	0	0.1	0.1	-0.1	-0.2	-0.5	-0.1	-0.5	-0.2
LCPP - North East	23	-0.2	-0.1	0.2	-0.3	-0.2	0.3	-0.6	-0.1	-0.6	-0.3
LCPP - Strathmartine	34	0	0.1	0	-0.2	-0.2	0	-0.7	-0.1	0	0.3
LCPP - The Ferry	46	-0.3	0.1	-0.1	0.2	0	0	-0.3	0	0.2	0.1
LCPP - West End	30	-0.1	-0.2	0.2	0	-0.1	-0.1	-0.8	0	-0.1	0

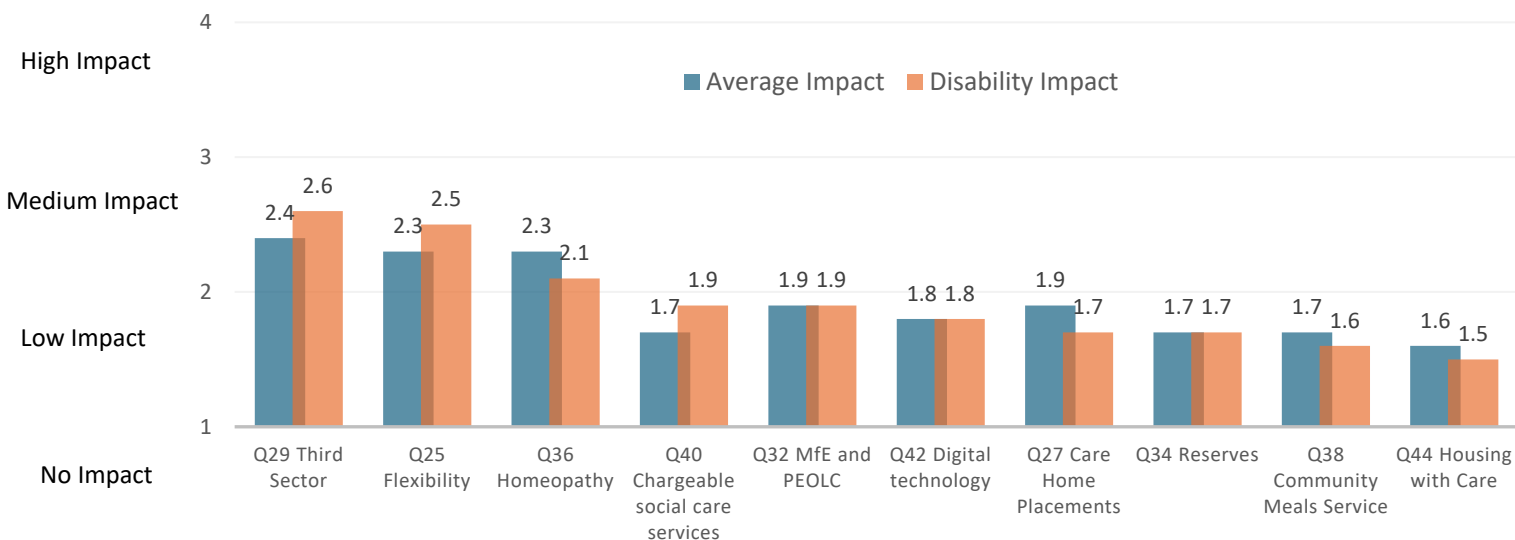
More information on saving options with a variation of 0.5 or more can be found in the sections below.

7.3 Protected Characteristics

7.3.1 Disability

(Sample: 91 (18.88%) respondents consider themselves to have a disability.)

Chart 35: Average impact for respondents who selected that they have a disability



The saving options with the highest average impact rating for people who stated that they have a disability were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.6 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.5 – medium).
- Closing the Homeopathy Service for Tayside (2.1 – medium).

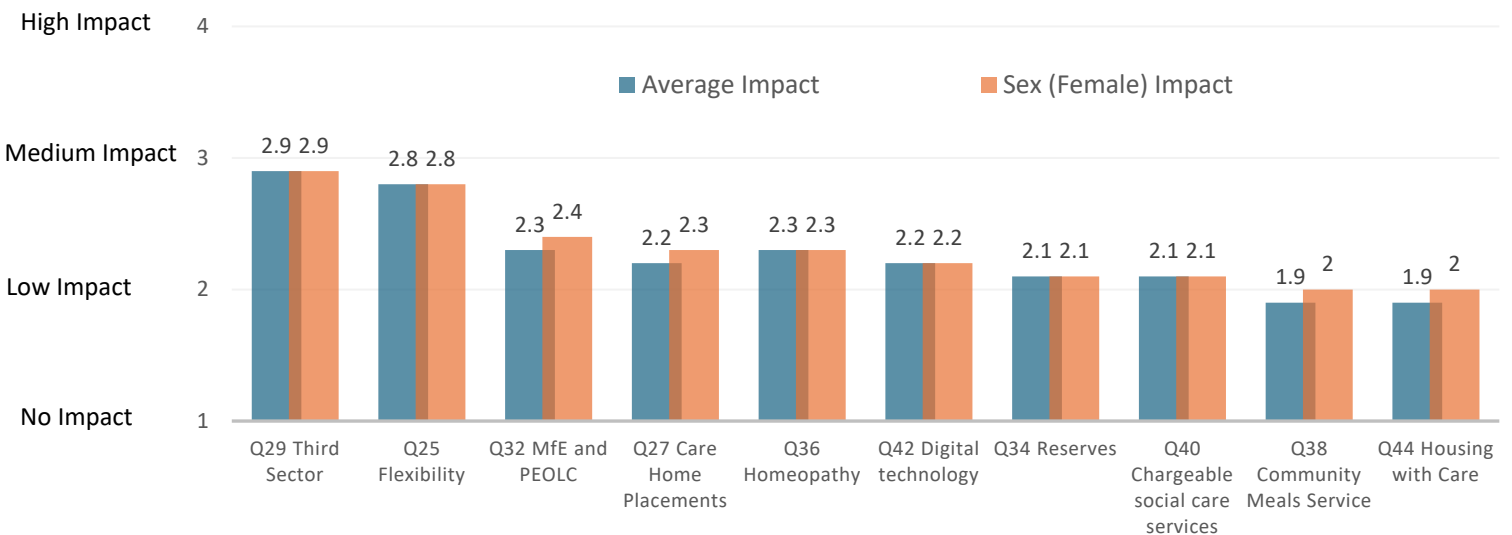
There were no saving options with differences in average impact rating between people who stated that they have a disability and the overall individual survey sample average of 0.5 or more.

7.3.2 Sex

(Sample: 333 (69%) of respondents were female and 125 (26%) were male.)

Females

Chart 36: Average impact for female respondents



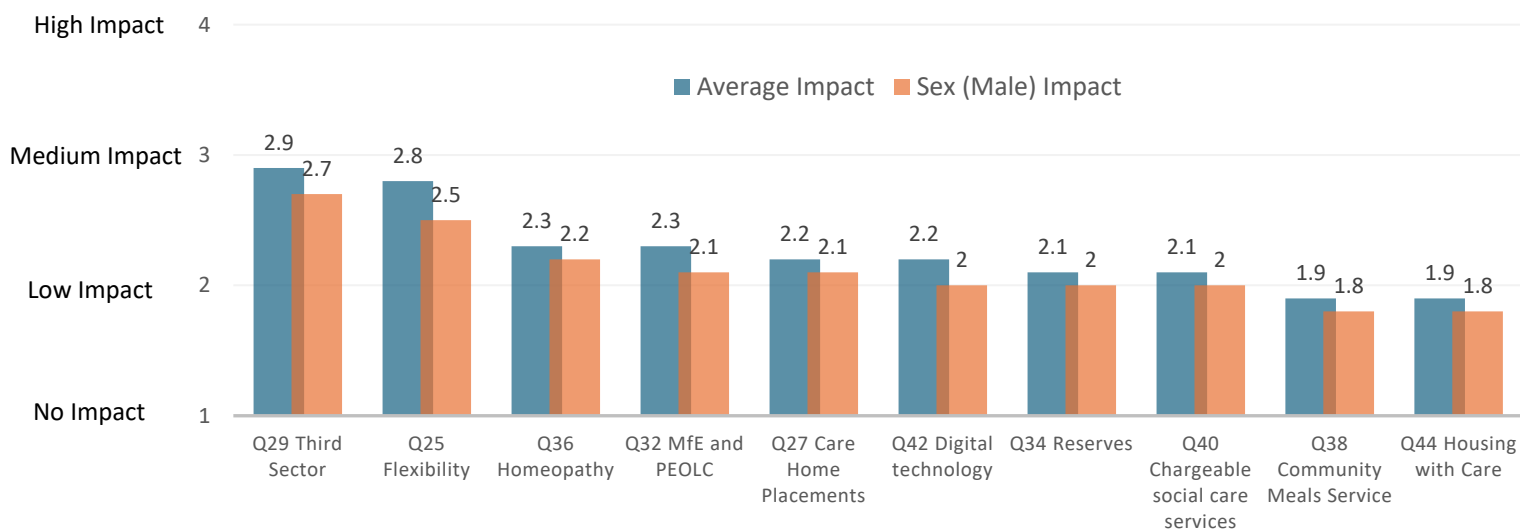
The saving options with the highest average impact rating for females were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.9 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.8 - medium).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home (2.4 - medium).

There were no saving options with differences in average impact rating between females and the overall individual survey sample average of 0.5 or more.

Males

Chart 37: Average impact for male respondents



The saving options with the highest average impact rating for males were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.7 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.5 - medium).
- Closing the Homeopathy Service for Tayside and reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home (both 2.3 - medium).

There were no saving options with differences in average impact rating between males and the overall individual survey sample average of 0.5 or more.

7.3.3 Gender reassignment

Unable to further analyse due to small numbers.

Sample: 1 (0.2%) respondent considered themselves to be trans or to have a trans history.

7.3.4 Being pregnant or on maternity leave

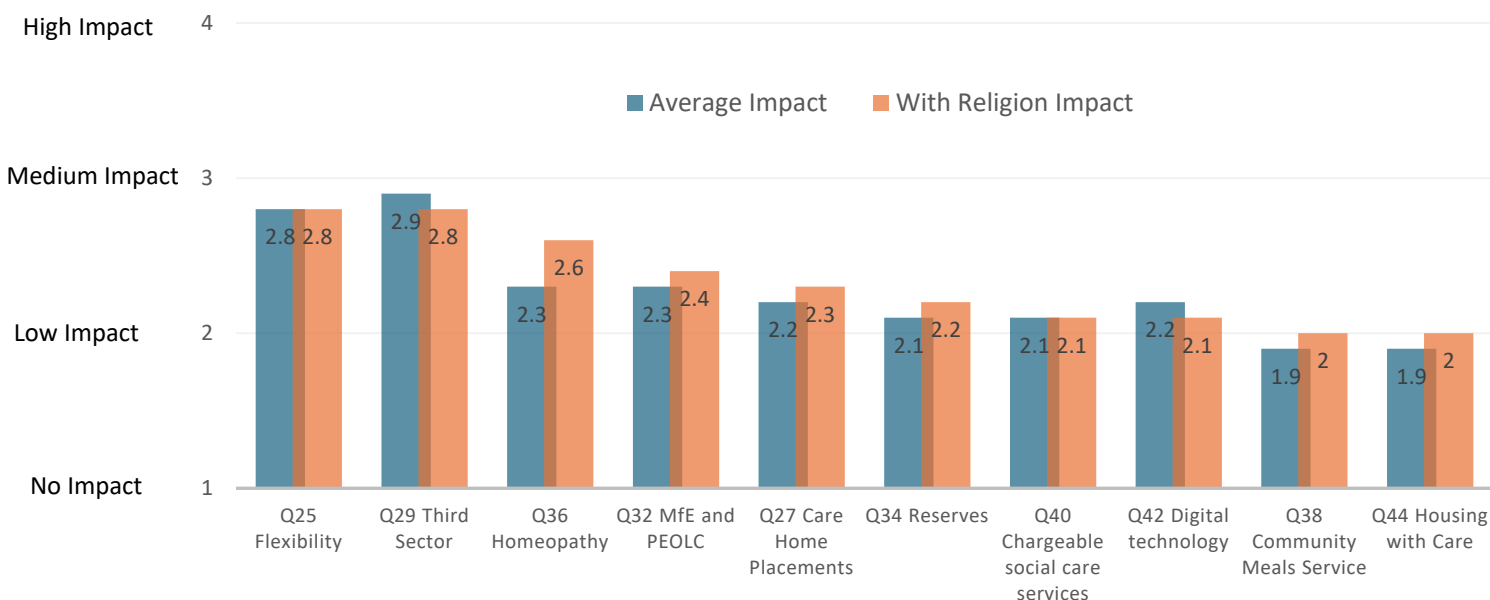
Unable to further analyse due to small numbers.

Sample: 4 (0.8%) respondents were pregnant or on maternity leave.

7.3.5 Religion or belief

(Sample: 221 (45.85%) respondents consider themselves to have a religion or belief; 201 (41.7%) to have no religion or belief; 188 (39.01%) to be Christian, Church of Scotland or Roman Catholic, and 32 (6.63%) to have a religion or belief other than Christian, Church of Scotland or Roman Catholic.)

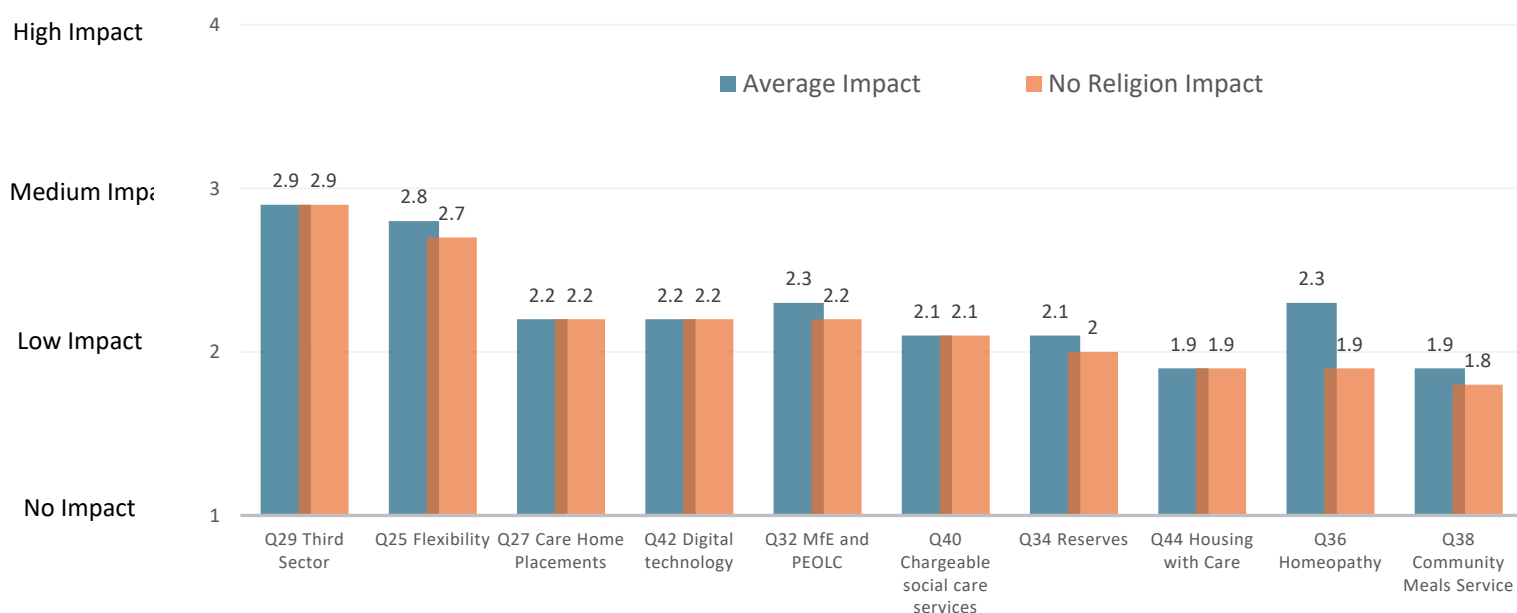
Chart 38: Average impact for respondents with religion or belief



The saving options with the highest average impact rating for people who stated they have a religion or belief were:

- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.8 - medium).
- Reducing the amount of funding that the IJB provides to the Third Sector (2.8 – medium).
- Closing the Homeopathy Service for Tayside (2.6 - medium).

There were no saving options with differences in average impact rating between people who consider themselves to have a religion or belief and the overall individual survey sample average of 0.5 or more.

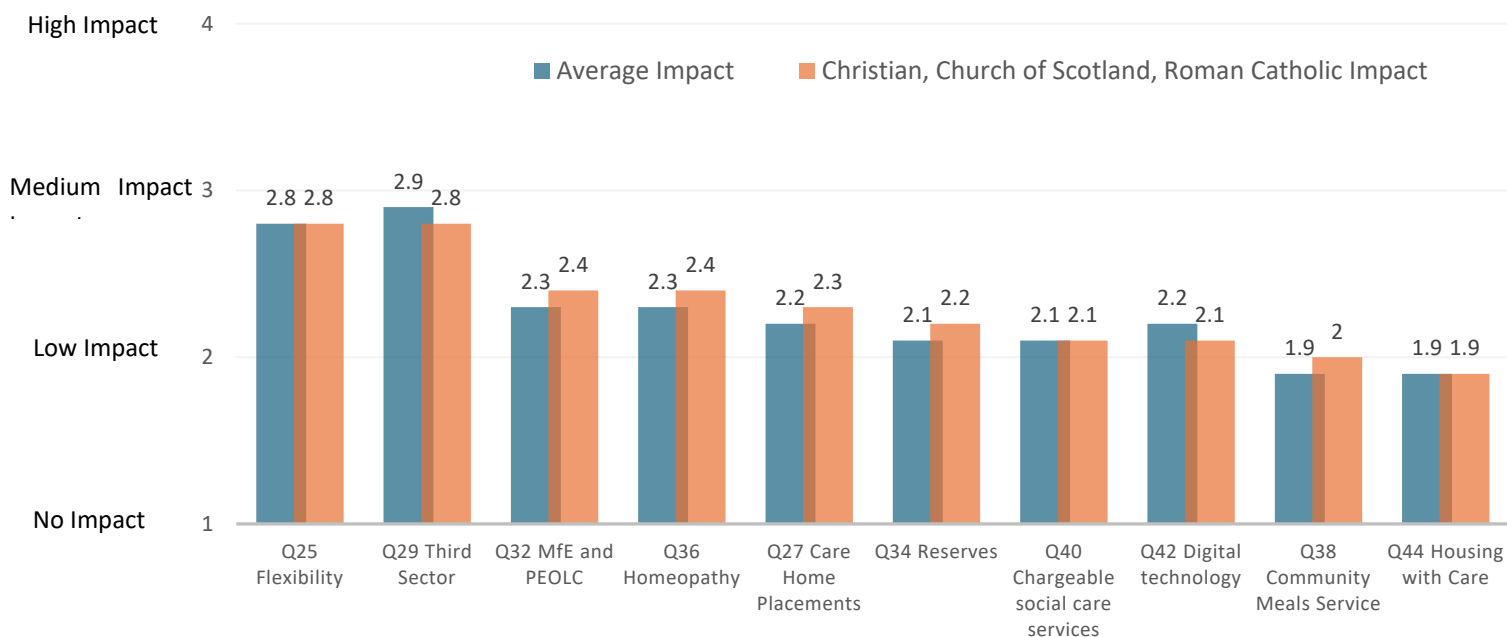
Chart 39: Average impact for respondents with no religion or belief

The saving options with the highest average impact rating for people who stated they have no religion or belief were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.9 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.7 - medium).
- Reducing the number of care home placements the Partnership purchases from the independent (private) sector, working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services and reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home (all 2.6 - medium).

There were no saving options with differences in average impact rating between people who consider themselves to have no religion or belief and the overall individual survey sample average of 0.5 or more.

Chart 40: Average impact for respondents with Christian, Church of Scotland or Roman Catholic religion

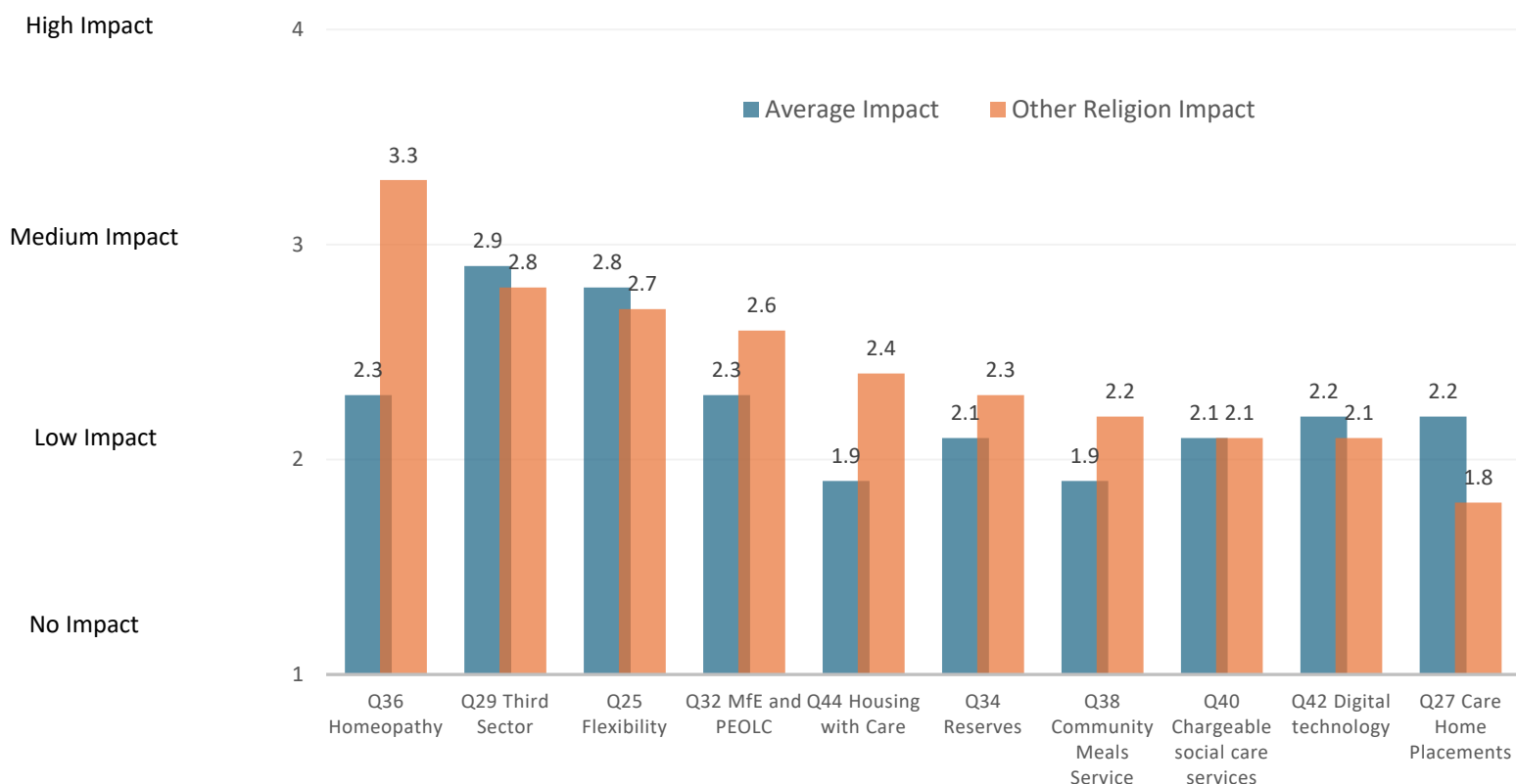


The saving options with the highest average impact rating for people who consider themselves to be Christian, Church of Scotland or Roman Catholic were:

- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year and reducing the amount of funding that the IJB provides to the Third Sector (both 2.8 – medium).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home and closing the Homeopathy Service for Tayside (both 2.4 – medium).
- Reducing the number of care home placements the Partnership purchases from the independent (private) sector (2.3 - medium).

There were no saving options with differences in average impact rating between people who consider themselves to be Christian, Church of Scotland or Roman Catholic and the overall individual survey sample average of 0.5 or more.

Chart 41: Average impact for respondents with religion or belief other than Christian, Church of Scotland or Roman Catholic



The saving options with the highest average impact rating for people who consider themselves to have a religion or belief other than Christian, Church of Scotland or Roman Catholic were:

- Closing the Homeopathy Service for Tayside (3.3 – high).
- Reducing the amount of funding that the IJB provides to the Third Sector (2.8 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.7 - medium)

The saving options with differences in average impact rating between people who consider themselves to have a religion or belief other than Christian, Church of Scotland or Roman Catholic and the overall individual survey sample average of 0.5 or more were:

- Saving options where impact was higher:
 - Closing the Homeopathy Service for Tayside (1.0 difference).
 - Changing the model of service provision for housing with care (0.5 difference).

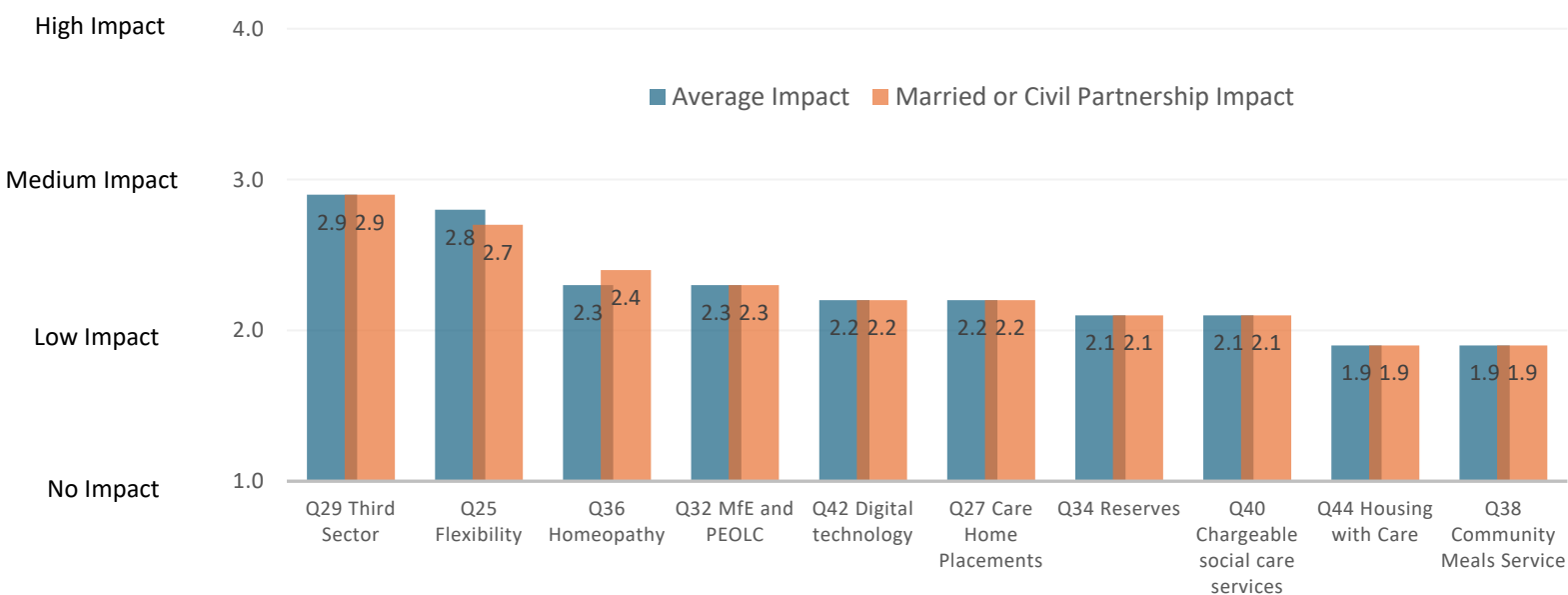
The 1-point difference between the average impact rating for Closing the Homeopathy Service for Tayside is considered to be significant, however caution should be applied due

to the low number (32) in the sample of people who consider themselves to have a religion or belief other than Christian, Church of Scotland or Roman Catholic .

7.3.6 Being married or in a civil partnership

(Sample: 254 (52%) respondents were married or in a civil partnership.)

Chart 42: Average impact for respondents who are married or in a civil partnership



The saving options with the highest average impact rating for people who are married or in a civil partnership were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.9 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.7 – medium)
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home and closing the Homeopathy Service for Tayside (2.4 – medium).

There were no saving options with differences in average impact rating between people who are married or in a civil partnership and the overall individual survey sample average of 0.5 or more.

7.3.7 Age

These have been split into three groups which reflect the age bandings used by National Records for Scotland (NRS) when reporting the annual mid-year estimates. (Sample: 386 (80%) respondents were aged 25 to 64 years and 75 (16%) aged 65 years and over.)

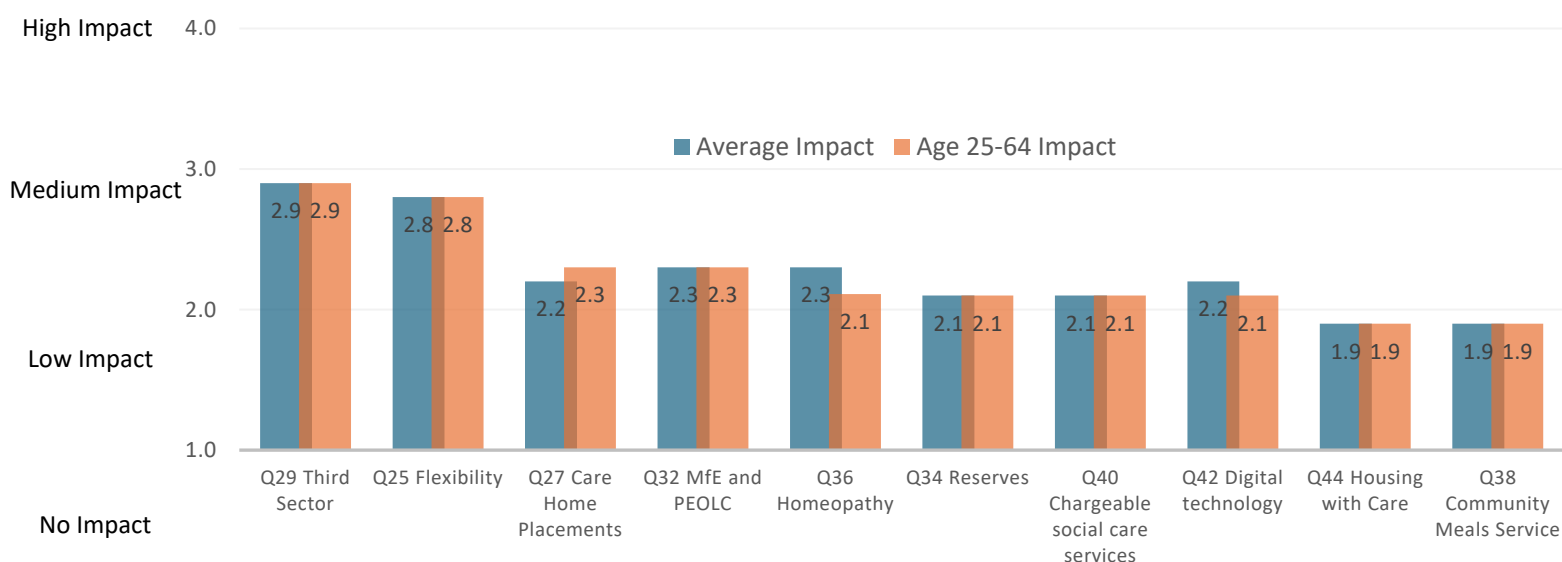
Age Under 25

Unable to further analyse due to small numbers.

Sample: 3 (1%) respondents were aged under 25 years.

Age 25 – 64

Chart 43: Average impact for respondents aged 25-64 years



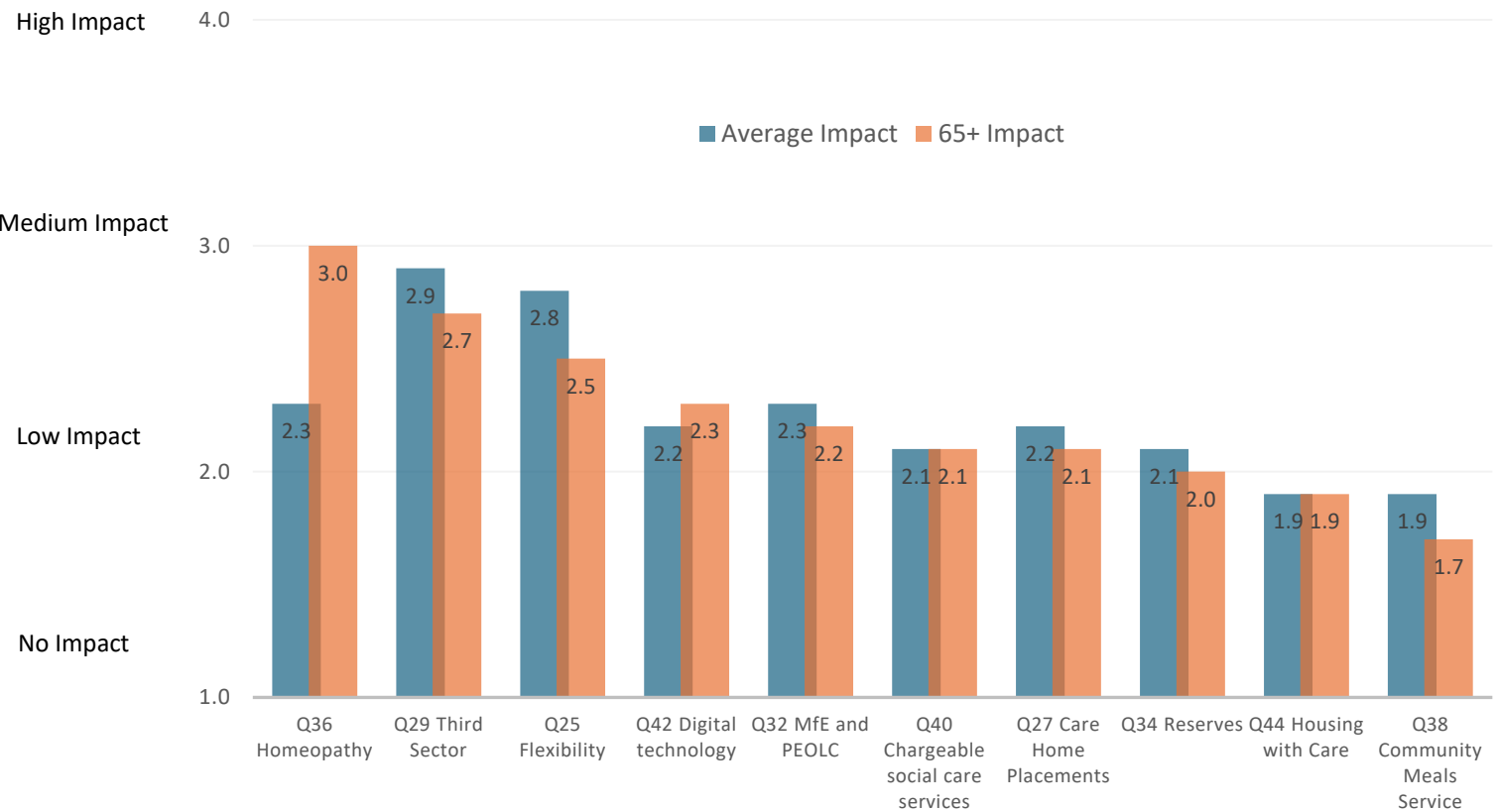
The saving options with the highest average impact rating for people aged 25 – 64 were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.9 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.8 – medium)
- Reducing the number of care home placements the Partnership purchases from the independent (private) sector and reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home and closing the Homeopathy Service for Tayside (all 2.3 – medium).

There were no saving options with differences in average impact rating between people aged 25-64 years and the overall individual survey sample average of 0.5 or more.

Age 65+

Chart 44: Average impact for respondents aged 65+ years



The saving options with the highest average impact rating for people aged 65 and over were:

- Closing the Homeopathy Service for Tayside (3.0 – high).
- Reducing the amount of funding that the IJB provides to the Third Sector (2.7 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.5– medium).

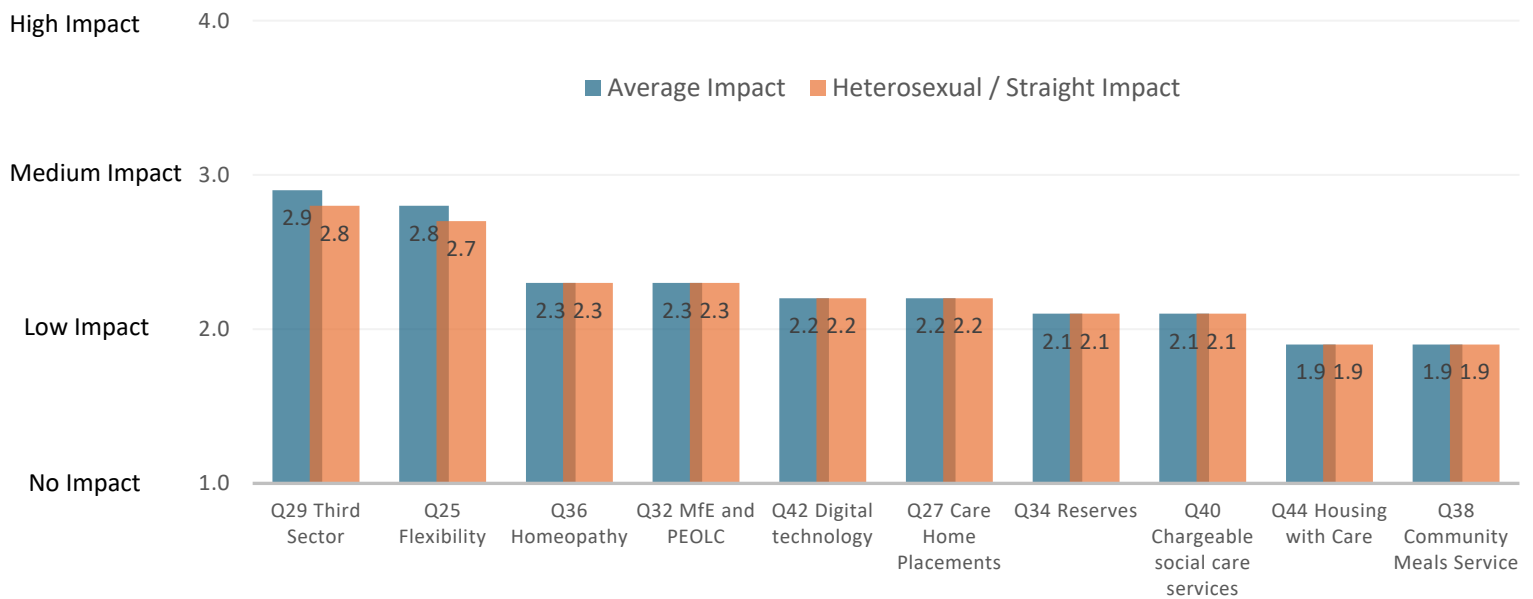
The saving options with differences in average impact rating between people aged 65 and over and the overall survey sample average of 0.5 or more were:

- Saving options where impact was higher:
 - Closing the Homeopathy Service for Tayside (0.7 difference).

This difference is not considered to be significant.

7.3.8 Sexual Orientation

(Sample: 383 (79.46%) respondents were heterosexual / straight; 22 (4.56%) gay or lesbian; 13 (2.7%) bisexual or queer.)

*Heterosexual / Straight***Chart 45:** Average impact for respondents who are heterosexual or straight

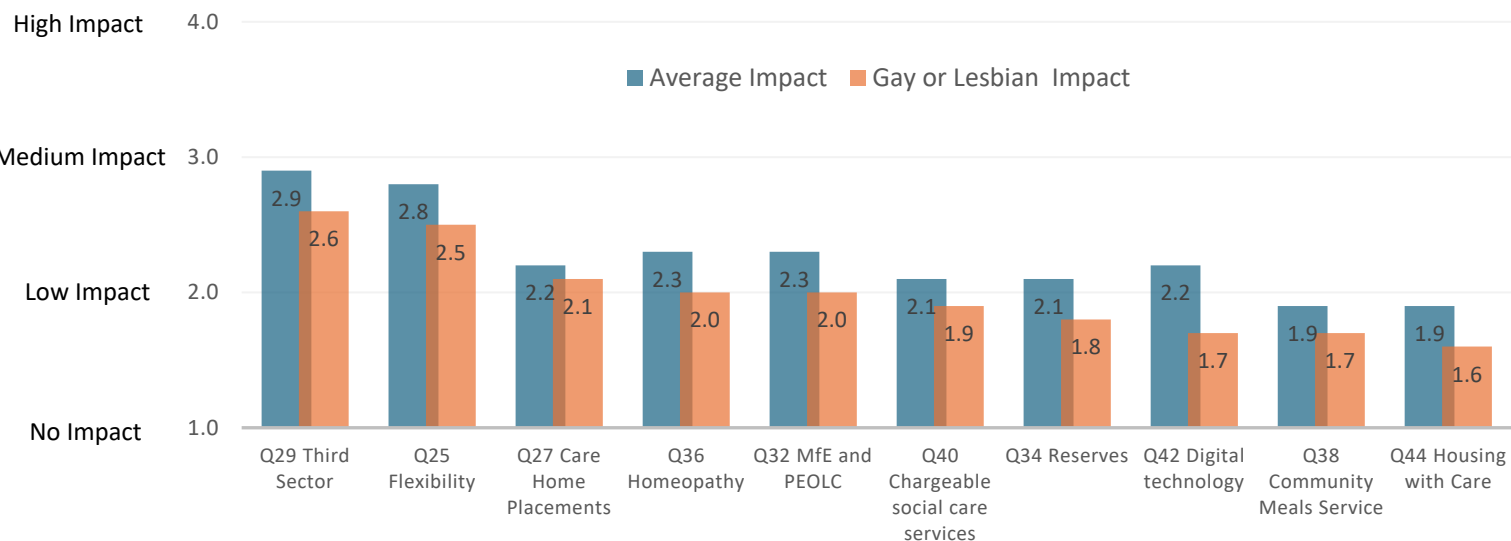
The saving options with the highest average impact rating for people who stated that they are heterosexual / straight were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.8 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.7– medium).
- Closing the Homeopathy Service for Tayside and reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home (2.3 – medium).

There were no saving options with differences in average impact rating between people who stated they are heterosexual / straight and the overall individual survey sample average of 0.5 or more.

Gay or Lesbian

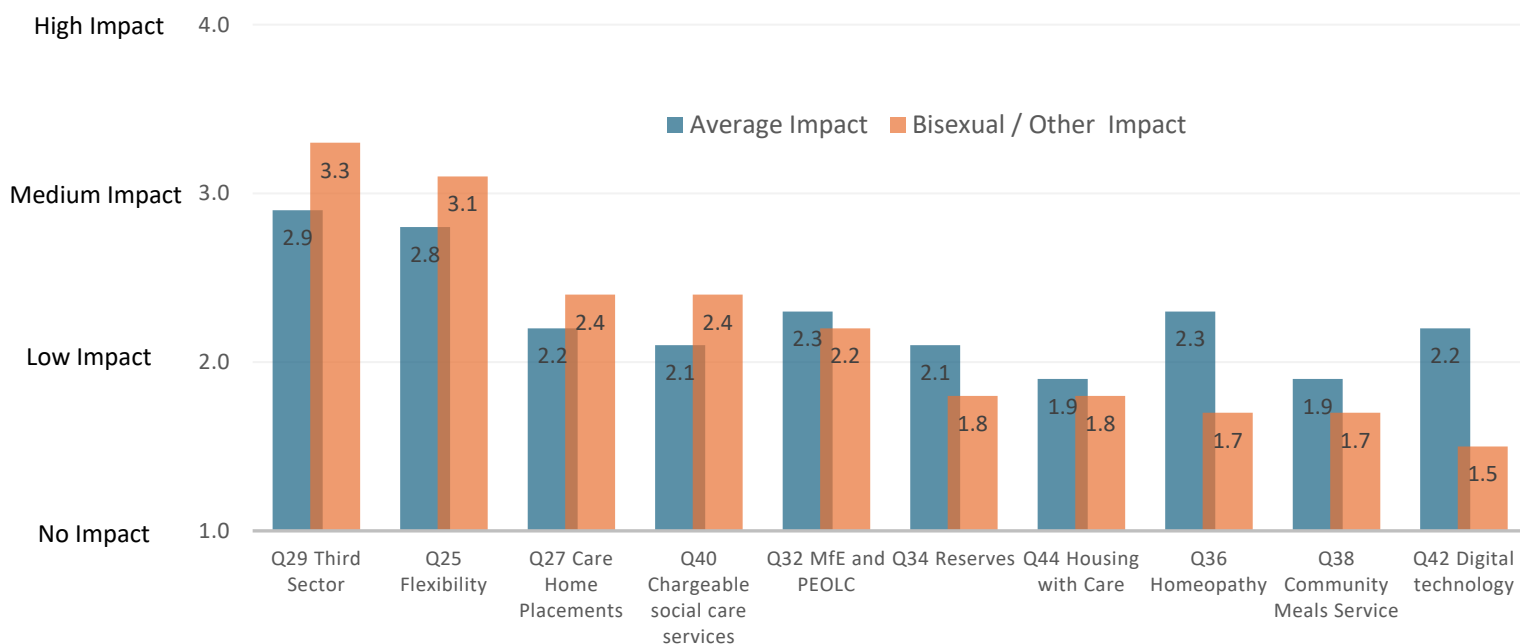
Chart 46: Average impact for respondents who are gay or lesbian



The saving options with the highest average impact rating for people who stated that they are gay or lesbian were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.6 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.5– medium).
- Reducing the number of care home placements the Partnership purchases from the independent (private) sector (2.1 – medium).

There were no saving options with differences in average impact rating between people who stated they are gay or lesbian and the overall individual survey sample average of 0.5 or more.

*Bisexual / Other***Chart 47:** Average impact for respondents who are bisexual or queer

The saving options with the highest average impact rating for people who stated that they are bisexual or queer were:

- Reducing the amount of funding that the IJB provides to the Third Sector (3.3 – high).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (3.1– high).
- Reducing the number of care home placements the Partnership purchases from the independent (private) sector and working with Dundee City Council to maximise the income from chargeable social care services (subject to financial assessment) (2.4 – medium).

The saving options with differences in average impact rating between people who stated that they are bisexual or queer and the overall survey sample average were:

- Saving options where impact was lower:
 - Working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services (0.7 difference).
 - Closing the Homeopathy Service for Tayside (0.6 difference).

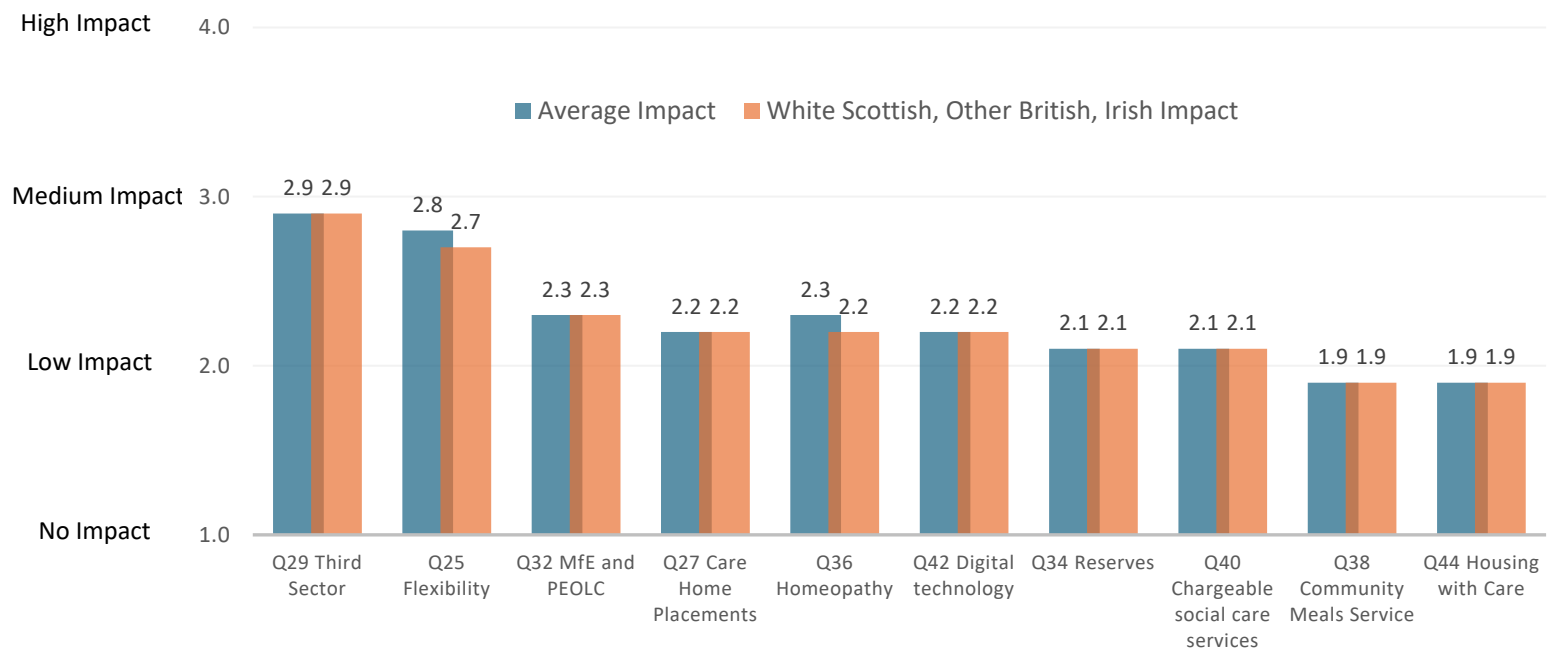
None of these differences are considered to be significant.

7.3.9 Race

(Sample: 397 (82.37%) respondents were white Scottish / other British / Irish; 19 (3.94%) white Eastern European / white other; 43 (8.91%) from Black and minority ethnic groups.)

White Scottish / Other British / Irish

Chart 48: Average impact for respondents with white Scottish, other British or Irish ethnicity



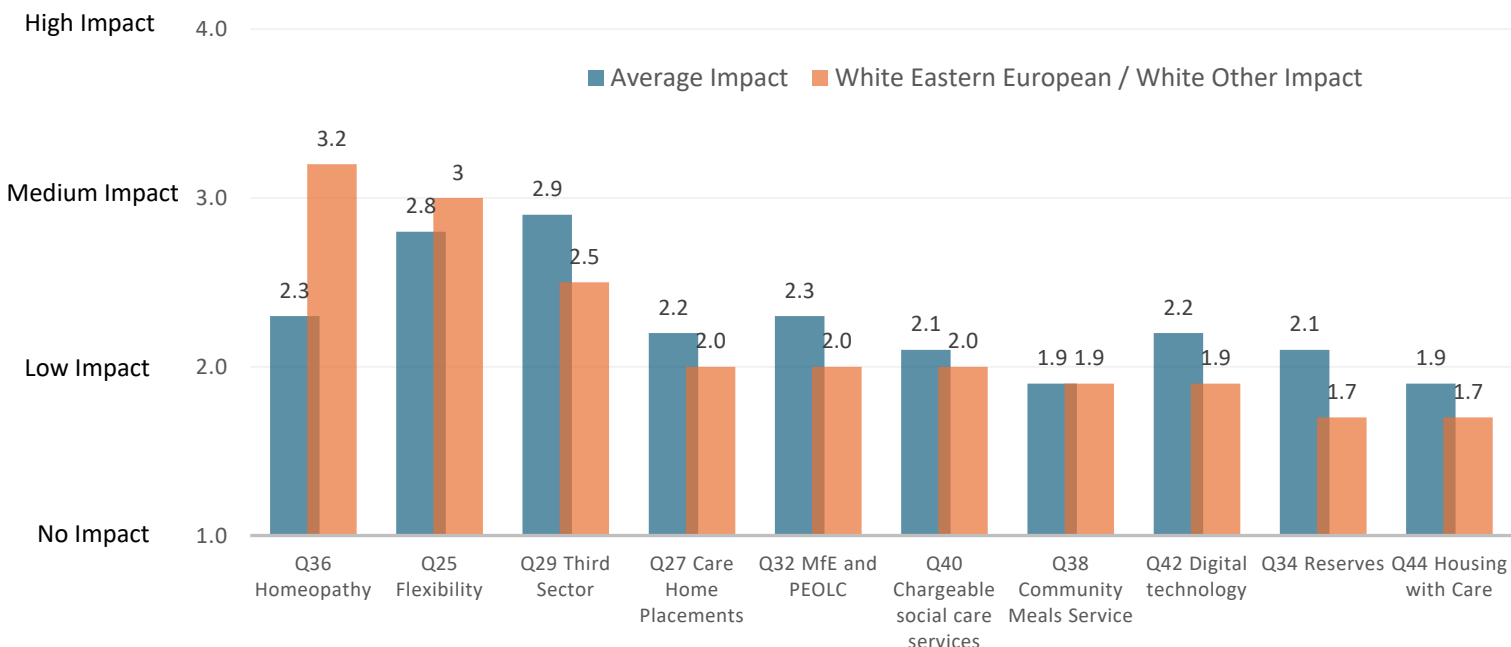
The saving options with the highest average impact rating for people who stated that they are white Scottish / other British / Irish were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.9 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.7– medium).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home (2.3 – medium).

There were no saving options with differences in average impact rating between people who stated that they are white Scottish / other British / Irish and the overall individual survey sample average of 0.5 or more.

White Eastern European / White Other

Chart 49: Average impact for respondents who have a white Eastern European or white other ethnicity



The saving options with the highest average impact rating for people who stated that they are white Eastern European / white other were:

- Closing the Homeopathy Service for Tayside (3.2 – high).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (3.0– high).
- Reducing the amount of funding that the IJB provides to the Third Sector (2.5 – medium).

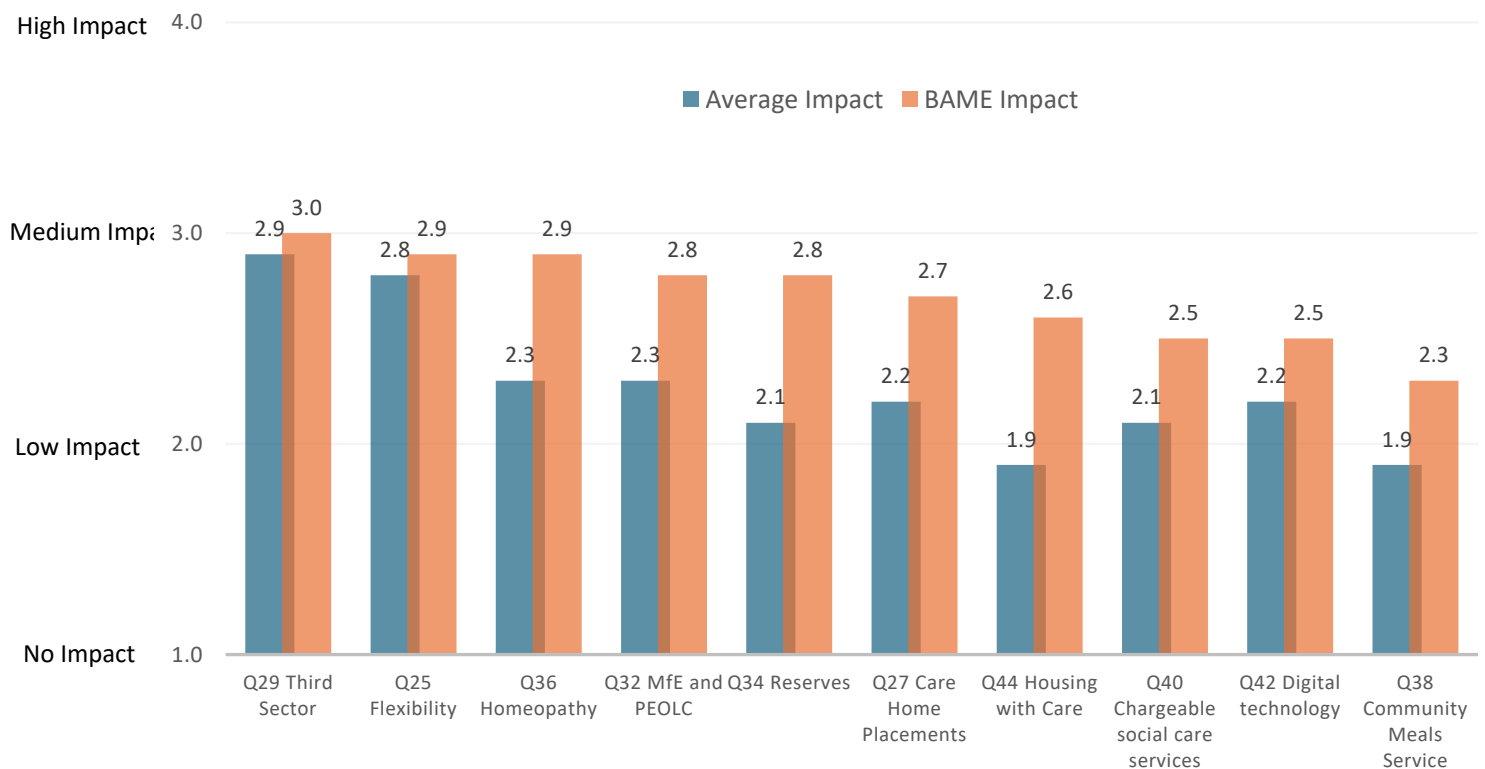
The saving options with differences in average impact rating between people who stated that they are white Eastern European / white other and the overall survey sample average of 0.5 or more were:

- Saving options where impact was higher:
 - Closing the Homeopathy Service for Tayside (0.9 difference).

This difference is not considered to be significant.

Black and Minority Ethnic

Chart 50: Average impact for respondents who are black or from a minority ethnic



The saving options with the highest average impact rating for people who stated that they are from Black and minority ethnic groups were:

- Reducing the amount of funding that the IJB provides to the Third Sector (3.0 – high).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year and closing the Homeopathy Service for Tayside (both 2.9 – medium).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home and reducing the amount of money the IJB has set aside in reserves to maximise the amount of funding available now to meet people’s current needs (2.8 – medium).

The saving options with differences in average impact rating between people who stated that they are from Black and minority ethnic groups and the overall survey sample average of 0.5 or more were:

- Saving options where impact was higher:
 - Changing the model of service provision for housing with care and reducing the amount of money the IJB has set aside in reserves to maximise the

amount of funding available now to meet people’s current needs (0.7 difference).

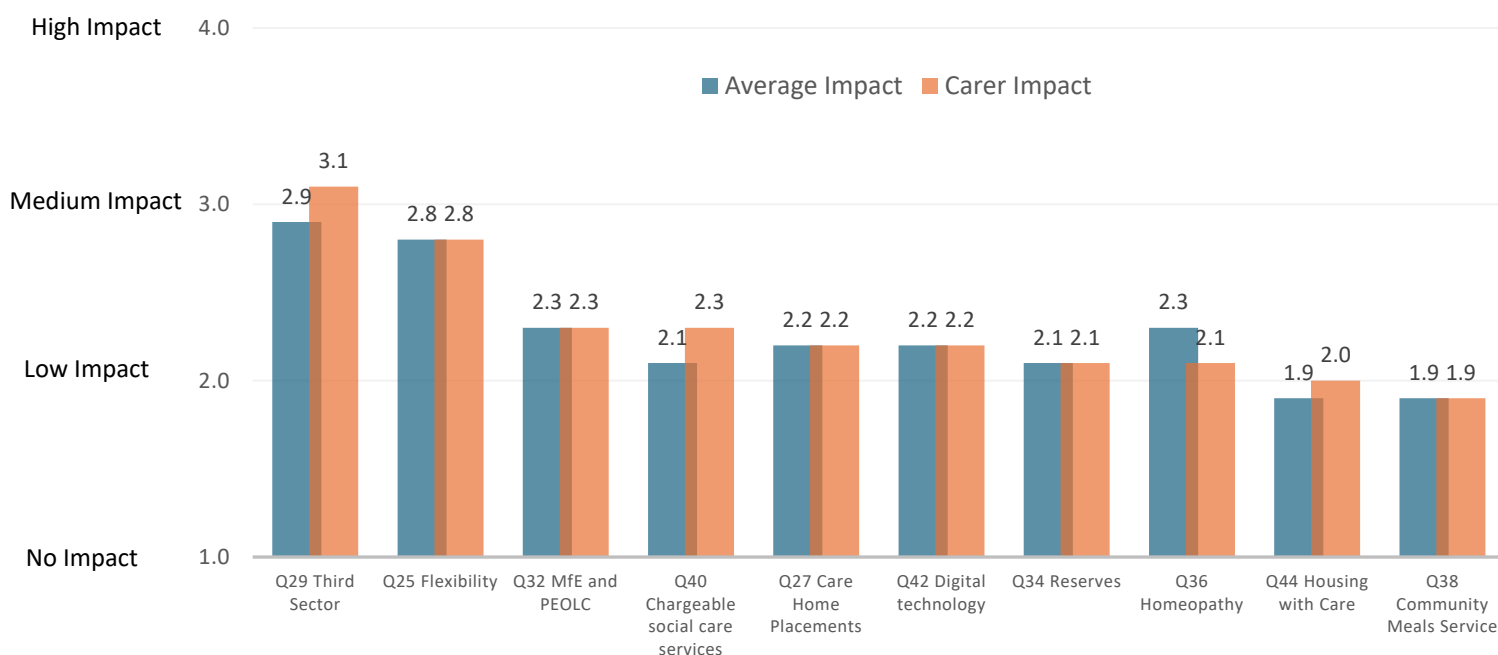
- Closing the Homeopathy Service for Tayside (0.6 difference).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home and reducing the number of care home placements the Partnership purchases from the independent (private) sector (0.5 difference).

None of these differences are considered to be significant.

7.3.10 Providing Unpaid Care

(Sample: 201 (42%) respondents considered themselves to be unpaid carers.)

Chart 51: Average impact for respondents who provide unpaid care



The saving options with the highest average impact rating for people who stated that they are an unpaid carer were:

- Reducing the amount of funding that the IJB provides to the Third Sector (3.1 – high).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.8 – medium).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home and working with Dundee

City Council to maximise the income from chargeable social care services (subject to financial assessment) (2.3 – medium).

There were no saving options with differences in average impact rating between people who stated that they are unpaid carers and the overall individual survey sample average of 0.5 or more.

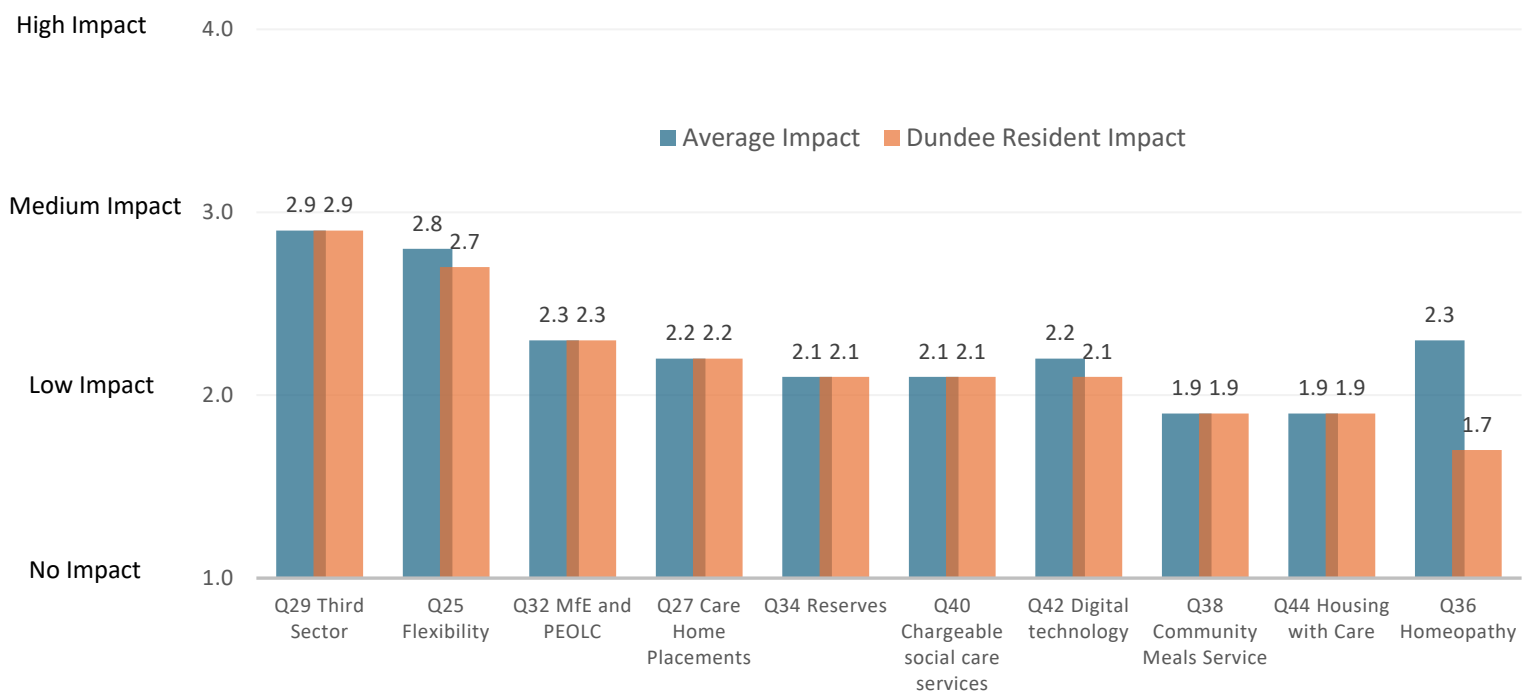
7.4 Socio Economic Groups

7.4.1 Geographic

Resident in Dundee

(Sample: 285 (59%) respondents were resident in Dundee.)

Chart 52: Average impact for respondents who reside in Dundee



The saving options with the highest average impact rating for people who stated that they reside in Dundee were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.9 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.7 – medium).

- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home (2.3 – medium).

The saving options with differences in average impact rating between people who stated that they reside in Dundee and the overall survey sample average of 0.5 or more were:

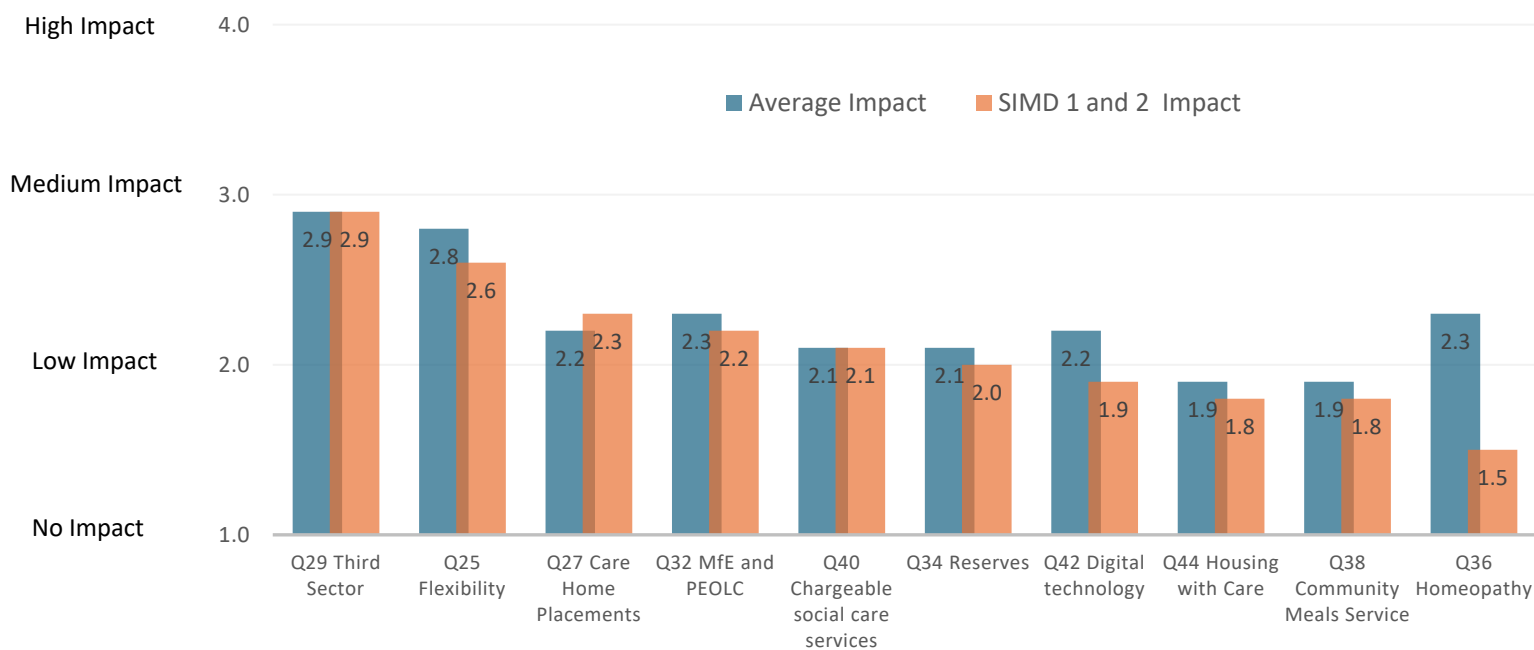
- Saving options where impact was lower:
 - Closing the Homeopathy Service for Tayside (0.6 difference).

This difference is not considered to be significant.

7.4.2 Scottish Index of Multiple Deprivation ⁸

(Sample: 110 respondents’ postcodes were used to derive SIMD 1 and 2; 104 postcodes were used to derive SIMD 4 and 5)

Chart 53: Average impact for respondents who reside in SIMD 1 or 2 areas



The saving options with the highest average impact rating for people who reside in SIMD 1 or 2 areas were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.9 – medium).

⁸ Postcodes in SIMD 1 and 2 are in the 40% most deprived datazones in Scotland. Postcodes in SIMD 4 and 5 are in the 40% least deprived datazones in Scotland.

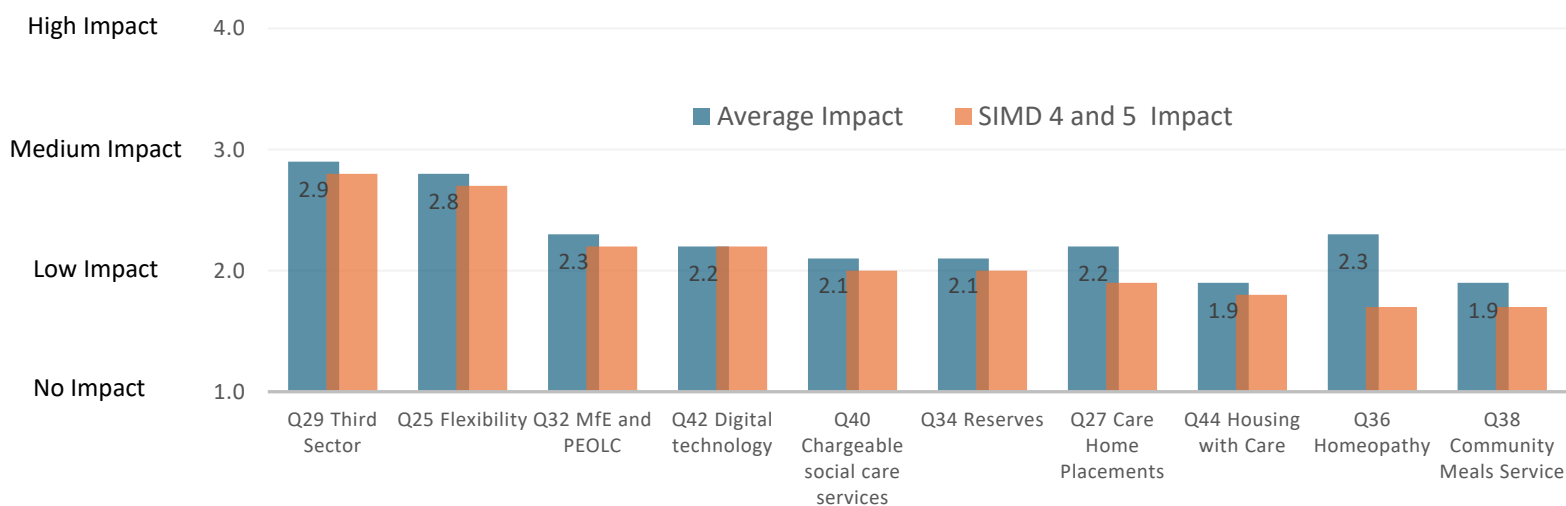
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.6 – medium).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home (2.2 – medium).

The saving options with differences in average impact rating between people who reside in SIMD 1 or 2 areas and the overall survey sample average of 0.5 or more were:

- Saving options where impact was lower:
 - Closing the Homeopathy Service for Tayside (0.8 difference).

This difference is not considered to be significant.

Chart 54: Average impact for respondents who reside in SIMD 4 or 5 areas



The saving options with the highest average impact rating for people who reside in SIMD 4 or 5 areas were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.8 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.7 – medium).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home and working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services (2.2 – medium).

The saving options with differences in average impact rating between people who reside in SIMD 4 or 5 areas and the overall survey sample average of 0.5 or more were:

- Saving options where impact was lower:
 - Closing the Homeopathy Service for Tayside (0.6 difference).

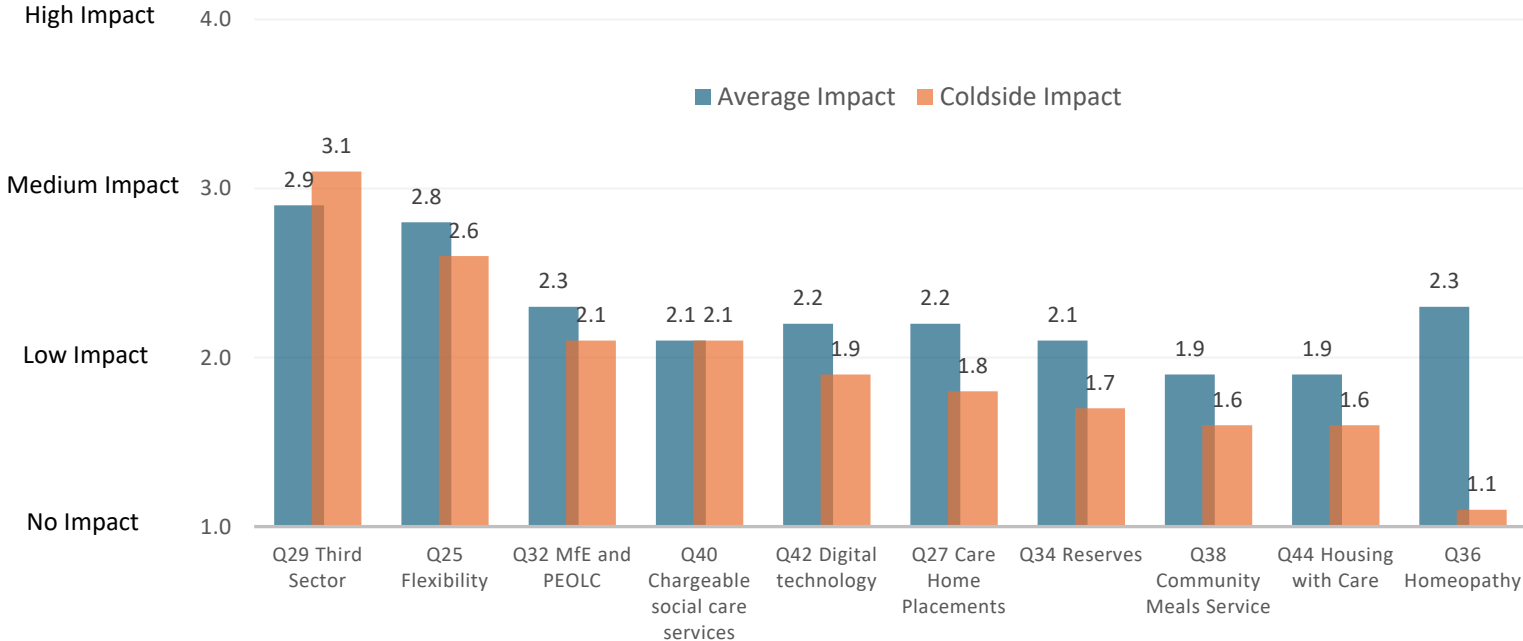
This difference is not considered to be significant.

7.4.3 Local Community Planning Partnerships (LCPP)

The LCPP information is based on those who supplied a postcode within that LCPP area. (Sample: 18 (7%) respondents live in Coldside; 27 (11%) respondents live in the East End; 28 (12%) in Lochee; 34 (14%) in Maryfield; 23 (10%) in the North East; 34 (14%) in Strathmartine; 46 (19%) in The Ferry; 30 (13%) in the West End.)

Coldside

Chart 55: Average impact for respondents who reside in Coldside



The saving options with the highest average impact rating for people who reside in Coldside were:

- Reducing the amount of funding that the IJB provides to the Third Sector (3.1 – high).

- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.6 – medium).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home and working with Dundee City Council to maximise the income from chargeable social care services (subject to financial assessment) (2.1 – medium).

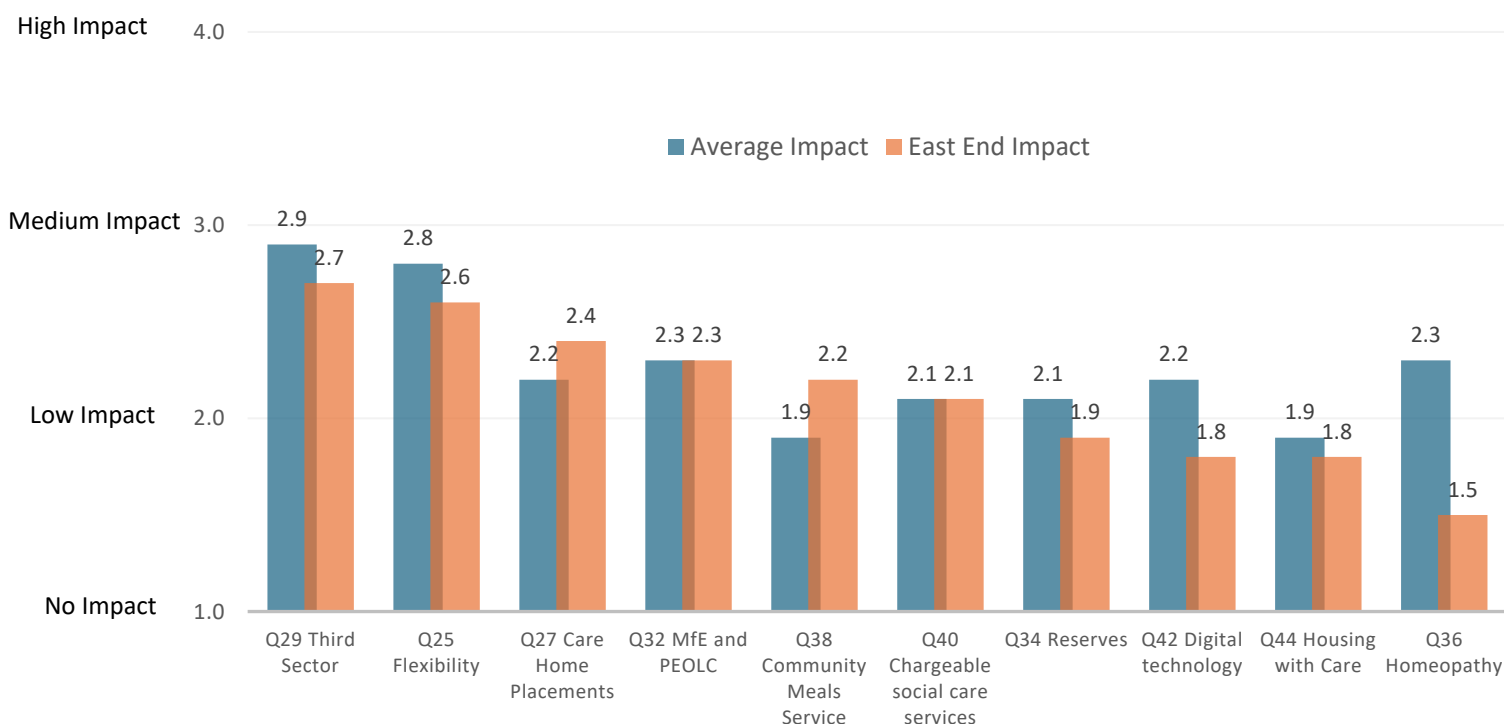
The saving options with differences in average impact rating between people who reside in Coldside and the overall survey sample average of 0.5 or more were:

- Saving options where impact was lower:
 - Closing the Homeopathy Service for Tayside (1.2 difference).

The 1.2 point difference between the average impact rating for Closing the Homeopathy Service for Tayside is considered to be significant, however caution should be applied due to the low number (18) in the sample of people who reside in Coldside .

East End

Chart 56: Average impact for respondents who reside in East End



The saving options with the highest average impact rating for people who reside in the East End were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.7 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.6 – medium).
- Reducing the number of care home placements the Partnership purchases from the independent (private) sector (2.4 – medium).

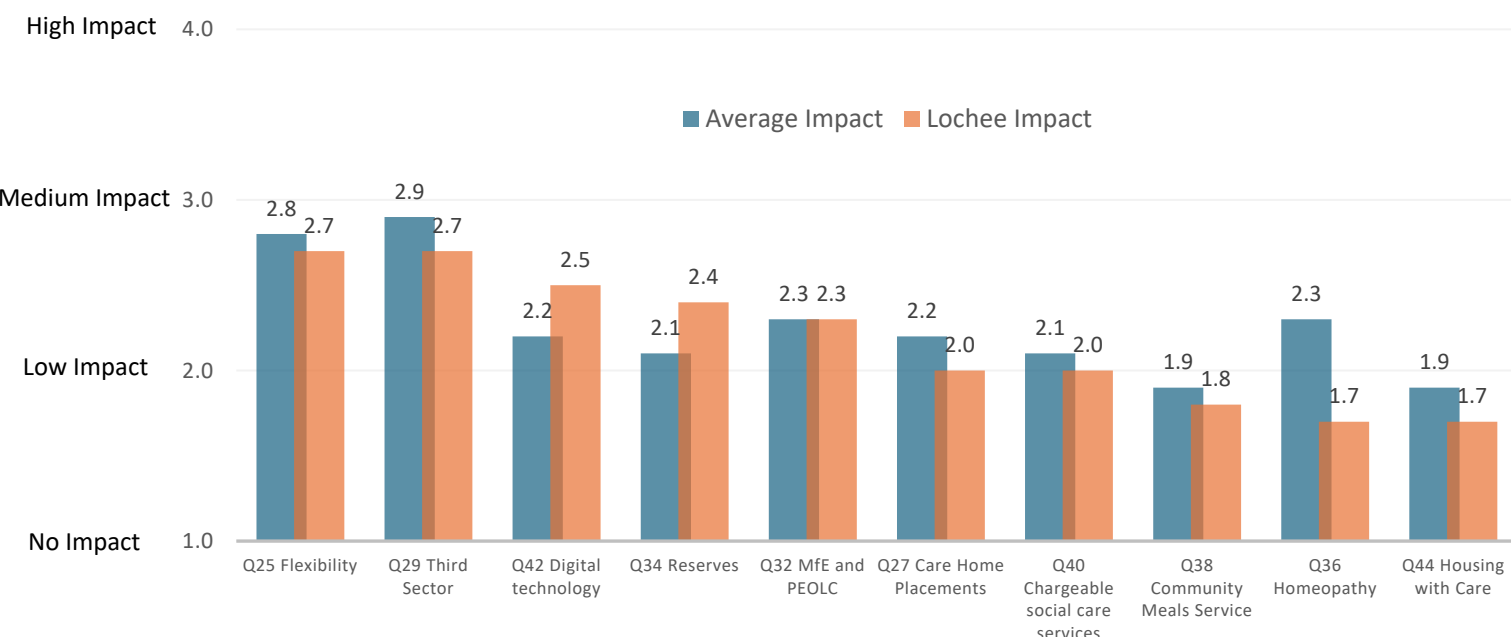
The saving options with differences in average impact rating between people who reside in the East End and the overall survey sample average of 0.5 or more were:

- Saving options where impact was lower:
 - Closing the Homeopathy Service for Tayside (0.8 difference).

This difference is not considered to be significant.

Lochee

Chart 57: Average impact for respondents who reside in Lochee



The saving options with the highest average impact rating for people who reside in Lochee were:

- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year and reducing the amount of funding that the IJB provides to the Third Sector (2.7 – medium).
- Working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services (2.5 – medium).

- Reducing the amount of money the IJB has set aside in reserves to maximise the amount of funding available now to meet people’s current needs (2.4 – medium).

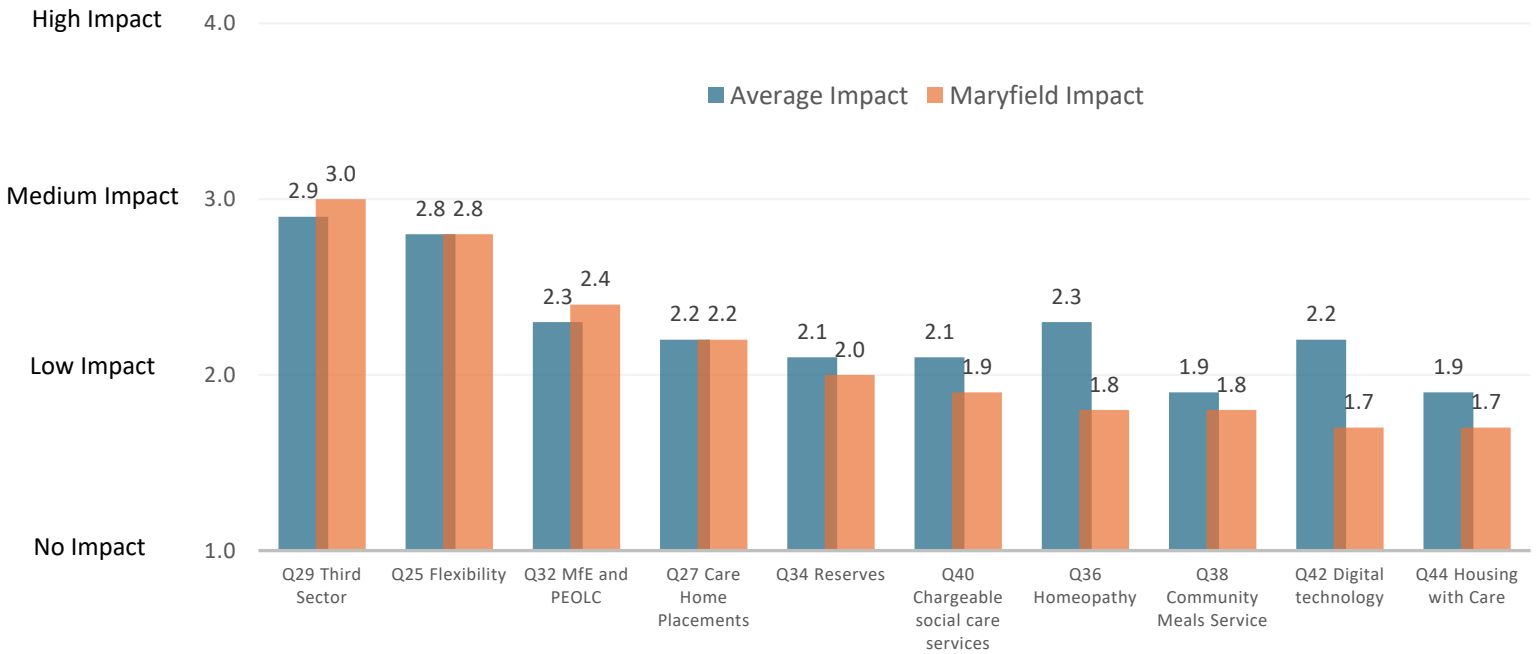
The saving options with differences in average impact rating between people who reside in Lochee and the overall survey sample average of 0.5 or more were:

- Saving options where impact was lower:
 - Closing the Homeopathy Service for Tayside (0.6 difference).

This difference is not considered to be significant.

Maryfield

Chart 58: Average impact for respondents who reside in Maryfield



The saving options with the highest average impact rating for people who reside in Maryfield were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.7 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.8 – medium).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home (2.4 – medium).

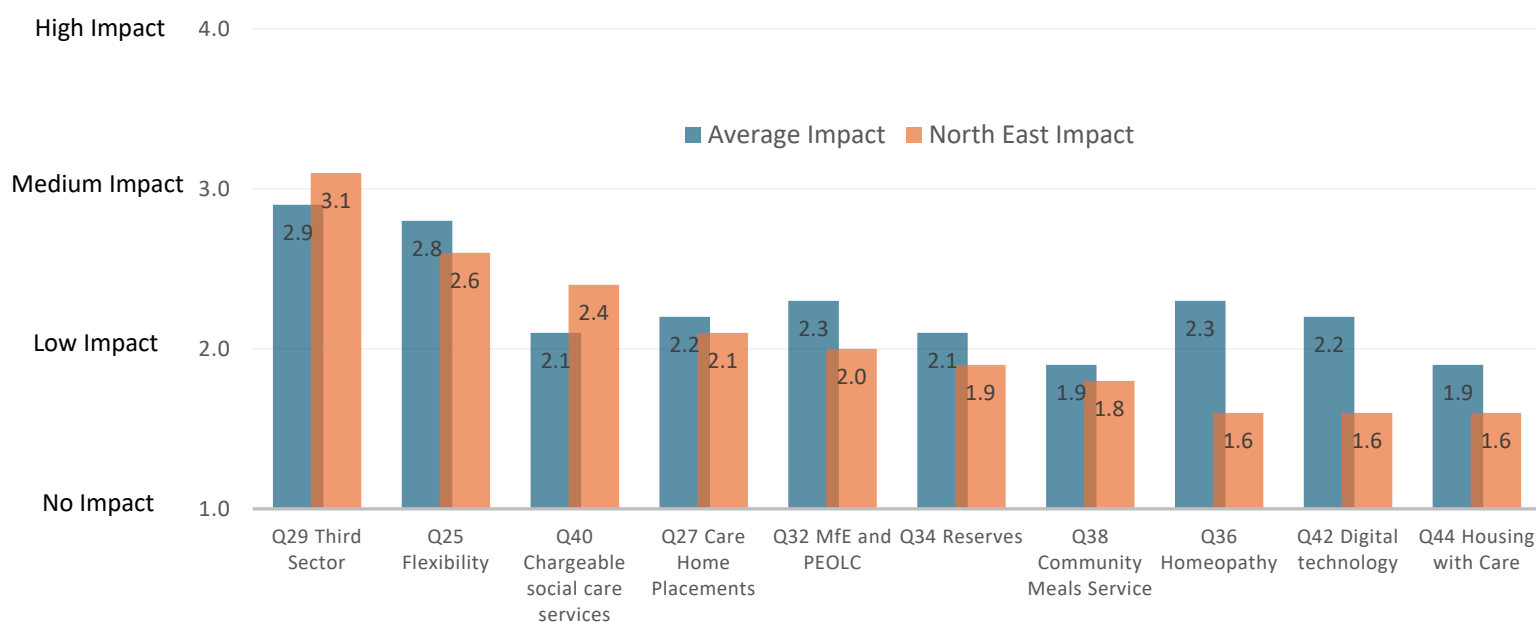
The saving options with differences in average impact rating between people who reside in Maryfield and the overall survey sample average of 0.5 or more were:

- Saving options where impact was lower:
 - Closing the Homeopathy Service for Tayside and working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services (0.5 difference).

This difference is not considered to be significant.

North East

Chart 59: Average impact for respondents who reside in the North East



The saving options with the highest average impact rating for people who reside in the North East were:

- Reducing the amount of funding that the IJB provides to the Third Sector (3.1 – high).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.6 – medium).
- Working with Dundee City Council to maximise the income from chargeable social care services (subject to financial assessment) (2.4 – medium).

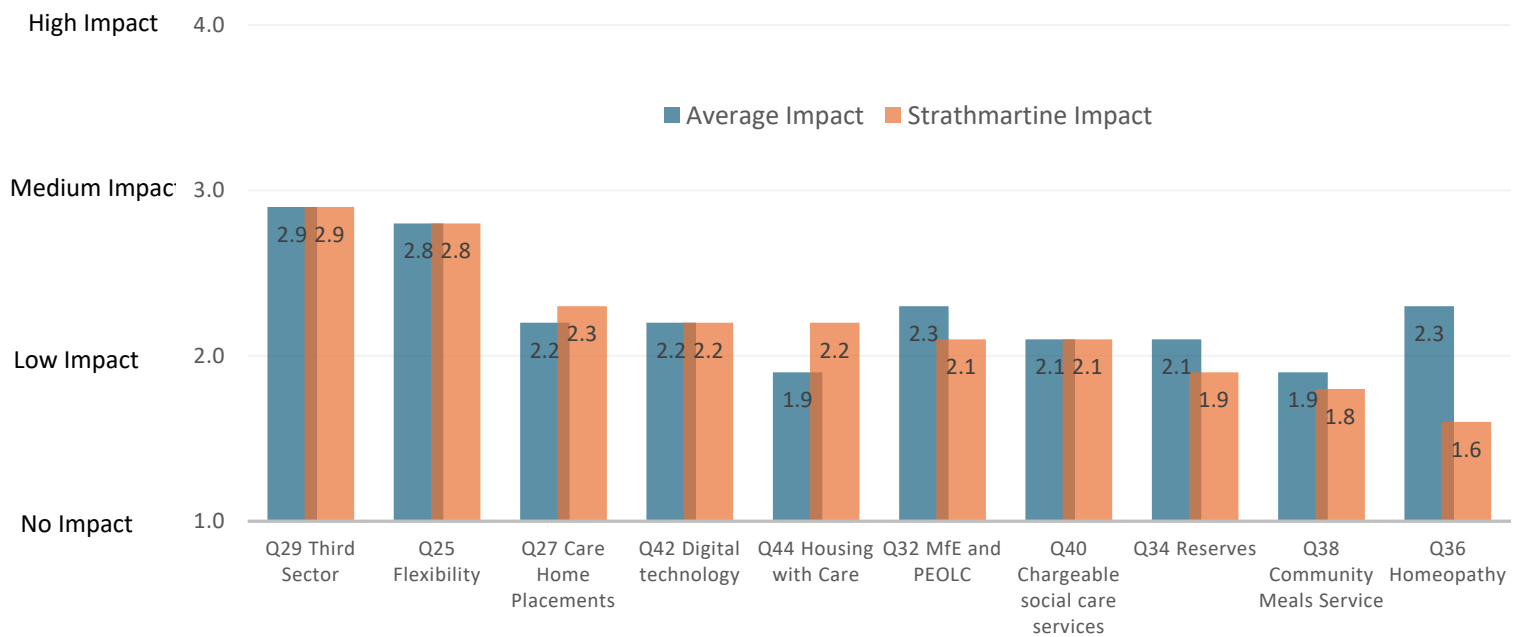
The saving options with differences in average impact rating between people who reside in the North East and the overall survey sample average of 0.5 or more were:

- Saving options where impact was lower:
 - Closing the Homeopathy Service for Tayside (difference 0.7).
 - Working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services (0.6 difference).

None of these differences are considered to be significant.

Strathmartine

Chart 60: Average impact for respondents who reside in Strathmartine



The saving options with the highest average impact rating for people who reside in Strathmartine were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.9 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.8 – medium).
- Reducing the number of care home placements the Partnership purchases from the independent (private) sector (2.3 – medium).

The saving options with differences in average impact rating between people who reside in Strathmartine and the overall survey sample average of 0.5 or more were:

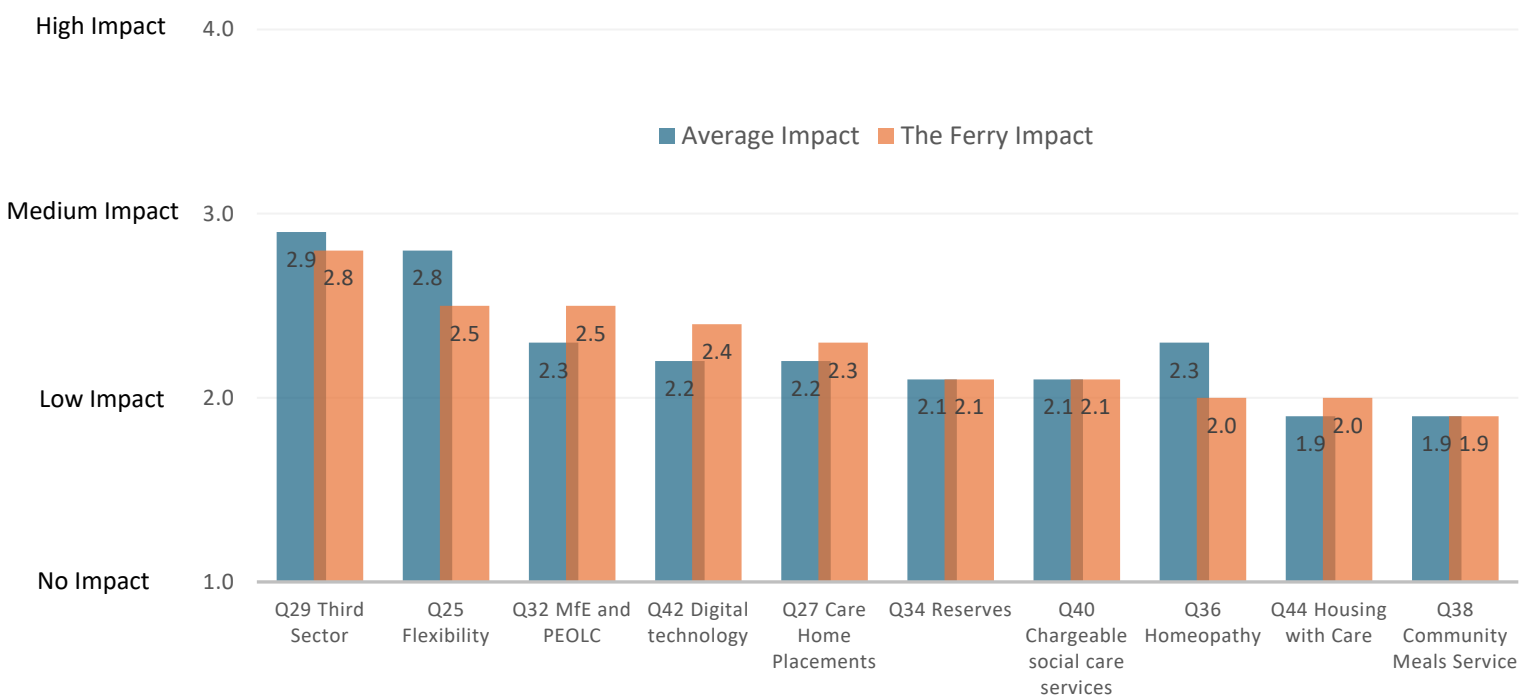
- Saving options where impact was lower:
 - Closing the Homeopathy Service for Tayside (difference 0.7).

- Working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services (0.6 difference).

None of these differences are considered to be significant.

The Ferry

Chart 61: Average impact for respondents who reside in The Ferry



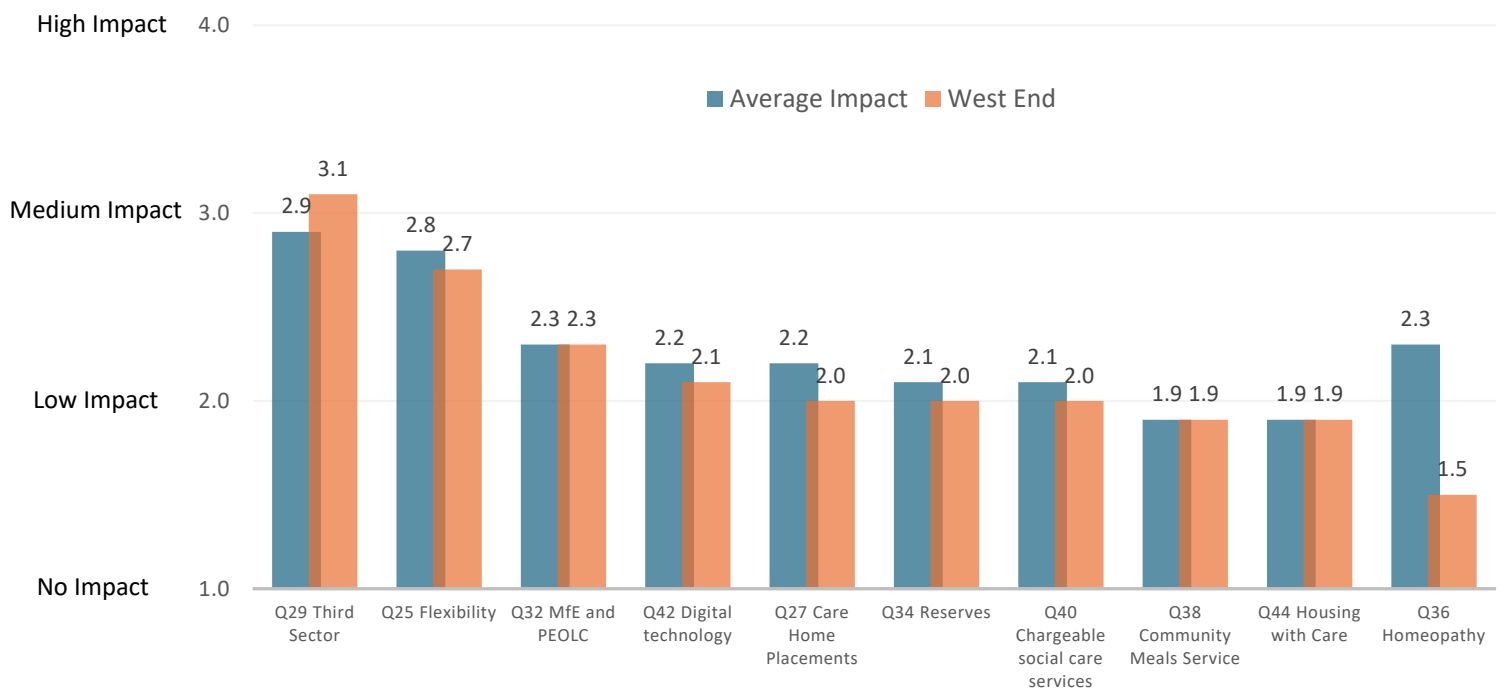
The saving options with the highest average impact rating for people who reside in The Ferry were:

- Reducing the amount of funding that the IJB provides to the Third Sector (2.8 – medium).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year and reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home (2.5 – medium).
- Working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services (2.4 – medium).

There were no saving options with differences in average impact rating between people who reside in The Ferry and the overall individual survey sample average of 0.5 or more.

West End

Chart 62: Average impact for respondents who reside in the West End



The saving options with the highest average impact rating for people who reside in the West End were:

- Reducing the amount of funding that the IJB provides to the Third Sector (3.1 – high).
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.7 – medium).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home (2.3 – medium).

The saving options with differences in average impact rating between people who reside in the Ferry and the overall survey sample average of 0.5 or more were:

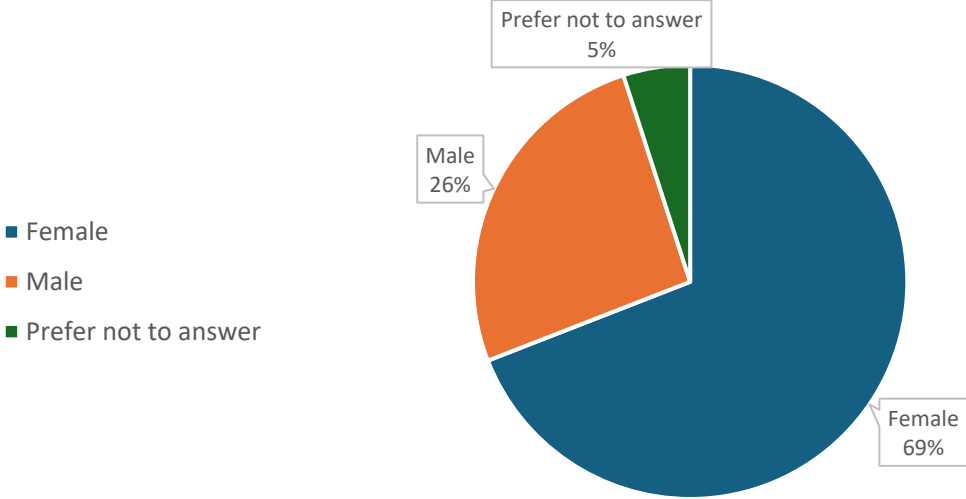
- Saving options where impact was lower:
 - Closing the Homeopathy Service for Tayside (0.8 difference).

None of these differences are considered to be significant.

Appendix 1 – Demographics

Sex

Chart 63: Breakdown of respondents by gender (482 respondents)

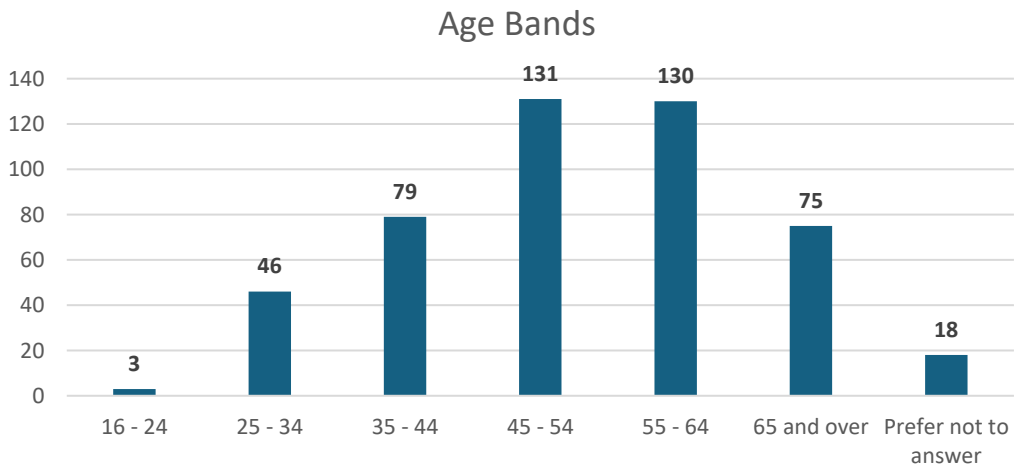


Most respondents (69%) were female and 26% were male. Some Respondents (5%) chose not to answer this question.

Age

The survey asked respondents to select one of 6 age groups.

Chart 64: Age groups of respondents (482 respondents)

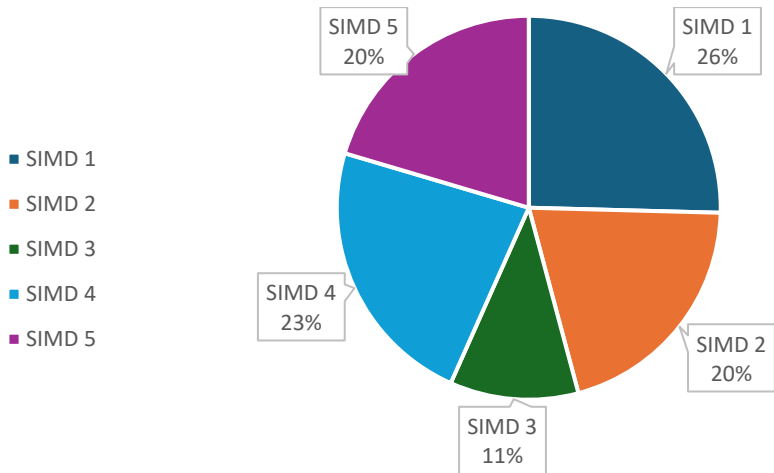


Most respondents were ages 45-64.

Deprivation

Levels of deprivation can be ascertained by using the Scottish Index of Methodology which uses postcodes to group levels of deprivation from 1 (most deprived) to 5 (least deprived).

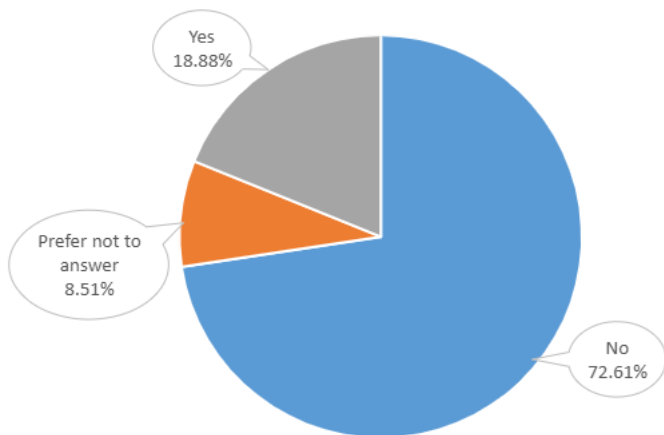
Chart 65: Scottish Index of Multiple Deprivation (SIMD) derived from postcodes (220 respondents)



It was possible to determine the SIMD for 240 respondents. There was a fairly equal spread of respondents from the poorest (SIMD 1 and 2) and most affluent (SIMD 4 and 5), with the lowest representation from SIMD 3.

Disability

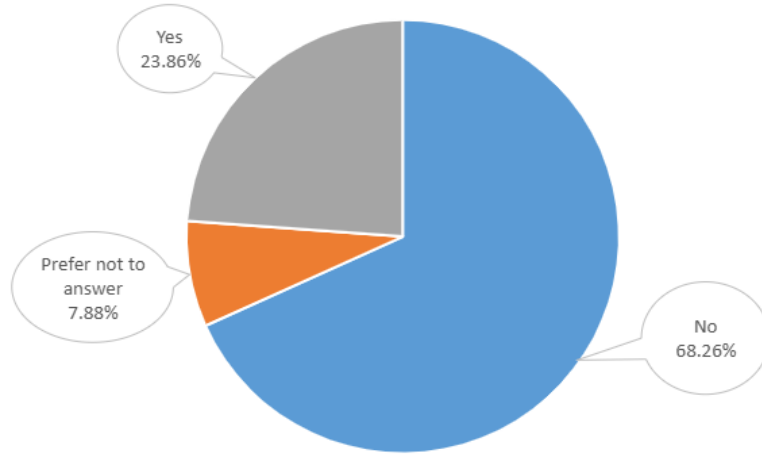
Chart 66: Disability reported by respondents (482 respondents)



Most respondents (73%) did not live with a disability and 19% did live with a disability.

Long-term health condition

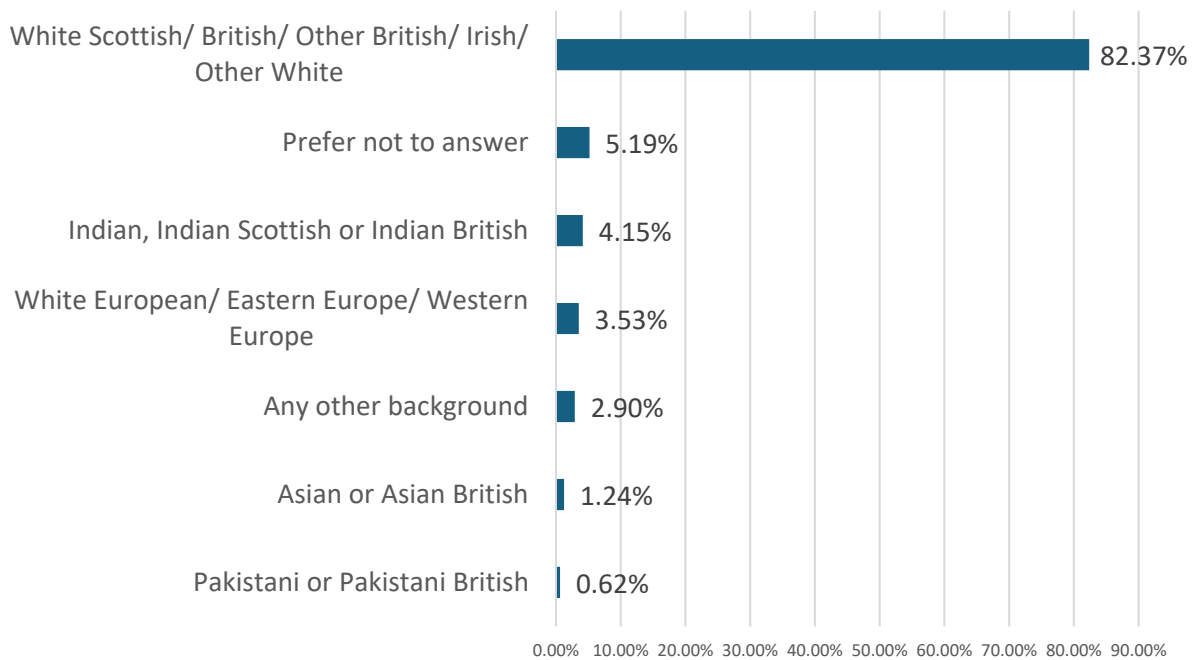
Chart 67: Respondents who reported if their day to day activities were limited because of a health problem or disability (482 respondents)



Almost 1 in 5 respondents reported that their day-to-day activities are limited because of a health problem or disability which is expected to last longer than 12 months. This includes conditions related to ageing.

Ethnicity

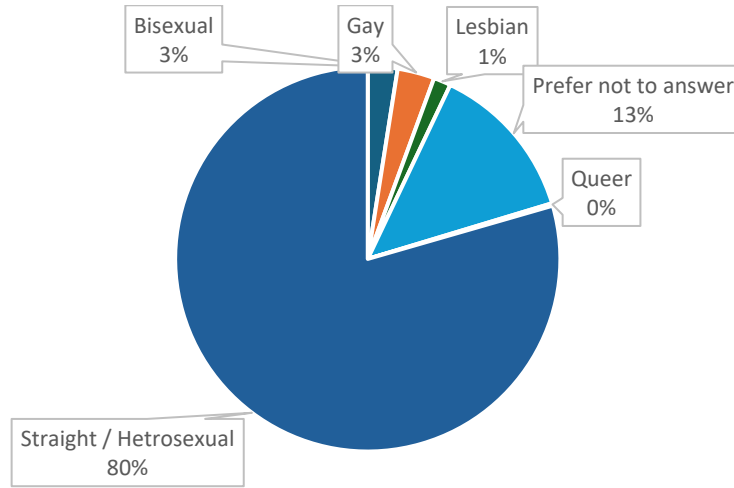
Chart 68: Ethnicity of respondents (482 respondents)



Approximately 12% of respondents are from minority ethnic groups

Sexual orientation

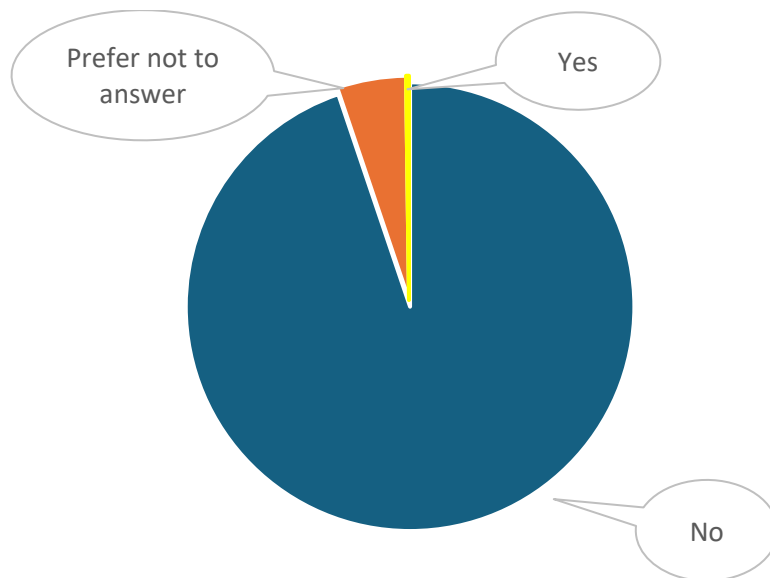
Chart 69: Sexual Orientation of respondents (482 respondents)



80% of respondents are straight or heterosexual with 7% reporting that they are bisexual, gay, lesbian or queer.

Gender Reassignment

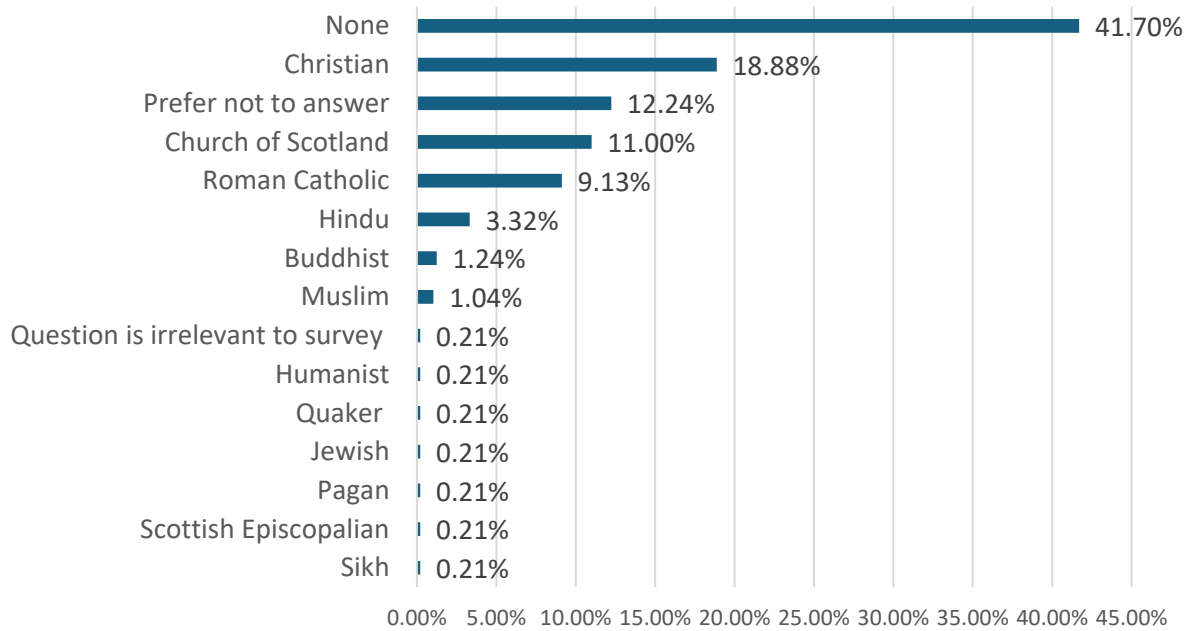
Chart 70: Gender reassignment (482 respondents)



1 respondent reported that they were transgender or have a transgender history

Religion

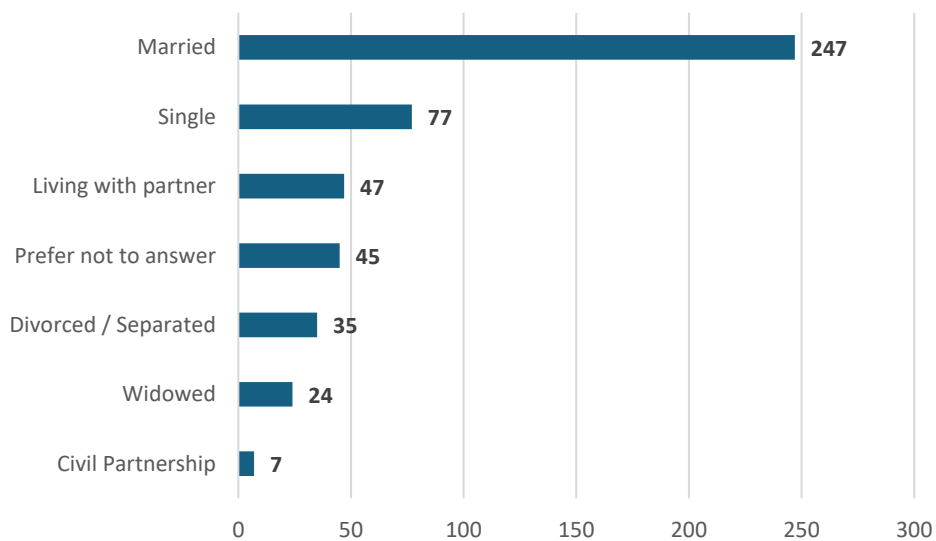
Chart 71: Religion of respondents (482 respondents)



42% of respondents reported no religion and 12% chose not to answer. This collectively describes over half of the respondents. Of the respondents who did report a religion, the most prevalent religion was Christian (19%), followed by Church of Scotland (11%) and Roman Catholic 9%.

Legal marital status

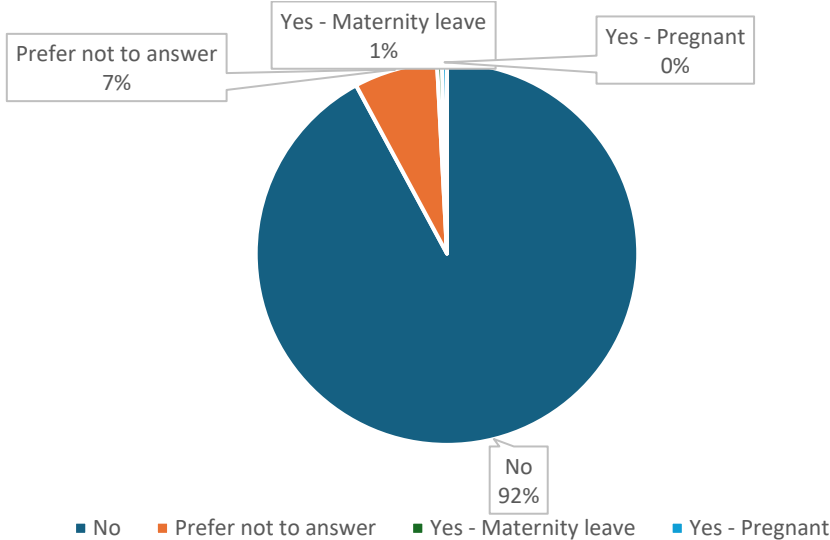
Chart 72: Marital status of respondents (482 respondents)



Most respondents were married, living with a partner or in a Civil Partnership (62% collectively)

Pregnancy or maternity leave

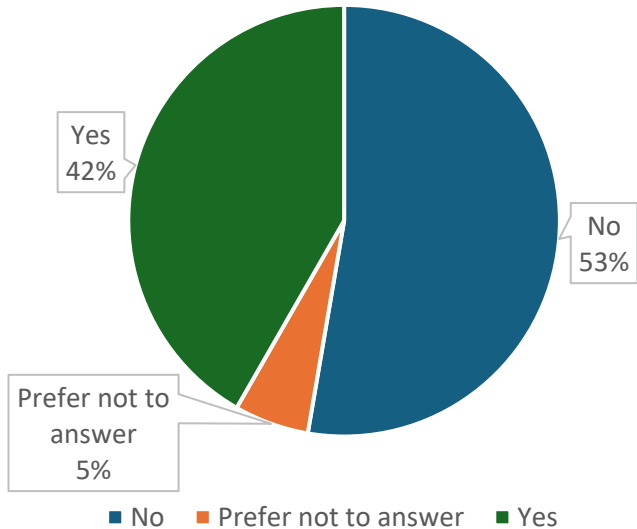
Chart 73: Respondents who are pregnant or on maternity leave



4 respondents reported that they are pregnant or on maternity leave with 34 respondents choosing not to answer this question.

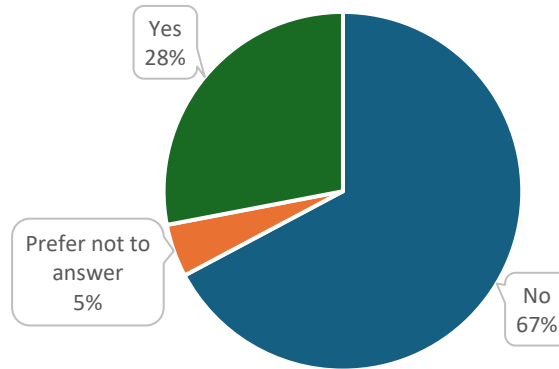
Unpaid care

Chart 74: Respondents who provide unpaid care



Dependent children

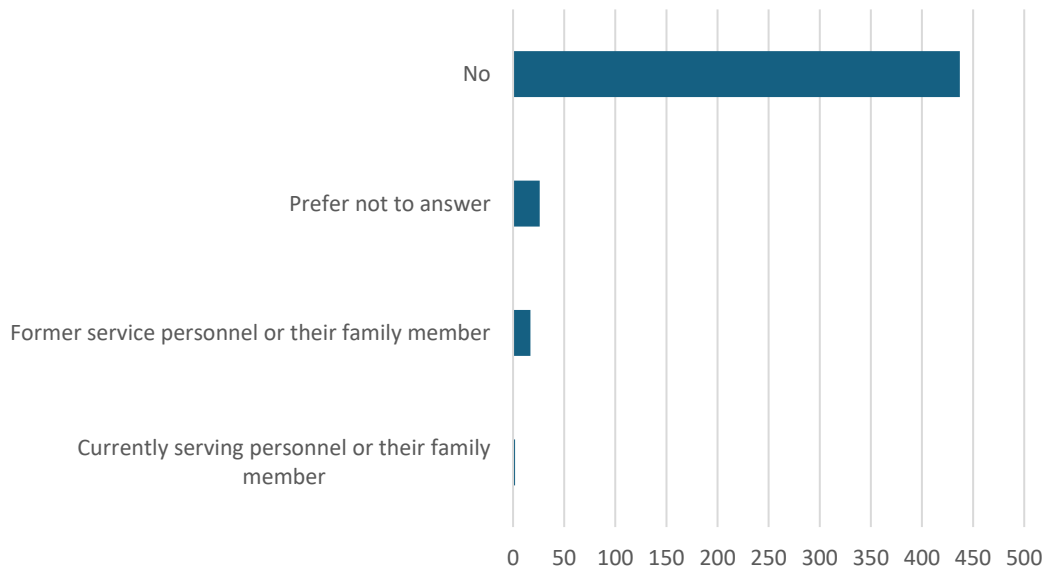
Chart 75: Respondents with dependent children under the age of 18



135 respondents (28%) have dependent children under the age of 18. Approximately half of respondents with dependent children also provide unpaid care to someone. Almost 1 in 5 respondents with dependent children under the age of 18 reported that their day to day activities are limited due to a health condition or disability that is expected to last 12 months or more.

Armed forces

Chart 76: Respondents who have served or have previously served in the UK armed forces (or family member) (482 respondents)



Most respondents 437 (91%) have not served in the UK Armed Forces. 26 (5%) respondents preferred not to answer.

Appendix 2 – Saving Options

Each of the saving options identified by officers of the Dundee Health and Social Care Partnership is explained below.

1. **Removing flexibility in service budgets that allow them to respond to unexpected increased demand during the year.**

In previous years the IJB has made additional money available in budgets to help services to respond to increased demand for services during the year. This increased demand is normally the result of ‘demographic pressures’ - these are changes in the profile and health and social care needs of Dundee’s population that lead to more people needing care and support, or some people needing more complex care and support than they had previously.

If budgets do not have additional flexibility to respond to changes in ‘demographic pressures’, it means they must respond to any increased demand from within their existing resources. They will not be able to increase staffing or provide more hours of service. Sometimes services can meet a small increase in demand by doing things differently with the resources they already have (sometimes referred to as being more efficient). However, this is not always possible, particularly if there are large increases in demand. This could mean that if demand increases, access to the service might need to be prioritised (normally on the basis of assessed need) and that some people might need to wait longer to access the service.

This saving option has a value of £2,046,000.

2. **Reducing the number of care home placements the Partnership purchases from the independent (private) sector.**

The IJB currently provides funding to Dundee Health and Social Care Partnership to provide 3 care homes for older people; these are care homes run by the Partnership itself. In addition to this, funds are used to buy care home services from providers in the independent (private) sector – arrangements for this are made through the National Care Home Contract.

Over time the number of people who want to live in a care home has been reducing because there have been more supports for people to live independently in their own home for longer. It is expected that this will continue in 2025/26 and that the Partnership will be able to purchase fewer care home placements from the independent (private sector). Reducing spend by £500,000 means a reduction of 16 placements in the next year. At the present time (February 2025) there are 805 older people living in care

homes (both Partnership run and in the independent sector).

There is some risk that if demand is higher than anticipated some people who can safely wait might do so for a longer time before they can access care home services. They will continue to be supported by appropriate health and social care services while they wait, based on their specific needs and risks.

This saving option has a value of £500,000.

3. Reducing the amount of funding that the IJB provides to the Third Sector. Third Sector services will also not receive extra funding to meet the costs of recent changes to Employers National Insurance or to meet increased running costs due to inflation.

The IJB purchases a large number of services from the third sector. In previous years the IJB has chosen to protect the funding used to purchase services from the third sector, and where possible provide a small increase in funds to help them to meet rising costs of staff pay and other expenses (such as rent, heating and transport). This year the IJB does not have enough money to do this and options to reduce costs are:

- Reducing the level of funding provided to third sector organisations by up to 10% in the following areas (£1 million in total across all services from total contract value of £51 million):
 - Services providing support to unpaid carers.
 - Services providing enablement support for people with a learning disability and autism.
 - Services providing mental health and wellbeing supports.
 - Third sector infrastructure and capacity building services.
 - Services providing support for older people.
 - Services providing support for people who use drugs and alcohol.
 - Services providing independent advocacy.
 - Support services for people who are homeless or at risk of homelessness.

- Not providing any additional funding to third and independent sector organisations to meet rising costs of pay and other expenses. This includes not providing any extra money to help providers meet the increased costs of employers National Insurance contributions following recent decisions by the United Kingdom Government.

Please note that some providers will receive a small increase to fund the costs of the Adult Social Care pay increase in line with Scottish Government policy – this will only go

to providers who meet the nationally set criteria (focused on job roles that provide direct social care support to people).

These changes are likely to mean that some third sector services will have to reduce the services that they currently offer – this might include changes to their opening hours, longer waiting times to access services or the range of services they offer reducing. In some circumstances there is a risk that services might close. These changes to services will also likely impact on staff; hours they are offered might be reduced and there is a risk that some staff will be made redundant.

This saving option has a value of £2,492,000.

4. Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home.

In 2022/23, 90% of people's time during the last 6 months of their life was spent at home / in other community settings. This reflects a general preference amongst the majority of the population to live and to die at home where this is possible. A review of Palliative and End of Life Care will focus on community-based supports and changing pathways into and out of community hospital care, including considering the possibility of reducing the number of hospital beds available. The occupancy levels for these wards has been 85% or less since December 2024.

Work has already started to enhance community supports to enable more people to be cared for at home, rather than in Medicine for the Elderly wards. The occupancy level for Medicine for the Elderly is between 85 and 100%, but it is expected that this will change as community-based supports begin to have a greater impact. A review of Medicine for the Elderly will focus on the impact of changes in community-based services on pathways into and out of community hospital care, including considering the possibility of reducing the number of hospital beds available.

The proposal to review inpatient hospital care for Palliative and End of Life Care must also be considered by the IJBs in Angus and in Perth and Kinross.

This saving option has a value of £200,000.

5. Reducing the amount of money the IJB has set aside in reserves to maximise the amount of funding available now to meet people's current needs.

Reserves are the money the IJB has set aside in previous years that can be used later for specific agreed projects or to meet unexpected costs. The IJB has previously agreed to set aside £3 million in reserves to help fund transformation activity. Transformation

activity focuses on redesign services to improve the quality of care and support, whilst also making sure that resources are being used in the best possible way. Often this involves a “spend to save” approach where funds are made available on a short-term basis to test a new way of delivering a service or to purchase new equipment, such as digital devices, that will allow this new way of working to be adopted in the future. The expectation is normally that the initial investment will result in a service delivery model that costs less to provide in the future and therefore generates a long-term saving to the IJB to help it to balance its budget.

It is proposed that the IJB’s transformation reserve is reduced from £3 million to £2 million in 2025/26. This will mean that there is less funding available to support transformation projects over the next year. This might affect the amount or the speed of transformation projects that can be undertaken during the year, also slowing down any positive impacts these projects could have on the quality of care and support available.

This saving option has a value of £1,000,000.

6. Closing the Homeopathy Service for Tayside.

The Homeopathy Service for Tayside currently operates for 2 days per week providing complementary or alternative medicines to patients. At the last review in October 2024 there were 111 patients from Dundee accessing the service, with the majority having been referred from Oncology (cancer).

Across the country other IJBs have stopped funding this service because evidence of the impact of homeopathy interventions on patient health is minimal. National guidance for NHS services, directs that patients should receive care, advice and medication that is fully understood and evidence-based. NHS Tayside no longer support homeopathic remedies being prescribed. The number of patients using the service is small in comparison to other services funded by the IJB and therefore the impact of the closure is considered to be limited in comparison to other saving options.

Alternative providers of homeopathy interventions are available in the private sector at a cost to patients. Some charities also provide access to homeopathy interventions to their service users without a charge.

The proposal to close the Homeopathy Service for Tayside must also be considered by the IJBs in Angus and in Perth and Kinross.

This saving option has a value of £40,000.

7. **Reviewing the Health and Social Care Partnership’s Community Meals Service.**

The Partnership’s Community Meals Service delivers meals twice each day, lunch and tea, including hot meal options at both delivery times. This is a chargeable service however, the amount charged for the Meals Service (£4.40) is around half of the actual cost of providing the service. Since the COVID-19 pandemic demand for the service has reduced significantly – in 2020 just over 180,000 chargeable meals were provided and this has steadily reduced to the current expected level of around 80,000 meals in 2024/25. Reductions in demand have mainly been because there has been an increase in the number of alternative providers who can provide and deliver meals at a more competitive price.

A review of the service delivery model for the Community Meals Service could be undertaken, with proposals then being made to the IJB. The focus will be on identifying a model that ensures ongoing access to meals for those people who need them but through a model that does not rely on the IJB subsidising the cost of the service in the future. People who currently use the meals service will be invited to participate in the review process.

While the review is ongoing, the Community Meals Service will continue to provide a service.

This saving option has a value of £100,000 in 2025/26.

8. **Working with Dundee City Council to maximise the income from chargeable social care services (subject to financial assessment).**

Some social care services are chargeable service – this means that people need to pay for them in full or contribute towards their cost. Some services are chargeable for everyone, and some only for those who are assessed as having the ability to pay. Ability to pay is worked out through a financial assessment. A benefits check is also offered to make sure that people are receiving all the benefits or other income they are entitled to. Charging information for care and support services is available on the Health and Social Care Partnership website.

Dundee City Council is responsible for agreeing the charges for social care services, however the IJB can ask it to consider proposals for changes to charges. To contribute to closing the budget gap it is proposed that the Health and Social Care Partnership works with Dundee City Council to undertake a further review of chargeable social care services. This will include considering which services should be charged for,

whether charges fully reflect the actual cost of delivering the service, and the percentage of their income a person should keep and the percentage that should go towards the cost of paying for care. The review will also focus on making sure that charges are fair and equitable, including that there are not unjustifiable differences between charges made for people who receive their care and support in Dundee and people who receive services outwith Dundee.

This saving option has a value of £200,000.

9. Working with NHS Tayside to improve the way that digital technology is used to deliver health and social care services.

As part of its own transformation programme, NHS Tayside is working towards improving the way that digital technologies support the delivery of care. This includes considering how digital technologies can be used in the direct delivery of care and support, as well as how they can be used to support staff to work in a more flexible way that makes the very best use of their time.

By working with NHS Tayside, the Health and Social Care Partnership will also benefit from this work and be able to apply some of the changes across all health and social care services. This includes services the Partnership delivers, as well as helping providers the IJB buys services from to use digital technology more effectively. Changes that will be considered include:

- Using digital technologies to provide some services remotely, reducing travel time and costs for both patients and the workforce.
- Using digital technologies to monitor and plan how services are delivered, for example making sure the scheduling of social care visits makes the best possible use of the available staff.
- Using new technology to promote independence, meet health and social care needs and reduce reliance of direct, face-to-face service provision (where this is safe to do).
- Reducing the amount of time it takes staff to undertake administrative processes.

It is likely that this work will change the way in which some people receive services in the future, including some services that have been delivered in person being delivered remotely. There is also a known risk of digital exclusion – where some people in the population do not have access to digital devices or online access.

This saving option has a value of £1,000,000.

10. Changing the model of service provision for housing with care.

The Partnership provides 'Housing with Care' Services; this is when people have their own home with social care supports provided on-site during the day. The Health and Social Care Partnership has identified opportunities to change the way the service is provided so that available resources are used more effectively in the future. This includes sites where there is low demand due to the type of housing that is available not aligning to people's needs and preferences, resulting in a high level of vacant properties. In these circumstances social care support could be more effectively provided by the mainstream social care service. The Partnership will also consider whether services currently provided by them could be delivered more flexibly and at a lower overall cost by an external provider in the third or independent (private) sector.

This new model of service delivery could mean that service users would experience a change of staff who currently support them, however this would be supported through care planning and a handover period. Any staff impacted by changes to the way services are delivered could move to other vacant posts in the social care service.

This saving option has a value of £300,000.

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Dundee Integration Joint Board Integrated Impact Assessment

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Document Title	Dundee Integration Joint Board Proposed Budget 2024/25		
Type of document	Policy	X	Plan
Date of this Pre-Integrated Impact Assessment Screening	25/02/2025		
Date of last IIA (if this is an update)	N/A		
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates			
<p>The purpose of the report is to advise the Dundee IJB of the implications of the proposed delegated budget for 2025/26 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 2025/26. To enable the Dundee IJB to set a balanced budget that supports the delivery of ambitions and priorities within their strategic commissioning framework, which aims to support improved health and wellbeing for people living within Dundee, including unpaid carers.</p> <p>The budget, if approved, will be implemented from 1 April 2025 to 31 March 2026.</p>			
Lead Officer/Document Author (Name, Job Title/Role, Email)			
Christine Jones, Acting Chief Finance Officer, christine.jones58@nhs.scot			
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)			
Kathryn Sharp, Acting Head of Strategic Services, kathryn.sharp@dundeecity.gov.uk			
Job Title of colleagues or name of groups who contributed to pre-screening and IIA			
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>			
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	Yes	No	
A document or proposal that requires the IJB to take a decision	X		
A major Strategy/Plan, Policy or Action Plan	X		
An area or partnership-wide Plan		X	
A Plan/Programme/Strategy that sets the framework for future development consents		X	
The setting up of a body such as a Commission or Working Group		X	
An update to an existing Plan (when additional actions are described and planned)		X	
Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA must</u> be completed	Y	N	

Dundee Integration Joint Board Integrated Impact Assessment

Individuals who have Equality Act Protected Characteristics i.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn	X	
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	X	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).	X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	X	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	X	
Offenders and former offenders	X	
Effects of Climate Change or Resource Use	X	
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.	X	
Transport, Accessible transport provision; sustainable modes of transport.	X	
Natural Environment		X
Air, land or water quality; biodiversity; open and green spaces.		X
Built Environment. Built heritage; housing.		X
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>		
From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	X
<p>In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)</p>		
Anticipated Date of IJB	26 March 2025	IJB Report Number DIJB14-2025
Date IIA completed	13 March 2025	

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STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

Overall, the budget proposals have a range of both potential positive and negative impacts for protected and disadvantaged groups. Mitigating actions have been identified in relation to likely negative impacts and actual impacts will be subject to close monitoring, so that if mitigations are ineffective or unexpected impacts do arise in the future they will be recognised, escalated, and resolved.

Results from the IJB Budget Consultation Report are included within this impact assessment but, as a sole source of information, should be treated as caution as the sample is not representative of the population. Differences in average impact ratings below 1 are not considered to be significant.

In broad terms the key budget proposals have been assessed as being likely to have the following overall impacts:

- Uplift to staff pay element of Adult Social Care Providers' Contract Value – this will 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. Approximately 50% of all contracts with external providers of health and social care services will benefit from the uplift.
- Remove Demographic growth investment – it is recognised that there is risk that this will have a negative impact across equality groups, particularly for older people and people with disabilities who are a higher proportion of people using health and social care services and who are also more likely to have high levels of complex needs. Planning for seasonal spikes in demand (such as Winter pressures) is already embedded within operational systems. Performance management information will continue to be used to monitor service demand, as well as waiting times, with escalation to senior management and to the Performance and Audit Committee of the IJB as required. The management of excess demand based on assessed needs is likely to have a beneficial impact for older people and people with disabilities given their higher and more complex levels of need.
- Digital Transformation and Agile Working opportunities – this has both potential positive and negative impacts for specific groups. For both services users and unpaid carers there is potential for digitisation of services to provide support for people to live independently, enhance access to services and information and reduce travel time and time spent on tasks such as making appointments. There are also a range of potential benefits for the workforce (predominantly female). However, there is recognition of potential negative impacts on older people, people with disabilities and who live in poverty in terms of digital exclusion and digital literacy. As digital transformation progresses there will be requirements for individual projects to consider and plan for mitigation of these risks. There is acceptance of the need to balance fully digital, hybrid and in-person methods of delivery across services and administrative processes, particularly in terms of direct service delivery.
- Reduction of Transformation Reserve – this has 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 protecting to the greatest extent possible the level and quality of service delivery. The use of reserves has meant that the IJB is not considering additional savings proposals that might result in reduced availability, choice, or levels of services. However, it should also be noted that reducing transformation reserves does risk slowing the pace of implementation of service redesign and other transformation which are designed to improve the experiences and outcomes of people who use services and supports. The IJB will continue to work with NHS Tayside, Dundee City Council, and the Scottish Government to access further sources of funding to support and enable transformation activity. Many of the critical support functions to the Health and Social Care Partnership, including digital and property, that are key aspects of transformation activity are not delegated functions and therefore sit outwith the IJB's budget resources, but are subject to additional investment and activity within the corporate bodies.

Please note that the following elements of the budget proposals have not been impact assessed as part of this IIA:

- Staff Pay increases – these are decisions made by Dundee City Council and NHS Tayside (as part of wider national pay negotiation arrangements).
- Dundee City Council Review of Charges – Additional Income – this is a decision made by Dundee City Council.

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- Additional Community Alarm Charge to DCC Housing – this is a consequence of charging decisions taken by Dundee City Council.
- Free Personal Care Uplift – this is a consequence of decisions taken by the Scottish Government.

For the above proposals, the IJB has no decision-making role as the relevant functions have not been delegated; the budget proposals reflect the financial impact of decisions made elsewhere and which the IJB has no authority to change or refuse to implement. It is the responsibility of the decision-making body to consider responsibilities under the Public Sector Equality Duty in relation to equality impact assessment. In addition, operational efficiencies and management actions (contained within Appendix 2) of the report do not require the agreement of the IJB and therefore sit outwith the scope of this Integrated Impact Assessment; it is the duty of officers to ensure that in their decision-making processes they comply with the provisions of the Equality Act (2010), including the duty not to discriminate.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
January 2025 – March 2025	<p>Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals.</p> <p>This includes review of the IJB's Strategic Needs Assessment.</p> <p>Additional statistical information regarding current profile of service use.</p>	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Acting Chief Finance Officer / Acting Head of Service, Strategic Services
December 2024 – March 2025	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Acting Chief Officer / Acting Chief Finance Officer
2024/25	<p>Range of engagement activities related to the development of strategic and delivery plans during 2024/25. This has included targeted engagement work undertaken by the Carers Partnership, as part of the whole system redesign of Learning Disability Service in Tayside and for mental health and wellbeing plans / services.</p> <p>Ongoing engagement with above groups and intelligence reported and discussed at Strategic Planning Groups, Strategic Planning Advisory Group, IJB and PAC.</p>	<p>Members of the public</p> <p>Unpaid carers</p> <p>Third and independent sector health and social care providers</p>	Acting Head of Service, Strategic Services / Strategic Planning and Business Support Team
14 February –	IJB Public Budget Consultation	Members of the public	Acting Head of Service,

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05 March 2025	Specifically, responses received in relation to section 4 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been considered within this IIA.	Unpaid carers Third and independent sector health and social care providers Members of the health and social care workforce	Strategic Services
January 2025 – March 2025	Workforce statistical information from NHS Tayside and Dundee City Council. Review of workforce survey information via NHS Tayside (iMatters) and Dundee City Council (Annual workforce survey) during 2024/25. In each survey results can be isolated for members of the workforce deployed to work within the Health and Social Care Partnership.	Members of the health and social care workforce	Acting Head of Service, Strategic Service / Quality, Data and Intelligence Team
06 March 2025	Meeting of Strategic Planning Advisory Group including focused discussion on equality and fairness impacts of the proposed saving options.	Strategic Planning Advisory Group	Acting Head of Service, Strategic Service
2024/25	Review of information gathered via engagement with Trans and Non-binary people regarding their health and social care needs. This has been used to supplement information available from national and international research.	Trans and non-binary people	Senior Officer, Strategic Planning
2024/25	Review of information gathered via engagement with members of the workforce who are from minority ethnic groups. This has been used to supplement information available from national and international research.	Members of the health and social care workforce from minority ethnic groups	Senior Officer, Strategic Planning

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive	X	Demand for health and social care services is in part directly related to the increased needs of the ageing population. Older people make up the highest proportion of users of social care
No Impact		
Negative	X	
Not Known		

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services, as well as specific aspects of delegated health care functions (for example, Medicine for the Elderly). Removing flexibility to respond to changes in demand during the financial year is therefore likely to impact on them more significantly than other groups within the population. Within the IJB Budget Consultation people aged 65 and over reported that this saving option would have a medium negative impact on them (average rating 2.5); however, this was a lower impact than the average for the whole sample of respondents (2.8). This saving option was in the top 3 impact rating for this population group. Several respondents stated that having flexibility within budgets to respond to changing demand is important to provide 'peace of mind', particularly for older people.

A range of strategies and plans are in place to respond to predictable spikes in demand, such as pressures associated with the Winter period, and these will continue to be implemented during 2025/26. General changes in baseline demand for services will be managed in the first instance at a team and service level – this will include prioritisation of available resources in-line with assessed need and clinical prioritisation. This may result in longer waiting periods for some people to access assessment and / or services. Performance management information will continue to be used to monitor service demand, as well as waiting times, with escalation to senior management and to the Performance and Audit Committee of the IJB as required. Clinical and Care Governance arrangements will also support to monitoring of impact on availability and quality of patient care.

Digital Transformation and Agile Working opportunities - positive and negative (planned mitigation)

Digital transformation options included aspects that relate to the use of Technology Enabled Care as well as the use of digital solutions to support processes such as appointments and assessments. As older people make-up a high proportion of users of health and social care services this has the potential to directly impact on their experiences and outcomes. Some older people might see positive benefits from these developments, particularly in terms of how Technology Enabled Care can reduce risks that might otherwise be associated with independent living and enable older people to remain in their own home for longer. However, it is recognised that not everyone has equal access to digital technologies and that older adults, and those with limited digital literacy may struggle to use digital health and social care services effectively.

Within the IJB Budget Consultation people aged 65 and over reported that this saving option would have a medium negative impact on them (average rating 2.3); this was a slightly higher impact than the average for the whole sample of respondents (2.2). Many respondents highlighted that older people might struggle to engage with online services and might exclude vulnerable populations, particularly people with learning disabilities, cognitive disorders, low levels of literacy or limited digital skills. Respondents stated that forcing digital engagement can disproportionately disadvantage these populations. Other respondents highlighted that Technology Enabled Care and other digital solutions are currently underutilised in Dundee and have the potential to improve outcomes for people and increase the amount of time the workforce has to deliver services (rather than travelling or completing administrative tasks).

It is expected that all projects that form part of digital transformation programmes will consider and make plans to mitigate the risk of digital exclusion. Projects will also be required to consider alternatives to digital provision, particularly for disadvantaged and excluded groups, especially where projects have a focus on Technology Enabled Care and direct service delivery. There are also opportunities to work with health inequalities and other local and national digital inclusion services to support the population in terms of access to devices, internet, and digital skills.

Reduction of Transformation Reserve – positive and negative (planned mitigation)

The proposal to reduce the IJB's transformation reserve 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

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		<p>of people utilising health and social care services this will impact on them more significantly than other groups within the population. However, it should also be noted that reducing transformation reserves does risk slowing the pace of implementation of service redesign and other transformation which are designed to improve the experiences and outcomes of people who use services and supports, including older people. Within the IJB Budget Consultation people aged 65 and over reported that this saving option would have a medium negative impact on them (average rating 2.0); this was a slightly lower impact than the average for the whole sample of respondents (2.1). Although the level of transformation reserves is proposed to be reduced, the remaining fund will likely benefit older people as significant users of health and social care services. The IJB will also continue to work with Dundee City Council, NHS Tayside, and the Scottish Government to identify and access alternative sources of funding to support transformation activity.</p>
Disability		Explanation, assessment and potential mitigations
Positive	X	<u>Remove Demographic growth investment – negative (planned mitigation)</u>
No Impact		
Negative	X	<p>Demand for health and social care services is in part directly related to the increased levels and complexity of need, including amongst people with a disability and people living with long-term health conditions. People who have a disability make up a high proportion of users of health and social care services. Removing flexibility to respond to changes in demand during the financial year is therefore likely to impact on them more significantly than other groups within the population. Within the IJB Budget Consultation people who stated that they have a disability reported that this saving option would have a medium negative impact on them (average rating 2.5); this was a slightly higher impact than the average for the whole sample of respondents (2.3). This saving option was in the top 3 impact rating for this population group. Several respondents stated that having flexibility within budgets to respond to changing demand is important to provide 'peace of mind,' particularly for people who have a disability and people living with a long-term health condition.</p> <p>A range of strategies and plans are in place to respond to predictable spikes in demand, such as pressures associated with the Winter period, and these will continue to be implemented during 2025/26. General changes in baseline demand for services will be managed in the first instance at a team and service level – this will include prioritisation of available resources in line with assessed need and clinical prioritisation. This may result in longer waiting periods for some people to access assessment and / or services. Performance management information will continue to be used to monitor service demand, as well as waiting times, with escalation to senior management and to the Performance and Audit Committee of the IJB as required. Clinical and Care Governance arrangements will also support to monitoring of impact on availability and quality of patient care.</p> <p><u>Digital Transformation and Agile Working opportunities – positive and negative (planned mitigation)</u></p> <p>Digital transformation options included aspects that relate to the use of Technology Enabled Care as well as the use of digital solutions to support processes such as appointments and assessments. As people with a disability make-up a high proportion of users of health and social care services this has the potential to directly impact on their experiences and outcomes. The expansion of use of Technology Enabled Care can reduce risks that might otherwise be associated with independent living and can improve access to services via remote and digital routes (particularly for people who may face additional challenges travelling to appointments or accessing services in-person). Digital tools can help tailor health interventions to individual needs, which can be particularly beneficial for people with disabilities. This can lead to better health outcomes and more efficient use of resources.</p> <p>However, it is also recognised that there are risks of digital exclusion for this population groups. The IJB Budget Consultation found no difference between the average impact rating for the saving proposal amongst people with a disability when compared to the total survey sample (medium – 2.2). Many respondents highlighted that this saving option might exclude vulnerable populations, particularly people with learning disabilities, cognitive disorders, low</p>
Not Known		

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		<p>levels of literacy or limited digital skills. Respondents stated that forcing digital engagement can disproportionately disadvantage these populations. Other respondents highlighted that Technology Enabled Care and other digital solutions are currently underutilised in Dundee and have the potential to improve outcomes for people and increase the amount of time the workforce has to deliver services (rather than travelling or completing administrative tasks).</p> <p>It is expected that all projects that form part of digital transformation programmes will consider and make plans to mitigate the risk of digital exclusion. Projects will also be required to consider alternatives to digital provision, particularly for disadvantaged and excluded groups, especially where projects have a focus on Technology Enabled Care and direct service delivery. There are also opportunities to work with health inequalities and other local and national digital inclusion services to support the population in terms of access to devices, internet, and digital skills.</p> <p><u>Reduction of Transformation Reserve – positive</u></p> <p>The proposal to reduce the IJB’s transformation reserve 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 high proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. However, it should also be noted that reducing transformation reserves does risk slowing the pace of implementation of service redesign and other transformation which are designed to improve the experiences and outcomes of people who use services and supports, including people with a disability. The IJB Budget Consultation found no difference between the average impact rating for the saving proposal amongst people with a disability when compared to the total survey sample (medium – 2.1). Although the level of transformation reserves is proposed to be reduced, the remaining fund will likely benefit people with a disability as significant users of health and social care services. The IJB will also continue to work with Dundee City Council, NHS Tayside, and the Scottish Government to identify and access alternative sources of funding to support transformation activity.</p>
Gender Reassignment		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. The results of the budget consultation were not able to be analysed for this group due to exceptionally low numbers.
No Impact		
Negative		
Not Known	X	
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		None of the budget proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		None of the budget proposal are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive	X	Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females. Please see section for age (above). Please see also (below) impact assessment for unpaid carers, as it is known that the majority of unpaid carers are female (60% based on 2021 census). Additional considerations are outlined below.
No impact		
Negative	X	
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>

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		<p><u>Remove Demographic growth investment – negative (planned mitigation)</u></p> <p>The IJB Budget Consultation found no difference between the average impact rating for the saving proposal for females when compared to the total survey sample (medium – 2.). This saving option was in the top 3 impact rating for this population group. For males, this option was rated as having a lower impact than for the total survey sample, at 2.5. It was also in the top 3 impact rating for this population group.</p> <p>87% of the health and social care workforce in Dundee are female. Respondents to the IJB Budget Consultation were concerned about the need for adequate staffing and resources, and the risk of increased pressure on existing employees, potentially leading to burnout. Concerns were also raised regarding the impact on staff morale and retention, as well as potential to increase levels of staff absence. Additional mitigations in relation to this risk include the provision of staff health and wellbeing support (a comprehensive programme is in place across both employing organisations) and ongoing oversight of absence and retention data. The Staff Partnership structure provides a formal forum for raising and agreeing any additional mitigations for female members of the workforce if required.</p> <p><u>Digital Transformation and Agile Working opportunities - positive</u></p> <p>The IJB Budget Consultation found no difference between the average impact rating for the saving proposal for females when compared to the total survey sample (medium – 2.8). For males, this option was rated as having a lower impact than for the total survey sample, at 2.5.</p> <p>87% of the health and social care workforce in Dundee are female. Amongst respondents to the IJB Budget Consultation there was general agreement that digital developments to support administrative and internal business processes.</p> <p><u>Reduction of Transformation Reserve – positive and negative (planned mitigation)</u></p> <p>The IJB Budget Consultation found no difference between the average impact rating for the saving proposal for females when compared to the total survey sample (medium – 2.1). For males, this option was rated as having a lower impact than for the total survey sample, at 2.</p>
Religion & Belief		Explanation, assessment and potential mitigations
Positive		<p>There is not sufficient data available to assess the demand for and use of delegated health and social care services people who do and who do not have a religion or belief, and therefore the impact of the budget on them as a specific group is not able to be accurately assessed at this time. The IJB Budget Consultation did provide some information regarding possible impacts of saving options, but this should be treated with caution as a sole source of information as the sample was not representative. Relevant results are included below for information.</p> <p><u>Remove Demographic growth investment – not known</u></p> <p>The IJB Budget Consultation found no difference between the average impact rating for the saving proposal for people with a religion or belief when compared to the total survey sample (medium – 2.8). However, this saving option was in the top 3 impact rating for this population group. There was no significant variation by specific religion or belief. People who stated that have no religion or belief reported a lower average impact (2.7), but this saving option remained within their top 3 impacts.</p> <p><u>Digital Transformation and Agile Working opportunities – not known</u></p> <p>The IJB Budget Consultation found no difference between the average impact rating for the saving proposal for people with no religion or belief when compared to the total survey sample</p>
No Impact		
Negative		
Not Known	X	

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		<p>(medium – 2.2). People who stated that have a religion or belief reported a lower average impact (2.1); this was consistent across all specific religious groups that were analysed.</p> <p><u>Reduction of Transformation Reserve – not known</u></p> <p>Within the IJB Budget Consultation people who stated that they have a religion or belief reported that this saving option would have a medium negative impact on them (average rating 2.2); this was a slightly higher impact than the average for the whole sample of respondents (2.1). People who stated that have no religion or belief reported a lower average impact (2).</p>
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		<p>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 death 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.</p> <p>The IJB Budget Consultation did provide some information regarding possible impacts of saving options, but this should be treated with caution as a sole source of information as the sample was not representative. Relevant results are included below for information.</p> <p><u>Remove Demographic growth investment – not known</u></p> <p>For both Black and minority ethnic groups and white Eastern European / white other groups the IJB Budget Consultation found people reported that this saving option would have a slightly higher average impact on them (3 and 2.9 respectively) than the average for the whole survey sample (2.8). For both groups, this saving option was within their top 3 impacts.</p> <p><u>Digital Transformation and Agile Working opportunities – not known</u></p> <p>The IJB Budget Consultation found that people from Black and Minority Ethnic groups reported that this saving option would have a greater level of impact on them (2.5) than the average for the whole survey sample (2.2). People from white Eastern European / white other groups reported a lower level of impact (1.9).</p> <p><u>Reduction of Transformation Reserve – not known</u></p> <p>The IJB Budget Consultation found that people from Black and Minority Ethnic groups reported that this saving option would have a greater level of impact on them (2.8) than the average for the whole survey sample (2.1). People from white Eastern European / white other groups reported no difference in average impact.</p>
No Impact		
Negative		
Not Known	X	
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		<p>There is not sufficient data available to assess the demand for and use of delegated health and social care services by people of different sexual orientations, and therefore the impact of the budget on them as a specific group is not able to be accurately assessed at this time.</p> <p>The IJB Budget Consultation did provide some information regarding possible impacts of saving options, but this should be treated with caution as a sole source of information as the sample was not representative. Relevant results are included below for information.</p>
No Impact	X	
Negative		
Not Known		

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	<p><u>Remove Demographic growth investment</u></p> <p>For people who stated they are bisexual or queer the IJB Budget Consultation found people reported that this saving option would have a slightly higher average impact on them (3.1) than the average for the whole survey sample (2.8). For both this group and for gay and lesbian respondents this saving option was within their top 3 impacts. However, gay, and lesbian respondents reported a lower average impact score (2.5).</p> <p><u>Digital Transformation and Agile Working opportunities</u></p> <p>The IJB Budget Consultation found that both gay and lesbian people and bisexual and queer people reported that this saving option would have a lower level of impact on them (1.7 and 1.5) than the average for the whole survey sample (2.2).</p> <p><u>Reduction of Transformation Reserve</u></p> <p>The IJB Budget Consultation found that both gay and lesbian people and bisexual and queer people reported that this saving option would have a lower level of impact on them (both 1.8) than the average for the whole survey sample (2.2).</p>
<p>Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.</p>	
<p>None.</p>	

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)	X		X	
North East (Whitfield, Fintry & Mill O'Mains)	X		X	
Lochee (Lochee Beechwood, Charleston & Menzieshill)	X		X	
Coldside (Hilltown, Fairmuir & Coldside)	X		X	
East End (Mid Craigie, Linlathen & Douglas)	X		X	
Maryfield (Stobswell & City Centre)	X		X	
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End	X		X	
The Ferry	X		X	

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Description of impacts on Fairness- Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.

Remove Demographic growth investment – negative (mitigated)

The IJB Budget Consultation found no significant variation in the impact of this saving option on respondents from any single LCPP area, when compared with the total sample of respondents. However, all LCPP areas placed this option within their top 3 impacts. However, there is clear evidence that people from the most deprived socio-economic groups have higher levels of health and social care needs. Removing flexibility to respond to changes in demand during the financial year is therefore likely to impact on them more significantly than other groups within the population. All LCPP areas, other than The Ferry and the West End are considered to be impacted by this higher risk.

A range of strategies and plans are in place to respond to predictable spikes in demand, such as pressures associated with the Winter period, and these will continue to be implemented during 2025/26. General changes in baseline demand for services will be managed in the first instance at a team and service level – this will include prioritisation of available resources in-line with assessed need and clinical prioritisation. This may result in longer waiting periods for some people to access assessment and / or services. Performance management information will continue to be used to monitor service demand, as well as waiting times, with escalation to senior management and to the Performance and Audit Committee of the IJB as required. Clinical and Care Governance arrangements will also support to monitoring of impact on availability and quality of patient care.

Digital Transformation and Agile Working opportunities – positive and negative (mitigated)

It is recognised that not everyone has equal access to digital technologies. People from low-income backgrounds, older adults, and those with limited digital literacy may struggle to use digital health services effectively. This can exacerbate existing health inequalities. However, digital innovation may also bring positive benefits for people who come from the most deprived areas of Dundee – including reducing travel costs and the need to take (unpaid) time off work to attend appointments and manage health and social care needs.

The IJB Budget Consultation found no significant variation in the impact of this saving option on respondents from any single LCPP area, when compared with the total sample of respondents. Slightly higher impact ratings were identified for Lochee and for The Ferry (2.5 and 2.4 compared to whole sample average of 2.2). Both LCPP areas also placed this option within their top 3 impacts. Respondents expressed concern that reliance on digital services could exacerbate health inequalities, as some individuals lack access to the internet or devices. Some respondents said remote service delivery would leave people feeling lonely, isolated, and helpless. Many respondents stated that any developments around digital services must be supported by investment in supporting people to access digital devices and to enhance digital literacy.

It is expected that all projects that form part of digital transformation programmes will consider and make plans to mitigate the risk of digital exclusion. Projects will also be required to consider alternatives to digital provision, particularly for disadvantaged and excluded groups, especially where projects have a focus on Technology Enabled Care and direct service delivery. There are also opportunities to work with health inequalities and other local and national digital inclusion services to support the population in terms of access to devices, internet, and digital skills.

Reduction of Transformation Reserve – positive and negative (planned mitigation)

The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very strongly 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. However, it should also be noted that reducing transformation reserves does risk slowing the pace of implementation of service redesign and other transformation which are designed to improve the experiences and outcomes of people who use services and supports, including people with a disability. The IJB Budget Consultation found no significant variation in the impact of this saving option on respondents from any single LCPP area, when compared with the total sample of respondents. Slightly higher impact ratings were identified for Lochee (2.4 compared to whole sample average of

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2.1). Although the level of transformation reserves is proposed to be reduced, the remaining fund will likely benefit people with a disability as significant users of health and social care services. The IJB will also continue to work with Dundee City Council, NHS Tayside, and the Scottish Government to identify and access alternative sources of funding to support transformation activity.

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive	None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.	
No Impact		X
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	X	Remove Demographic growth investment – negative (planned mitigation)
No Impact		
Negative	X	Unpaid carers provide a high level of care and support for people with health and social care needs. Removing flexibility to respond to changes in demand during the financial year is therefore likely to impact on them more significantly than other groups within the population. Within the IJB Budget Consultation people who stated that they are an unpaid carer reported no difference in the impact that this saving option would have on them when compared to the total survey sample (average rating medium - 2.8). This saving option was in the top 3 impact rating for this population group. Several respondents stated that having flexibility within budgets to respond to changing demand is important to provide 'peace of mind,' particularly for unpaid carers. Several respondents emphasised the importance of maintaining flexible support for unpaid carers, with potential for increased stress and mental health issues for this group. Some respondents were particularly concerned about additional pressure on unpaid carers in crisis situations, and for the potential for burnout and exhaustion. Respondents emphasised that for many unpaid carers and cared for people the Health and Social Care Partnership provides a 'safety-net,' and services must be available in crisis situations.
Not Known		
A range of strategies and plans are in place to respond to predictable spikes in demand, such as pressures associated with the Winter period, and these will continue to be implemented during 2025/26. General changes in baseline demand for services will be managed in the first instance at a team and service level – this will include prioritisation of available resources in		

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	<p>line with assessed need and clinical prioritisation. This may result in longer waiting periods for some people to access assessment and / or services. Performance management information will continue to be used to monitor service demand, as well as waiting times, with escalation to senior management and to the Performance and Audit Committee of the IJB as required. There are strong arrangements for unpaid carer engagement in Dundee, including representation within strategic planning groups and at the IJB, which provide a direct route to raise emerging actual impacts and to discuss and plan further mitigations.</p> <p><u>Digital Transformation and Agile Working opportunities – positive and negative (planned mitigation)</u></p> <p>Digital transformation options include aspects that relate to the use of Technology Enabled Care as well as the use of digital solutions to support processes such as appointments and assessments. The expansion of use of Technology Enabled Care can reduce risks that might otherwise be associated with independent living and can improve access to services via remote and digital routes (for example, by reducing travel time or the need to take time off work). Digital services can offer greater convenience for scheduling appointments, accessing information, and receiving reminders for medication or follow-up care. This can be especially helpful for busy individuals such as unpaid carers and free up time for them to manage their own health and wellbeing needs. Digital platforms can provide unpaid carers with easier access to information, resources, and support networks. This can help them manage care more effectively and feel less isolated. Technologies such as remote monitoring devices and telehealth can allow carers to keep track of the health status of the person they care for without being physically present. This can reduce the pressure on carers and provide peace of mind.</p> <p>The IJB Budget Consultation found no difference between the average impact rating for the saving proposal amongst people who are unpaid carers when compared to the total survey sample (medium – 2,2). Many respondents highlighted that older people might struggle to engage with online services and might exclude vulnerable populations, particularly people with learning disabilities, cognitive disorders, low levels of literacy or limited digital skills. Respondents stated that forcing digital engagement can disproportionately disadvantage these populations and that alternatives must be available to prevent increased pressure on unpaid carers. Other respondents highlighted that Technology Enabled Care and other digital solutions are currently underutilised in Dundee and have the potential to improve outcomes for people and increase the amount of time the workforce has to deliver services (rather than travelling or completing administrative task; this could include direct and indirect benefits to unpaid carers.</p> <p>It is expected that all projects that form part of digital transformation programmes will consider and make plans to mitigate the risk of digital exclusion. Projects will also be required to consider alternatives to digital provision, particularly for disadvantaged and excluded groups, especially where projects have a focus on Technology Enabled Care and direct service delivery. There are also opportunities to work with health inequalities and other local and national digital inclusion services to support the population in terms of access to devices, internet and digital skills.</p> <p><u>Reduction of Transformation Reserve – positive</u></p> <p>The proposal to reduce the IJB’s transformation reserve 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. However, it should also be noted that reducing transformation reserves does risk slowing the pace of implementation of service redesign and other transformation which are designed to improve the experiences and outcomes of people who use services and supports, including people who are unpaid carer. The IJB Budget Consultation found no difference between the average impact rating for the saving proposal amongst people who are unpaid carers when compared to the total survey sample (medium – 2.1). Although the level of transformation reserves is proposed to be reduced, the remaining fund will likely benefit people with a disability as significant users of</p>
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Dundee Integration Joint Board Integrated Impact Assessment

		health and social care services. The IJB will also continue to work with Dundee City Council, NHS Tayside and the Scottish Government to identify and access alternative sources of funding to support transformation activity.
Lone Parent Families/Single Female Parent Household with Children		
Positive		None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive	<input checked="" type="checkbox"/>	Please see section on age (above).
No Impact		
Negative	<input checked="" type="checkbox"/>	
Not Known		
Serious & Enduring Mental Health Conditions		
Positive		<u>Remove Demographic growth investment – negative (planned mitigation)</u>
No Impact		
Negative	<input checked="" type="checkbox"/>	Within the IJB Budget Consultation specific concerns were raised about mental health services, which respondents described as under-resourced and frequently overwhelmed. Many individuals reported long waiting times for assessments and treatments, which exacerbates mental health crisis. A programme of improvement work is ongoing in relation to the provision of mental health services in Tayside, which includes aspects focused on access and quality of care. The continued implementation of these programmes will include aspects that support services to manage increasing demand. There is regular monitoring of key indicators for mental health services via a range of programme boards, management teams and also at the IJB's Performance and Audit Committee.
Not Known		
Homeless (risks of Homelessness)		
Positive		See sections on mental health and drug and alcohol as there is known to be greater levels of these health and social care needs within the homeless / at risk of homeless population.
No Impact		
Negative	<input checked="" type="checkbox"/>	
Not Known		
Drug and/or Alcohol issues		
Positive	<input checked="" type="checkbox"/>	<u>Reduction of Transformation Reserve – positive and negative (planned mitigation)</u>
No Impact		
Negative	<input checked="" type="checkbox"/>	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. Some respondents were concerned that reducing the transformation reserve could delay the development and implementation of new initiatives that aim to improve the quality of care, potentially affecting those who rely on specialised services. This included concern about the impact on the development of services for drugs and alcohol. In addition, to IJB managed drug and alcohol funds the Alcohol and Drug Partnership commissions a significant programme of service provision and transformation projects. The Alcohol and Drug Partnership will have a flat cash budget for 2025/26 allowing them to maintain their current commissioning activity. There is close co-ordination between the IJB and the Alcohol and Drug Partnership to ensure best value is achieved from available funds.
Not Known		
Offenders and Former Offenders		

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Positive		None of the budget proposals are considered to have any direct or relevance to this fairness group.
No Impact	X	
Negative		See sections on mental health and drug and alcohol as there is known to be greater levels of these health and care needs amongst people involved in community justice processes.
Not Known		

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.

Explanation, assessment and any potential mitigations

Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)

Positive	X	<u>Adult Social Care Pay Uplift – positive</u>
No Impact		Pay uplifts for adult social care providers will directly increase incomes for those people employed in the sector.
Negative		
Not Known		

Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.

Positive		None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Earnings & employment-including opportunities, education, training & skills, security of employment, under employment & unemployment

Positive	X	<u>Digital Transformation and Agile Working opportunities - positive</u>
No Impact		The use of digital technologies can reduce the amount of time unpaid carers spend providing care and support. This could have positive impacts in terms of the ability of unpaid carers to seek employment or to increase earnings from existing employment.
Negative		
Not Known		

Connectivity / Internet Access/ Digital Skills

Positive		<u>Digital Transformation and Agile Working opportunities – negative (planned mitigation)</u>
No Impact		It is recognised that not everyone has equal access to digital technologies. People from low-income backgrounds, older adults, and those with limited digital literacy may struggle to use digital health services effectively. This can exacerbate existing health inequalities. See sections on Age, Disability and Identified Areas of Deprivation (above) for further details on risks and benefits.
Negative	X	
Not Known		It is expected that all projects that form part of digital transformation programmes will consider and make plans to mitigate the risk of digital exclusion. Projects will also be required to consider alternatives to digital provision, particularly for disadvantaged and excluded groups, especially where projects have a focus on Technology Enabled Care and direct service delivery. There are also opportunities to work with health inequalities and other local and national digital inclusion services to support the population in terms of access to devices, internet and digital skills.

Health (including Mental Health) Specifically consider any impacts to Child Health

Positive	X	<u>Remove Demographic growth investment – negative (planned mitigation)</u>
No Impact		

Dundee Integration Joint Board Integrated Impact Assessment

Negative	X	<p>It is recognised that there is a risk that removing flexibility in budgets to address changes in demand will impact on health outcomes across the population, particularly in terms of short-term pressures on the accessibility of services and supports. A range of strategies and plans are in place to respond to predictable spikes in demand, such as pressures associated with the Winter period, and these will continue to be implemented during 2025/26. General changes in baseline demand for services will be managed in the first instance at a team and service level – this will include prioritisation of available resources in-line with assessed need and clinical prioritisation. This may result in longer waiting periods for some people to access assessment and / or services. Performance management information will continue to be used to monitor service demand, as well as waiting times, with escalation to senior management and to the Performance and Audit Committee of the IJB as required. Clinical and Care Governance arrangements will also support to monitoring of impact on availability and quality of patient care.</p> <p><u>Digital Transformation and Agile Working opportunities - positive and negative (planned mitigation)</u></p> <p>It is recognised that not everyone has equal access to digital technologies and that older adults, and those with limited digital literacy may struggle to use digital health and social care services effectively. However, there is a range of evidence that digital technologies, can contribute to improving both access to services and outcomes for people. It is expected that all projects that form part of digital transformation programmes will consider and make plans to mitigate the risk of digital exclusion. Projects will also be required to consider alternatives to digital provision, particularly for disadvantaged and excluded groups, especially where projects have a focus on Technology Enabled Care and direct service delivery. There are also opportunities to work with health inequalities and other local and national digital inclusion services to support the population in terms of access to devices, internet and digital skills.</p> <p><u>Reduction of Transformation Reserve – positive and negative (planned mitigation)</u></p> <p>The proposal to reduce the IJB's transformation reserve 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. However, it should also be noted that reducing transformation reserves does risk slowing the pace of implementation of service redesign and other transformation which are designed to improve the experiences and outcomes of people who use services and supports. The IJB will continue to work with Dundee City Council, NHS Tayside and the Scottish Government to identify and access alternative sources of funding to support transformation activity.</p>
Not Known		

Healthy Weight/Weight Management/Overweight / Obesity

Positive	X	<p>See Health section (above) no additional impacts have been identified for this specific aspect of health.</p>
No Impact		
Negative	X	
Not Known		

Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing

Positive		<p>None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.</p>
No Impact	X	
Negative		
Not Known		

Transport (including accessible transport provision and sustainable modes of transport)

Positive		<p>None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.</p>
No Impact	X	
Negative		

Dundee Integration Joint Board Integrated Impact Assessment

Not Known		
Life expectancy		
Positive	<input checked="" type="checkbox"/>	See Health section (above) no additional impacts have been identified for this specific aspect of health.
No Impact		
Negative	<input checked="" type="checkbox"/>	
Not Known		
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input checked="" type="checkbox"/>	<u>Digital Transformation and Agile Working opportunities</u> Digital health services, such as telehealth and remote monitoring, can significantly reduce the need for travel to services. This leads to lower carbon emissions from transportation
No Impact		
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive	<input checked="" type="checkbox"/>	<u>Digital Transformation and Agile Working opportunities</u> Digital technologies can improve the efficiency of health and social care services, reducing energy consumption in buildings.
No Impact		
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive	<input checked="" type="checkbox"/>	<u>Digital Transformation and Agile Working opportunities</u> Digital records and electronic systems reduce the reliance on paper, leading to less deforestation and waste.
No Impact		
Negative		
Not Known		
Sustainable Procurement		
Positive		None of the budget proposals are considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		None of the budget proposals are considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		None of the budget proposals are considered to have any direct or indirect relevance to this factor.
No Impact		
Negative		
Not Known		

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment
Statement 1

Dundee Integration Joint Board Integrated Impact Assessment

No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Statement 2

Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<i>Use the SEA flowchart to determine whether this plan or proposal requires SEA.</i>
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If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)

Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)

Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.

End of Impact Assessment Record.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 26 MARCH 2025

REPORT ON: REDUCTION OF EXTERNAL CARE HOME PLACEMENTS

REPORT BY: CHIEF OFFICER

REPORT NO: APPENDIX 6A OF DIJB14-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of the proposal to reduce the number of care home placements in the independent sector with a view to reducing revenue costs by £500k on a recurring basis.

2.0 RECOMMENDATIONS

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

- 2.1 Note the ongoing work to improve the efficient and effectiveness of operational arrangements within the Health and Social Care Partnership for assessment and decision-making for care home placements (section 4.1).
- 2.2 Approve the proposal to reduce the commissioning budget for external care home placements by £500k on a recurring basis from 2025/26 (section 4.2).
- 2.3 Remit the Chief Officer to issues directions as set out in section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Net revenue budgets totalling £24.2m are currently aligned to the purchase of Older People Care Home placements from external providers, via National Care Home Contract arrangements. The average number of individuals supported through these residential and nursing placements through 2024/25 (to January) is around 860, with average net cost of around £28.5k per annum.
- 3.2 A reduction of spend of £500k would equate to an overall reduction of 18 placements in externally commissioned Care Home placements.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Dundee Health and Social Care Partnership has a duty to assess needs and review packages of social care support. When needs become too complex or unsafe to sustain independent living an assessment relating to a placement within a care home setting is undertaken by a social worker / care manager. Where it is assessed that a care home placement is appropriate a recommendation will be made to the relevant Team Manager.
- 4.1.2 Assessments may also identify where an individual resident in a care home, either new or existing, requires an enhanced staffing models to meet their care and support needs. Where this occurs, the recommendation is discussed between the care home and social worker/review officer and agreed by an Integrated Manager. Where additional support is agreed it is funded by the Partnership.

4.1.3 The Partnership has identified a range of opportunities to improve the process of assessment and decision-making for care home placement with a view to ensuring processes are consistently applied across all operational teams. This includes changes that will ensure:

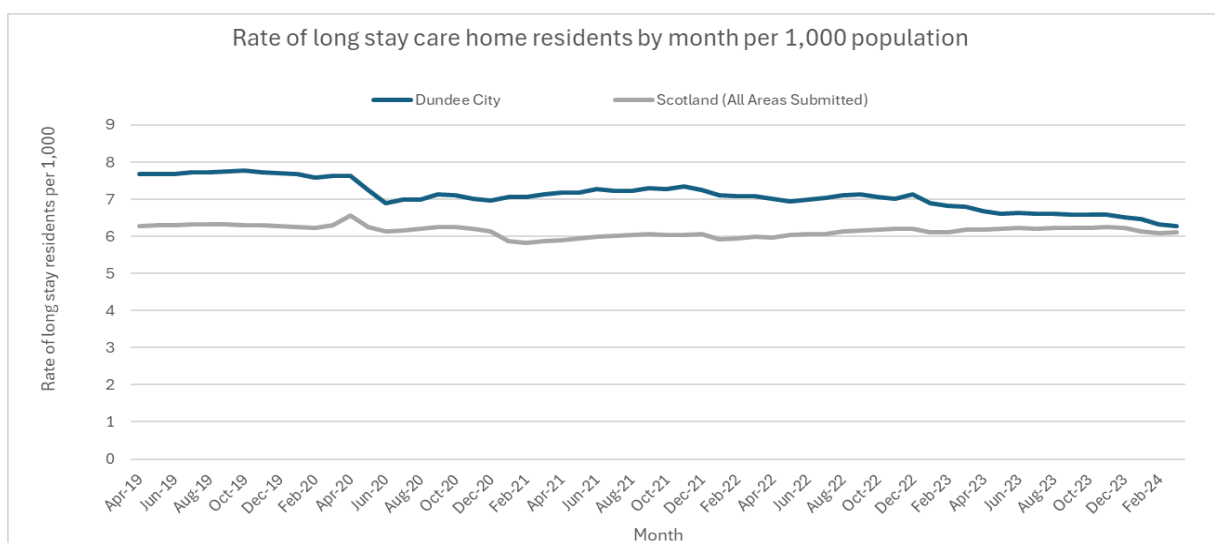
- Clarity and comprehensive understanding of care home placement criteria across all relevant staff groups within the Partnership.
- Operational staff have the knowledge and resources to undertake robust assessments of risk and need within community settings, with a focus on identifying early, preventative support measures wherever possible.
- Central oversight of recommendations to proceed with a care home placement via a Resource Panel, to ensure that criteria is being consistently applied in respect of assessed need. This is in line with best practice already operating in other Partnerships across Scotland. In the first phase this will not affect crisis admissions and respite placements.
- Central oversight of recommendations to provide an enhanced staffing model for individual residents via a Resource Panel.

It is anticipated that these operational changes will ensure that people are provided with a care home placement, with relevant enhancements where required whilst also removing unjustifiable differences in access to placements and levels of support that are not supported by the underlying assessment of need. It is anticipated they will be fully implemented by May 2025.

4.1.4 Projected 2024/25 Care Home spend in Dundee is currently around £24m. A total of 860 people are currently being supported in care home placements in Dundee, with the average length of stay being 23 months. As well as placing people in care homes that are operated by the Partnership, placements are also made to care homes operated by independent sector providers. Commissioned placements are made through the National Care Home Contract, which ensure quality of provision and an agreed placement rate. The current National Care Home Contract residential rate is £825.94, and the Nursing Home rate is £948.59 per week.

4.2 Proposed Reduction in Independent Sector Care Home Placements

4.2.1 Since the COVID-19 pandemic there had been a significant decline in demand for care home placements, although Dundee remains above the Scottish average in terms of number of care home placements.



Citizens continue to express a strong preference to remain in their own home or other independent living community settings for as long as is possible.

4.2.2 It is anticipated that trend of reduced demand for care home placements will continue during 2025/26. In combination with the impact of the changes to operational arrangements for care

home assessment and placement decisions outlined in section 4.1.3, this is expected to result in 18 fewer placements being required to be purchased from the independent sector during 2025/26. It is therefore proposed that the commissioning budget for external care home placements in the independent sector is reduced by £500k on a recurring basis from 2025/26 onwards.

- 4.2.3 Actual demand for care home placements will be able to be more effectively monitored via the work of the Resource Panel referenced in section 4.1.3. They will also have an important role in effectively managing any excess demand that might emerge throughout the year, including prioritisation of placements and supporting the provision of alternative packages of care where it is safe for an individual to wait for an admission to a care home. There is a very small risk that reducing the number of care home placements available will impact on delayed discharge performance, as it has always been the direction that no one should have an assessment for care from an acute setting. Ongoing work around 'discharge without delay' and 'No place like home' will continue to support this position moving forward.
- 4.2.4 The IJB's budget consultation invited respondents to provide their views on the option of reducing care home placements in the independent (private) sector. Key results were:
- Reducing care home placements in the independent sector had an average level of support score of 3.5 (on a scale from 1 not supportive to 7 supportive).
 - 417 individuals and 68 organisations rated the potential negative impact of this saving option, with the average impact ratings being 2.2 and 2.4 respectively. 77 individual and 15 organisational respondents stated that this option would have a high impact, 101 individuals and 19 organisations said it would have a medium negative impact.
 - 129 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:
 - There is particular concern about the lack of available placements for older people with complex needs that cannot be met at home or in Partnership operated care homes, which are primarily residential and do not provide nursing or Elderly Mentally Infirm care (care for older adults with significant mental health needs) care.
 - Several respondents stated that the care home system is already under pressure, with delayed discharges from hospitals being a significant concern. They believe that reducing care home placements will worsen this issue, leading to longer hospital stays for patients who need to move to a care home, ultimately increasing costs for the NHS and resulting in poorer patient outcomes. Specific concerns were expressed about potential for increased frailty whilst waiting for a care home placement and the potential impact on unscheduled admissions and patient flow.
 - There was a general consensus that care home placements are essential for individuals who have no alternative, but the focus must be on community support services that enable older people to remain at home safely, particularly care at home services. Many respondents were concerned that reducing care home availability without a corresponding increase in care at home services will lead to crisis situations where older people are left without necessary support, resulting in increased strain on families, unpaid carers, and healthcare systems.
 - No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in appendix 4.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	Demand / assessed need for care home admissions during 2025/26 exceeds available placements.
Risk Category	Operational, Financial
Inherent Risk Level	Likelihood 2 x Impact 4 = Risk Scoring 8 (which is a High risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> The operational Resource Panel will maintain oversight of all care home placements, monitoring and responding to any changes in demand that emerge throughout the year. Assessment processes are being strengthened to ensure a greater focus on preventative, early intervention with a focus on further reducing the need for care home placements. Further work to be considered to enhance supported living options There are a range of day service and respite options available when appropriate to support service users and carers.
Residual Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate risk level)
Planned Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4 (which is a Low risk level)
Approval recommendation	Given the low level of planned risk, it is recommended that the IJB accepts the risk.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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	X
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

- 9.1 None

Dave Berry
Acting Chief Officer

DATE: 05 March 2025

Allison Lee
Associate Locality Manager

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	Appendix 6A of DIJB14-2025
2	Date Direction issued by Integration Joint Board	26 March 2025
3	Date from which direction takes effect	01 April 2025
4	Direction to:	Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Care home placements commissioned from the independent sector.
7	Full text of direction	Dundee IJB Directs Dundee City Council to reduce the number of commissioned care home placements from the independent sector by an average of 18 during the course of 2025/26, with equivalent value of £500k over 2025/26.
8	Budget allocated by Integration Joint Board to carry out direction	2025/26 anticipated budget of £25,627k (including provision for uplift less £500k reduction)
9	Performance monitoring arrangements	Financial Monitoring arrangements and care home placement monitoring processes
10	Date direction will be reviewed	March 2026 or should the IJB be required to implement financial recovery plans during 2025/26.

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Dundee Integration Joint Board Integrated Impact Assessment

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Document Title	Reduction in External Care Home Placements				
Type of document	Policy		Plan	x	Other- describe
Date of this Pre-Integrated Impact Assessment Screening	04/ March 2025				
Date of last IIA (if this is an update)	N/A				
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates					
<p>The purpose of this report is to seek approval of the proposal to reduce the number of care home placements in the independent sector with a view to reducing revenue costs by £500k on a recurring basis.</p> <p>If approved this change will be implemented from 01 April 2025 to 31 March 2026.</p>					
Lead Officer/Document Author (Name, Job Title/Role, Email)					
Dave Berry, Chief Officer, dave.berry@dundeecity.gov.uk					
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)					
Allison Lee, Associate Locality Manager, allison.lee@nhs.scot					
Job Title of colleagues or name of groups who contributed to pre-screening and IIA					
Kathryn Sharp, Acting Head of Service					
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	Yes	No			
A document or proposal that requires the IJB to take a decision	x				
A major Strategy/Plan, Policy or Action Plan	x				
An area or partnership-wide Plan		x			
A Plan/Programme/Strategy that sets the framework for future development consents		x			
The setting up of a body such as a Commission or Working Group		x			
An update to an existing Plan (when additional actions are described and planned)		x			

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA</u> must be completed	Y	N
Individuals who have Equality Act Protected Characteristics i.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	x	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn	x	
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	x	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).	x	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	x	

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People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		x	
Offenders and former offenders			x
Effects of Climate Change or Resource Use			x
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.			x
Transport, Accessible transport provision; sustainable modes of transport.			x
Natural Environment			x
Air, land or water quality; biodiversity; open and green spaces.			x
Built Environment. Built heritage; housing.			x
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>			
From information provided in Step 1 (Pre-screening) Is an IIA needed?		Y	x
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)		N	
Anticipated Date of IJB	26 March 2025	IJB Report Number	DIJB14-2025 – Appendix 6A
Date IIA completed	14 March 2025		

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

Results from the IJB Budget Consultation Report are included within this impact assessment but, as a sole source of information, should be treated with caution as the sample is not representative of the population. Differences in average impact ratings below 1 are not considered to be significant. Individual respondents to the IJB Budget Consultation report this saving option would have a medium impact (2.3), organisational respondents rated this option as having a high impact (3.1).

Overall, it has been assessed that the proposal to reduce external care home placements is likely to have a range of both positive impacts, particularly for older people, people with a disability and unpaid carers. Mitigations have been identified in relation to potential negative impacts, including a range of ongoing monitoring via operational management teams and Clinical and Care Governance systems to ensure any further unexpected impacts are identified at an early stage.

Need and demand for care home placements has been reducing over a number of years, in response to policy to shift the balance of care, market changes and individual / family preferences. A reduction in placements has been projected for 2025/26, however personalised assessment and care planning will continue to ensure that care home placement is available to those people for which that is the best option to meet both their care and support needs and their individual choice / preference. Where unexpected demand occurs, there is a risk of people waiting for admission where it is safe for them to do so; this will be supported by alternative services, including for unpaid carers via Carers Assessment processes.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities		By whom
March 2025	Review of placement activity	Explore reduction in people being placed in care in favour of community supports.	Associate Locality Manager / Strategic Planning and Business Support Team
January 2025 – March 2025	Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals. This includes review of the IJB's Strategic Needs Assessment. Additional statistical information regarding current profile of service use.	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Acting Chief Finance Officer / Acting Head of Service, Strategic Services
December 2024 – March 2025	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Acting Chief Officer / Acting Chief Finance Officer
2024/25	Range of engagement activities related to the development of strategic and delivery plans during 2024/25. This has included targeted engagement work undertaken by the Carers Partnership, as part of the whole system redesign of Learning Disability Service in Tayside and for mental health and wellbeing plans / services.	Members of the public Unpaid carers Third and independent sector health and	Acting Head of Service, Strategic Services / Strategic Planning and Business Support Team

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	Ongoing engagement with above groups and intelligence reported and discussed at Strategic Planning Groups, Strategic Planning Advisory Group, IJB and PAC.	social care providers	
14 February – 05 March 2025	IJB Public Budget Consultation Specifically, responses received in relation to section 4 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been considered within this IIA.	Members of the public Unpaid carers Third and independent sector health and social care providers Members of the health and social care workforce	Acting Head of Service, Strategic Services
January 2025 – March 2025	Review of contracts with external providers for care at home services, including placement activity and contractual conditions.	Social Care Contracts Team and Contract Leads	Acting Head of Service, Strategic Services

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive	X	<p>Older people will be directly impacted by this proposal.</p> <p>Citizens continue to express a strong preference to live independently in their home for as long as possible. This was emphasised again in responses to the IJB Budget Consultation, where there was consensus that whilst care home placements should be available for those who need them, the focus must be on enhancing community-based care and support. This proposal aims to ensure that this choice is supported wherever possible, but where a move to a care home is required to meet individual needs and reduce risk that there is fair and equitable access, with a supported transition. It is intended that the overall approach will improve the process of transition to care homes whilst recognising that demand continues to decline for this type of support.</p> <p>The IJB Budget Consultation included many respondents noting concern about the potential impact of this saving option on older people. There was particular concern about the lack of available placements for older people with complex needs that cannot be met at home or in Partnership operated care homes, which are primarily residential and do not provide nursing or Elderly Mentally Infirm care. Many respondents reported that most care home placements are currently made in crisis / emergency circumstances, and that it is already challenging to secure a placement. Respondents felt that this would become worse if the number of available placements is further reduced and could present a risk to</p>
No Impact		
Negative	X	
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

		<p>people's safety and wellbeing. Concern was also expressed regarding a risk of delayed discharges increasing for people waiting for a care home placement and subsequent increased frailty and poorer health outcomes.</p> <p>It is recognised that as demand for care home placements is needs led that unexpected levels of demand might occur throughout the year. Where this does arise the process of assessment will continue to be applied and will be more effectively managed through the new Resource Panel. While some people may have to wait for a period of time for a placement to be available, this will only happen where it has been assessed that it is safe to do so and where alternative supports are in place to respond to needs and risks in the interim period.</p> <p>Operational management teams receive and scrutinise placement data on a regular basis. Improved processes, including the Resource Panel, will enhance the range and quality of data available. This will enable any emerging pressures and impacts to be identified and mitigated at an early stage. Clinical and Care Governance arrangements also provide a safeguard in terms of monitoring of quality of care and any unanticipated impacts of this proposal.</p>
Disability		Explanation, assessment and potential mitigations
Positive	X	People with a disability will be directly impacted by this proposal.
No Impact		
Negative	X	<p>Citizens continue to express a strong preference to live independently in their home for as long as possible. This proposal aims to ensure that this choice is supported wherever possible, but where a move to a care home is required to meet individual needs and reduce risk that there is fair and equitable access, with a supported transition. It is intended that the overall approach will improve the process of transition to care homes whilst recognising that demand continues to decline for this type of support.</p> <p>It is recognised that as demand for care home placements is needs led that unexpected levels of demand might occur throughout the year. Where this does arise the process of assessment will continue to be applied and will be more effectively managed through the new Resource Panel. While some people may have to wait for a period of time for a placement to be available, this will only happen where it has been assessed that it is safe to do so and where alternative supports are in place to respond to needs and risks in the interim period.</p> <p>Operational management teams receive and scrutinise placement data on a regular basis. Improved processes, including the Resource Panel, will enhance the range and quality of data available. This will enable any emerging pressures and impacts to be identified and mitigated at an early stage. Clinical and Care Governance arrangements also provide a safeguard in terms of monitoring of quality of care and any unanticipated impacts of this proposal.</p>
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations

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Positive	<input checked="" type="checkbox"/>	Due to differences in life expectancy a greater proportion of older people who might require admission to care homes due to frailty associated with old age are female. Please see section on Age (above). The majority staff working in health and social care service are female. The IJB Budget Consultation highlighted concerns regarding the impact of this proposal on staff working in health and care at home services, in terms of additional pressures should appropriate care home placements not be immediately available to meet older people's needs.
No impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not known	<input type="checkbox"/>	
Religion & Belief		Explanation, assessment and potential mitigations
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this protected characteristic. However, Black and Minority Ethnic respondents to the IJB Budget Consultation did rate the impact of this proposal higher than the average rating for all individual respondents to the survey (by 0.5 points). Although this is not considered to be a significant difference, this will be taken into account as operational processes are reviewed and improved for care home assessment and admission. This will include considering data collection and monitoring to identify any differential performance or impacts for this specific group of people.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sexual Orientation		Explanation, assessment and potential mitigations
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Describe any Human Rights impacts not already covered in the Equality section above.		
Describe any Children's Rights impacts not covered elsewhere in this record.		

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North East (Whitfield, Fintry & Mill O'Mains)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lochee (Lochee Beechwood, Charleston & Menzieshill)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coldside (Hilltown, Fairmuir & Coldside)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East End (Mid Craigie, Linlathen & Douglas)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maryfield (Stobswell & City Centre)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				

Dundee Integration Joint Board Integrated Impact Assessment

West End		X		
The Ferry		X		
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<p>Impacts are not expected to vary by geographical area and / or deprivation level as care home admissions are based on needs assessment and on a personalised assessment approach. It is anticipated that changes to the process for assessment and admission to care homes, including the establishment of the Resource Panel, will improve financial assessment processes.</p>				

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2- Impact Assessment Record (continued)

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*

. Mark X in all relevant boxes. X must be placed in at least one box

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	X	Unpaid carers who provide care for older people and people with a disability are likely to be directly impacted by this proposal.
No Impact		
Negative	X	<p>It is anticipated that changes to the process for assessment and admission to care homes will improve experiences of this process for unpaid carers. Decisions will be made in conjunction with carers as to the best options for caring for someone. Carer's assessments should be undertaken, and Carer's Act and principles adhered to. Options to access care placements where appropriate will still be available.</p> <p>Many respondents to the IJB Budget Consultation were concerned that reducing care home availability, without a corresponding increase in care at home services, will lead to crisis situations where older people are left without necessary support, resulting in increased strain on families, unpaid carers and healthcare systems. Several respondents highlighted that if care at home services are not sufficient this is likely to impact on unpaid carers' own health needs and lead to crisis and emergency care being needed. The risk of mental distress, physical exhaustion and burnout for unpaid carers where an admission to a care home is delayed was also highlighted.</p> <p>There is some risk that any delay to a care placement will result in increased pressure on unpaid carers. However, needs assessment and prioritisation process are in place and admissions will not be subject to a waiting time if this will result in risk to the cared for person. The assessment will consider the needs of unpaid carers and the risk of crisis situations arising during any wait time for admission.</p>
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive	X	See section on Age (above).
No Impact		
Negative	X	
Not Known		
Serious & Enduring Mental Health Conditions		

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Positive	<input checked="" type="checkbox"/>	It is anticipated that the proposal will impact on older people who have serious and enduring mental health conditions. See section on Age (above).
No Impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not Known	<input type="checkbox"/>	
<p>There was particular concern reported via the IJB Budget Consultation about the lack of available placements for older people with complex needs that cannot be met at home or in Partnership operated care homes, which are primarily residential and do not provide nursing or Elderly Mentally Infirm care (care for older adults with significant mental health needs).</p> <p>It is recognised that the needs of some older people who have serious and enduring mental health conditions cannot be met through placement in internal care homes, and that a placement in the independent sector will be required. The assessment and admissions process will include identifying where needs can only be met in independent sector and appropriate placements will be identified on this basis.</p>		
Homeless (risks of Homelessness)		
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Drug and/or Alcohol issues		
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Offenders and Former Offenders		
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

STEP 2- Impact Assessment Record (continued)

Mark X in all relevant boxes. X must be placed in at least one box

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.

Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive	<input type="checkbox"/>	The assessment and admissions process includes financial assessment. This provides an opportunity for benefits and income maximisation checks to be completed and for referral for further Welfare Rights advice where appropriate. These arrangements are already in place, but the review of internal processes and establishment of the Resource Panel provides an opportunity to further enhance focus on these aspects of the process.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Earnings & employment -including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive	<input type="checkbox"/>	Given the small overall level of reduction in placements (approximately 2% of all current care home placements) it is not anticipated that this proposal will have any impact on provider sustainability, and therefore on employment matters. However, should any unexpected pressures arise there are mechanisms to identify these early and to agree mitigations, this includes: contract monitoring; regular provider forums; and the Scottish Care representative within the Health and Social Care Partnership.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Connectivity / Internet Access/ Digital Skills		

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Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive	<input checked="" type="checkbox"/>	It is anticipated that the proposal will continue to focus on ensuring that people receive the right support, in the right place at the right time. Care home placements will continue to be based on a needs assessment process. The reduction in placements represents a realignment of placement numbers / budget to reflect falling levels of demand as the majority of citizens have a clear preference to live independently in their own home. It is recognised that there is a small risk of a negative impact on health where there is a waiting period for admission to a care home. However, care home placements will continue to be prioritised, and any waiting period will be supported by an alternative package of care.
No Impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Life expectancy		
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Healthy Weight/Weight Management/Overweight / Obesity		
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Transport (including accessible transport provision and sustainable modes of transport)		
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Resource Use		
Energy Efficiency and Consumption		
Positive	<input type="checkbox"/>	The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		

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Positive		The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Sustainable Procurement		
Positive		The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		The proposal to reduce external care home placements is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		

STEP 2- Impact Assessment Record (continued)

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

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment			
Statement 1			
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.			
Yes	x	No	
Statement 2			
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005			
Yes		No	x
Use the SEA flowchart to determine whether this plan or proposal requires SEA.			
If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)			
Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)			
Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.			

End of Impact Assessment Record.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
26 MARCH 2025

REPORT ON: THIRD PARTY COMMISSIONED SERVICES

REPORT BY: CHIEF OFFICER

REPORT NO: APPENDIX 7A OF DIJB14-2025

1.0 PURPOSE OF REPORT

The purpose of this report is to seek approval of the proposal to reduce the level of service commissioned from specific third-party service providers and to maintain all other externally contracted service payments at 2024/25 levels (with the exception of those eligible for uplifts to implement the National Adult Social Care Pay Uplift Policy) pending the outcome of further review activity.

2.0 RECOMMENDATIONS

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

- 2.1 Approves the proposal to reduce the level of service commissioned from the list of third-party services providers as set out at section 4.3.
- 2.2 Approves the proposal to maintain payments at 2024/25 levels for all other third party commissioned services (section 4.3.2) pending the outcome of further review activity (see recommendation 2.3). Noting that it is proposed in DIJB14-2025 (Dundee IJB Proposed Budget 2025/26) that some providers will receive 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 2025 to meet the National Adult Social Care Pay Uplift Policy.
- 2.3 Remit officers to work with Dundee City Council Neighbourhood Services to review homelessness and housing support third party commissioned services and to conclude the wider review of all other third-party payments with a view to identifying further proposals up at total value of £618k in 2025/26 (section 4.4.1).
- 2.4 Remit officers to support the Dundee Alcohol and Drug Partnership to review third party commissioned services for drugs and alcohol (Section 4.4.4).
- 2.5 Remits to the Chief Officer to issue directions as set out in Section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The proposals outlined in this report reduces the payments to 8 organisations, resulting in savings of £382k in 2025/26 (full year effect £431k) as set out in the table at section 4.3.1. Officers are continuing to review all third party commissioned services with a view to identifying further savings up to the value of £618k for 2025/26.
- 3.2 In 2024/25, after excluding the provision of Care Home and Care at Home Services, Dundee IJB commissioned £51million of services and supports from a range of organisations providing services for unpaid carers, people with a learning disability and autism, mental health and wellbeing, older people, drugs and alcohol, independent advocacy, homelessness/risk of homelessness and third sector infrastructure and capacity building, which were all reviewed as part of the 2025/26 budget development process. The reduction in payments to organisations

therefore represents 2% of the 2024/25 contract value for the services within scope (for comparison the total budget gap for the IJB is 5.5% of the operating budget).

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The IJB's delegated budgets funds a range of health and social care services and supports provided by the third and independent 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 tendering or other compliant procurement processes. Subsequent variations 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.
- 4.1.2 Both the IJB and the Health and Social Care Partnership recognise the significant contribution made by third party commissioned services to meeting the health and social care needs of Dundee's population. This includes supporting the Partnership to deliver statutory functions. Services in these sectors contribute knowledge, experience and expertise in a range of specialist service areas, and it is recognised that in some service areas people who require support prefer to do so in the third sector, rather than from statutory services. Although underpinned by a contractual relationship the Health and Social Care Partnership has maintained a strong collaborative, partnership approach at the interface with third party commissioned services. Since the point of integration this has included ensuring ongoing access for providers to resources such as learning and development activities, workforce health and wellbeing supports, and service improvement support.
- 4.1.3 Since the introduction of the Scottish Government Adult Social Care Pay Policy in 2022/23, the IJB has also sought to protect funding to third party commissioned services. In 2022/23, providers received a 2% increase on contract values and in 2023/24 a 3% increase. In the face of cost pressures of £18 million in 2024/25, the IJB maintained contract values at the 2023/24 level. This is in addition to the Adult Social Care Pay Policy funding provided by the Scottish Government being passed on in full to qualifying providers in each of these three years. Looking forward to 2025/26, with cost pressures of £17.5 million and a cumulative saving of £37 million having already been achieved by the IJB since 2016/17, officers have had to look at all areas of service provision in terms of options for further savings, including those commissioned from third party providers.

4.2 Review of Third Party Commissioned Services

- 4.2.1 As part of the 2025/26 budget development process contracts for third party commissioned services are being reviewed by officers. Contracts for Care at Home and Care Home services, as well as contracts that relate to individual packages of care and support, have been excluded from this process. Care Home Services are purchased via the National Care Home Contract with payment levels set via national negotiation, and Care Home placements are also subject to a separate saving option. Work is continuing separately with Care at Home Services to implement a revised contractual terms and conditions and to ensure that services operate as efficiently as possible. Funding that is passed to the Dundee Alcohol and Drug Partnership to direct the commissioning of drug and alcohol services has been excluded, as have contracts that relate to Scottish Government or other external grant awards that are administered via the Health and Social Care Partnership (i.e. funds received must be passed onto the designated provider under the grant terms and conditions).
- 4.2.2 The review, based on information available via contract monitoring arrangements and led by the Contract Lead (Partnership operational manager), includes consideration of:
- Strategic fit – both at national and local level and including the contribution of the service to prevention and early intervention.
 - Overall performance in terms of service outputs.
 - Overall performance in terms of service outcomes.
 - Finance – effectiveness of financial management systems and additional value secured through levered funds.
 - Governance – including policies and systems and compliance with reporting requirements (quality of evidence and timeliness).

- Impact of any saving applied – on the Partnership, the organisation themselves (including their service users and staff) and other organisations.

The process is being supported by Contract Officers from the Social Care Contracts Team. The review process has identified some contracts where officers concluded that there is scope to apply a reduction in the contract value from 2025/26 onwards or to consider ceasing to commission a service.

4.2.3 Following the desktop review, Contract Leads, supported by Contracts Officers, have progressed discussion with providers where it has been identified that there was potential to apply a reduction to contract value or to cease to commission the service. This gave providers an opportunity to contribute further information about the potential impact of proposed reductions in terms of: the financial sustainability of the organisation; workforce, including relevant information regarding consultation periods and redundancy processes / payments; and, service users, in terms of potential for unmet need and subsequent pressures on other providers.

4.2.4 The IJB's Budget Consultation invited respondents to provide their views on the option of reducing funding to third sector organisations. Key results were:

- Reducing the amount of funding the IJB provides to the Third Sector was the saving option that received the second lowest level of support from respondents.
- For all service types, other than independent advocacy services and Third Sector infrastructure and capacity building services, the majority of respondents supported a 0% reduction in funding. Independent advocacy and Third Sector infrastructure and capacity building had highest response rates for up to 5% reduction. For all services categories, with the exception on mental health and wellbeing services, the majority of respondents indicated that they would support some level of reduction in funding, with the highest response rate being for up to a 5% reduction. However, for older people and unpaid carers services the majority was slight at 52%.
- 413 individuals and 71 organisations rated the potential negative impact of this saving option. This option was given the highest average impact rating by both individual respondents (2.9 – medium impact) and organisational respondents (3.5 – high impact). 69 individual and 7 organisational respondents stated that this option would have a high impact, 170 individuals and 48 organisations said it would have a medium negative impact.
- The most narrative answers regarding further feedback about the potential negative impact of saving options were received for this option (200 responses). Key themes from responses included:
 - Reducing funding for third sector services will exacerbate health and social care needs, leading to increased reliance on statutory services and higher long-term costs for the Integration Joint Board (IJB). Third sector services are seen as more efficient and more approachable for service users, providing essential support not available from statutory services.
 - The impact on vulnerable groups in Dundee would be significant, with increased crisis interventions and hospital admissions. Concerns include staff redundancies, sustainability of third sector organisations, and the disproportionate impact on employees who are disabled or in Peer Support Worker roles.
 - Rising costs such as National Insurance and inflation were also highlighted, with the third sector already facing sustainability risks due to long-term underfunding.
 - Sector-specific feedback included impacts on unpaid carers, learning disability support, mental health services, infrastructure, drug and alcohol support, advocacy services, and homelessness prevention.

- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in appendix 4.

4.3 Proposals in relation to 2025/25 Contract Values

- 4.3.1 Having progressed the review process officers propose that the following amendments to contractual arrangements with third party commissioned providers are implemented from 2025/26 onwards:

Provider /Contract / Service	2024/25 Contract Value	Proposed reduction 2025/26
Hillcrest Homes – reduction in void costs and associated utilities due to reduced demand.	n/a	£15k full year
Dundee Carers Centre - reduction in overall level of service.	£1,243k	£53k part year (4.3% of contract value) (£70k full year)
Scottish Action for Mental Health - adjustment to funding to reflect 2024/25 underspend.	£810k	£50k full year (6.2% of contract value)
Church of Scotland / Crossreach Axis - termination of contract (with notice) due to duplication in service provision and assessment of return on investment.	£71k	£53k part year (75% of contract value) (£71k full year)
The Inclusion Group – Alternative Day Support Service – targeted reduction in Day Service provision.	£1,102	£50k full year (4.5% of contract value)
Dundee Volunteer and Voluntary Action – contract for Dial-op and Technology Enabled Care will not be renewed for 2025/26.	£872k	£81k full year (9.3% of contract value)
Royal Voluntary Service – Home from Hospital – termination of contract (with notice) due to assessment of return on investment.	£54k	£40k part year (75% of contract value) (£54k full year)
Capability Scotland - adjustment to funding to reflect 2024/25 service demand.	£201k	£40k full year (20% of contract value)
TOTAL REDUCTION TO BE APPLIED IN 2025/26		£382k

Please note that due to contractual requirements to give notice to some providers and to support them to manage workforce impacts, as well as service transition, some savings in 2025/26 have been calculated on a part-year basis (9 months).

- 4.3.2 For all other Adult Social Care providers it is proposed that contract values should be maintained at 2024/25 levels, pending the completion of further work to review third party commissioned services outlined in section 4.4 of this report. Noting that it is proposed in DIJB14-2025 that some providers will receive 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 2025. It is recognised that further financial pressures will be experienced by care providers following the UK Government's changes to employers National Insurance Contributions for which no additional funding has been made available to Integration Joint Boards to provide additional financial support (estimated pressure of £1,336k).

4.4 Further Actions

- 4.4.1 The proposals made in section 4.3.1 represent the outcome of work undertaken to date, however officers from the Partnership are continuing the process of reviewing all third party commissioned services with a view to identifying further reductions to contractual payments for 2025/26 of £618k. Whilst progressing the review process outlined in section 4.3 of this report, officers have identified the need to undertake a more thorough review of homelessness and housing support services commissioned on behalf of the IJB from third party providers. Officers from the Partnership will progress this review during 2025/26 in collaboration with colleagues from Dundee City Council, Neighbourhood Services and service providers, with the aim of modernising the model of service delivery and achieving a 10% reduction in the overall revenue

funding required. It is anticipated that this will identify options for future savings both in-year (2025/26) and for consideration in the 2026/27 budget.

- 4.4.2 A management charge consultation was initiated in May 2024 following officers in mental health and learning disability services identifying the need for greater understanding of the reporting practices of providers regarding management charges. Further discussion identified this requirement across a wide range of service areas and the consultation was expanded to cover all relevant contracts. Some services were identified as not in scope due to differences in funding or financial reporting, including care at home providers and care home providers. The initial consultation exercise has found that there is not a consistent approach across providers in Dundee towards applying management charges, which could lead to a level of inequity in how management charges are applied. Officers from the Partnership will now consider the outcome of the initial consultation, alongside providers, with a view to moving towards a transparent and equitable policy for negotiation and approval of management charges within contractual arrangements.
- 4.4.3 Following the completion of the review of third party commissioned service, Contract Leads (operational managers) and the Social Care Contracts Team will work with providers on an ongoing basis to maintain an up-to-date strategic assessment for each contract as part of ongoing contract monitoring arrangements (to be reviewed at a minimum once every six months). This will ensure that relevant information is available to inform future years budget development processes. In recognition of the cumulative impact of additional pressure on providers in the third sector associated with changes to employers National Insurance Contributions and inflationary pressures (estimated pressure of £1,492k) work will also be undertaken by Contract Leads and the Social Care Contract Team, in partnership with providers, to review service specifications to ensure these are aligned to available funds, support Best Value and provider sustainability.
- 4.4.4 The Dundee Alcohol and Drug Partnership (ADP) has decided to undertake a review of all services commissioned by them. The Commissioning Group of the ADP will lead this process, making recommendations to the full ADP at the conclusion of the review. Officers from the Partnership's Finance and Social Care Contracts Section will provide professional advice and support throughout the review process.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	Reductions in contract values and the cumulative impact of other financial pressures (including employers National Insurance Contributions and inflationary costs) undermine the sustainability of some third-party providers.
Risk Category	Financial, Operational
Inherent Risk Level	Likelihood 3 x Impact 4 = 12 (which is a High risk scoring)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • Proposal that IJB will provide uplift to staff pay element of Adult Social Care Providers' Contract Value for eligible providers. • Ongoing contract monitoring arrangements to identify at an early-stage indicators of instability for specific providers and allow remedial actions to be considered. • Range of provider support mechanisms continue to be in place via the Partnership, DVVA (Third Sector Interface) and organisations such as Scottish Care. • Discussion with providers impacted by proposed reductions have included consideration of impacts on sustainability and employment matters, with appropriate mitigations agreed. • Social Care Contracts Team will support Contract Leads and providers to review service specifications for continuing

	contracts, with a view to supporting Best Value and sustainability.
Residual Risk Level	Likelihood 2 x Impact 3 = 6 (which is a Moderate risk scoring)
Planned Risk Level	Likelihood 2 x Impact 3 = 6 (which is a Moderate risk scoring)
Approval recommendation	Given the moderate residual risk level following implementation of mitigating actions, it is recommended that the IJB accepts this risk.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Health and Community Care 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
Acting Chief Officer

DATE: 14 March 2025

Kathryn Sharp
Acting Head of Service, Strategic Services

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	Appendix 7A of DIJB14-2025																														
2	Date Direction issued by Integration Joint Board	26 March 2025																														
3	Date from which direction takes effect	1 April 2025																														
4	Direction to:	Dundee City Council																														
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No																														
6	Functions covered by direction	Local Authority contracted social care services.																														
7	Full text of direction	<p>Dundee Integration Board directs Dundee City Council to reduce the level of service commissioned from the following third-party services providers during 2025/26:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Provider /Contract / Service</th> <th style="text-align: left;">2024/25 Contract Value</th> <th style="text-align: left;">Proposed reduction</th> <th style="text-align: left;">2025/26</th> </tr> </thead> <tbody> <tr> <td>Hillcrest Homes – reduction in void costs and associated utilities due to reduced demand.</td> <td>n/a</td> <td>£15k full year</td> <td></td> </tr> <tr> <td>Dundee Carers Centre - reduction in overall level of service.</td> <td>£1,243k</td> <td>£53k part year (4.3% of contract value) (£70k full year)</td> <td></td> </tr> <tr> <td>Scottish Action for Mental Health - adjustment to funding to reflect 2024/25 underspend.</td> <td>£810k</td> <td>£50k full year (6.2% of contract value)</td> <td></td> </tr> <tr> <td>Church of Scotland / Crossreach Axis - termination of contract (with notice) due to duplication in service provision and assessment of return on investment.</td> <td>£71k</td> <td>£53k part year (75% of contract value) (£71k full year)</td> <td></td> </tr> <tr> <td>The Inclusion Group – Alternative Day Support Service – targeted reduction in Day Service provision.</td> <td>£1,102</td> <td>£50k full year (4.5% of contract value)</td> <td></td> </tr> <tr> <td>Dundee Volunteer and Voluntary Action – contract for Dial-op and Technology Enabled Care will not be renewed for 2025/26.</td> <td>£872k</td> <td>£81k full year (9.3% of contract value)</td> <td></td> </tr> </tbody> </table>			Provider /Contract / Service	2024/25 Contract Value	Proposed reduction	2025/26	Hillcrest Homes – reduction in void costs and associated utilities due to reduced demand.	n/a	£15k full year		Dundee Carers Centre - reduction in overall level of service.	£1,243k	£53k part year (4.3% of contract value) (£70k full year)		Scottish Action for Mental Health - adjustment to funding to reflect 2024/25 underspend.	£810k	£50k full year (6.2% of contract value)		Church of Scotland / Crossreach Axis - termination of contract (with notice) due to duplication in service provision and assessment of return on investment.	£71k	£53k part year (75% of contract value) (£71k full year)		The Inclusion Group – Alternative Day Support Service – targeted reduction in Day Service provision.	£1,102	£50k full year (4.5% of contract value)		Dundee Volunteer and Voluntary Action – contract for Dial-op and Technology Enabled Care will not be renewed for 2025/26.	£872k	£81k full year (9.3% of contract value)	
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Capability Scotland - adjustment to funding to reflect 2024/25 service demand.	£201k	£40k full year (20% of contract value)						
8	Budget allocated by Integration Joint Board to carry out direction	The resource released through the reduction of commissioned service contracts will be reinvested in alternative services provision, as per 2025/26 budget proposals.						
9	Performance monitoring arrangements	Financial monitoring and contract monitoring process.						
10	Date direction will be reviewed	31 August 2025						

Dundee Integration Joint Board Integrated Impact Assessment

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Complete all boxes with an X or an answer or indicate not applicable(n/a).

Document Title	Third Party Commissioned Services		
Type of document	Policy	X	Plan
Date of this Pre-Integrated Impact Assessment Screening	04 March 2025		
Date of last IIA (if this is an update)	N/A		
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates			
<p>The purpose of this report is to seek approval of the proposal to reduce the level of service commissioned from specific third-party service providers and to maintain all other externally contracted service payments remaining at 2024/25 levels (with the exception of those eligible for uplifts to implement the National Adult Social Care Pay Uplift Policy) pending the outcome for further review activity.</p> <p>The proposal, if approved, will be implemented from 1 April 2025 to 31 March 2026.</p>			
Lead Officer/Document Author (Name, Job Title/Role, Email)			
Kathryn Sharp, Acting Head of Strategic Services, kathryn.sharp@dundeecity.gov.uk			
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)			
Kathryn Sharp, Acting Head of Strategic Services, kathryn.sharp@dundeecity.gov.uk			
Job Title of colleagues or name of groups who contributed to pre-screening and IIA			
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>			
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	Yes	No	
A document or proposal that requires the IJB to take a decision	X		
A major Strategy/Plan, Policy or Action Plan	X		
An area or partnership-wide Plan		X	
A Plan/Programme/Strategy that sets the framework for future development consents		X	
The setting up of a body such as a Commission or Working Group		X	
An update to an existing Plan (when additional actions are described and planned)		X	

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA must</u> be completed	Y	N
Individuals who have Equality Act Protected Characteristics i.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn	X	

Dundee Integration Joint Board Integrated Impact Assessment

Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	X		
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).	X		
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	X		
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	X		
Offenders and former offenders	X		
Effects of Climate Change or Resource Use			X
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.			X
Transport, Accessible transport provision; sustainable modes of transport.			X
Natural Environment			X
Air, land or water quality; biodiversity; open and green spaces.			X
Built Environment. Built heritage; housing.			X
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>			
From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	X	N
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)			
Anticipated Date of IJB	26 March 2025	IJB Report Number	DIJB14-2025 – Appendix 7A
Date IIA completed	16 March 2025		

Dundee Integration Joint Board Integrated Impact Assessment

Conclusion of Equality, Fairness and Human Rights Impact Assessment

*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

Overall, the proposals have a range of negative impacts for protected and disadvantaged groups. Whilst negative impacts can be mitigated to some extent and continue to be monitored closely via both contract and financial monitoring processes, it is recognised that it is likely that there will be a reduction in the availability of third party commissioned services during 2025/26. Wherever possible proposed reductions have been identified where reviews of current contractual arrangements have identified duplication of service, low return on investment or opportunities to target reductions from elements of contracts other than direct service delivery, however some impact on direct service provision remains. Overall contract value and impact on provider sustainability have also been considered in order to reduce the likelihood of wider workforce impacts or instability of the provider as a whole.

Results from the IJB Budget Consultation Report are included within this impact assessment but, as a sole source of information, should be treated with caution as the sample is not representative of the population. Differences in average impact ratings below 1 are not considered to be significant. Individual respondents to the IJB Budget Consultation report this saving option would have a medium impact (2.9), organisational respondents rated this option as having a high impact (3.5). This was in the top 3 impacts for both individual and organisational respondents, including all of the specific groups for which sub-analysis was undertaken. There was no significant variation in average impact score for any specific group – the highest level of negative variation was 0.4 for ‘Sexual Orientation – bisexual or other’ (but should be treated with caution due to the low sample size for this group – 13 respondents).

There was consensus among respondents to the IJB Budget Consultation that reductions to third sector funding will exacerbate existing health and social care needs and lead to increased reliance on statutory services, resulting in higher long-term costs for the IJB. Several respondents stated that third sector services often deliver care more efficiently and effectively than their statutory counterparts. Many respondents emphasised that third sector organisations provide essential support that are not available from statutory services. Respondents highlighted that many service users find third sector services more approachable and helpful and may not use alternative statutory services. The proposed reduction to funding was viewed as shortsighted, with respondents expressing concern it will lead to increased demand for crisis interventions and hospital admissions, ultimately straining public resources further. Across all services types the key concerns highlighted by respondents were:

- The potential impact on the health and wellbeing of the people who use / need these services. This includes being able to continue to live independently and participate in their community.
- The potential for more people to be in crisis and seek support from statutory services because preventative and early interventions delivered in the third sector are no longer available. The potential for a greater reliance on residential care was highlighted.
- The potential for vulnerable people to be more isolated and lonelier, and for them to be impacted negatively by disruption to the services they use or the staffing of those services.
- Third Sector services provide more flexible support than is available in the statutory sector and are therefore better able to meet people’s needs

Some respondents did feel that third sector funding should be reviewed as this was the least-worst option from the saving proposals being considered. Respondents said that any reductions should be based on evidence gathered through contract monitoring and focus on funding essential services and those that provide the best return on investment. Some respondents suggested actions that could improve the efficiency of third sector services: removing duplication, making better use of digital resources, and providing more support to help them access other sources of funding. These principles have informed the process of reviewing third party commissioned services alongside other factors outlined in the proposal report.

In broad terms the key budget proposals have been assessed as being likely to have the following overall impacts:

- Reduction in funding to listed third party providers – this has potential negative impacts for older people, people with a disability (including a learning disability and autism), people who use drugs, people with poor mental health and wellbeing and unpaid carers. These reductions have been identified through a review of current contracts and targeted reductions identified, in some instances this reflects elements of service provision that have not been fully utilised in previous financial years or where return on investment has not been able to be fully evidenced. Whilst it is acknowledged that this will nonetheless impact on current services users, these reductions are considered to have a lesser impact than alternative saving measures. It is recognised that reductions to funding are likely to lead to a reduction in available services (i.e. will not be able to be managed by individual providers via efficiencies alone). Contract Leads and Contract Officers will work with providers to implement reductions if they are agreed, this will include supporting providers to manage

Dundee Integration Joint Board Integrated Impact Assessment

the impact on both service users and the workforce, including taking into account any requirements for redundancy (for which financial provision has been proposed via part-year reductions).

- Maintenance of all remaining non-direct social care external contract payments (not subject to a proposed reduction in service level) at 2024/25 level – this has potential negative impacts for people who have the highest levels of health and social care need. Analysis of contract information has highlighted specific risks for services and supports to carers, advocacy, women’s services (violence against women), drug and alcohol services, sensory services and contracts relating to service development and service user engagement (as these contracts will also not be eligible to receive the uplift to staff pay element of Adult Social Care Providers’ Contract Value). It is recognised that across providers the cumulative impact of providing no funding uplift for 2025/26 and of changes to Employers National Insurance contributions (estimated financial pressure of £1.5million) is unlikely to be able to be managed via efficiency savings alone, and that reductions in available service across the range of providers is a likely outcome. However, there is a range of infrastructure in place to both support providers as they develop approaches to manage financial pressures and to monitor any potential negative impact on service delivery and outcomes for people (both collectively and individually across providers). Ongoing monitoring is clearly linked to Clinical, Care and Professional Governance arrangements which report regularly to the IJB. It is assessed that the potential negative impact can be mitigated through ongoing collaborative working with providers. A commitment is also being made to review the service specifications that form part of contractual documents to ensure that these are aligned to available funds.

Proposals made regarding reviews of services, contractual commitments and payments have been subject to a preliminary assessment of potential impacts at this time. This includes:

- Completion of ongoing review of third party commissioned services, including review of homelessness and housing support third party commissioned services.
- Supporting the review of third-party services commissioned by the Dundee Drug and Alcohol Partnership.

Completion of impact assessment will form part of review processes as they are progressed during 2025/26. An individual IJB Integrated Impact Assessment will be required for any future report to the IJB containing the findings of such reviews, where any recommendation is being made regarding a change in service, contract or commitment. However, where possible preliminary assessment has been included within this Integrated Impact Assessment to indicate where reviews are considered to be likely to have an impact on specific groups within the population.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
January 2025 – March 2025	<p>Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals.</p> <p>This includes review of the IJB’s Strategic Needs Assessment.</p> <p>Additional statistical information regarding current profile of service use.</p>	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Acting Chief Finance Officer / Acting Head of Service, Strategic Services
January 2025 – March 2025	<p>Review of list of contracts with external providers for adult health and social care services.</p> <p>Strategic assessment information for contracted services.</p> <p>Information from contract monitoring returns for contracted services.</p>	Social Care Contracts Team and Contract Leads	Acting Head of Service, Strategy and Performance

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December 2024 – March 2025	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Acting Chief Officer / Acting Chief Finance Officer
January 2025 – March 2025	Operational managers have provided assessments of initial considerations in terms of proposed reviews of services, contracts and commitments. Whilst the review process will include further, more detailed consideration of potential equality impacts, preliminary assessment of initial considerations has been incorporated into this IIA. An individual IIA will be required for any future report to the IJB containing the findings of such reviews, where any recommendation is being made regarding a change in service, contract or commitment.		Heads of Service, Health and Community Care / Locality Manager / Associate Locality Managers
2024/25	Range of engagement activities related to the development of strategic and delivery plans during 2024/25. This has included targeted engagement work undertaken by the Carers Partnership, as part of the whole system redesign of Learning Disability Service in Tayside and for mental health and wellbeing plans / services. Ongoing engagement with above groups and intelligence reported and discussed at Strategic Planning Groups, Strategic Planning Advisory Group, IJB and PAC.	Members of the public Unpaid carers Third and independent sector health and social care providers	Acting Head of Service, Strategic Services / Strategic Planning and Business Support Team
14 February – 05 March 2025	IJB Public Budget Consultation Specifically, responses received in relation to section 4 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.	Members of the public Unpaid carers Third and independent sector health and social care providers Members of the health and social care workforce	Acting Head of Service, Strategic Services
06 March 2025	Meeting of Strategic Planning Advisory Group including focused discussion on equality and fairness impacts of the proposed saving options.	Strategic Planning Advisory Group	Acting Head of Service, Strategic Service
04 March 2025	Meeting between IJB Chief Officer and Dundee Carers Centre Board members to discuss saving options and impacts. Written submission from Dundee Carers Centre.	Members of Dundee Carers Centre Board of Directors	IJB Chief Officer

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made

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on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive		<p><u>Reduction to funding for listed providers – negative (partial mitigation)</u></p> <p>Proposed reductions to funding for DVVA Dial-op and RVS – Home from Hospital Service are likely to have a direct impact on older people. Reductions in funding for Dial-op may have particular impacts in terms of social isolation and loneliness which may not be able to be fully mitigated by other sources of community-based support or the contribution of family and friends. As DVVA has a range of other contracts commissioned by the IJB there will be ongoing opportunities to monitor the impact of changes in this specific service and any acute emerging risks associated with this. The Home from Hospital Service is part of the wider whole system pathway focused on patient flow, discharge without delay and the home first approach, meaning that a range of alternative supports and services are already in place and continue to be developed that are likely to mitigate the impact of the proposed cessation of the RVS service.</p> <p><u>Maintain payments 2024/25 levels for other providers – negative (partial mitigation)</u></p> <p>It is recognised that alongside changes to Employers National Insurance contributions this is likely to result in financial pressures for providers of services to older people. A large proportion of service providers for older people, mainly providing Care at Home service, will however receive an uplift for Adult Social Care Pay, which will make some contribution to mitigation of overall impacts. Contracts for Care Home provision are negotiated nationally and are subject to inflationary uplifts, which will have a positive impact for those providers. Any residual negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Further review of third party commissioned services (preliminary assessment only)</u></p> <p>It is anticipated that the following reviews might have a direct impact on older people:</p> <ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – unknown potential impact at this time. <p>Impact assessment for affected groups will be completed as part of the review process.</p>
No Impact		
Negative	X	
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive		<p><u>Reduction to funding for listed providers – negative (partial mitigation)</u></p> <p>Proposed reductions to funding for the Scottish Association for Mental Health, The Inclusion Group, Hillcrest Homes, RVS – Home from Hospital, DVVA Dial-op and Capability Scotland are likely to have a direct impact of people with a disability (including a learning disability and autism). Within the IJB Budget Consultation specific concerns were raised by some respondents that reductions in funding to learning disability support providers could lead to reduced employment, education and volunteering opportunities for people.</p> <p>Reductions in funding for Dial-op may have particular impacts in terms of social isolation and loneliness which may not be able to be fully mitigated by other sources of community-based support or the contribution of family and friends. The Home from Hospital Service is part of the wider whole system pathway focused on patient flow, discharge without delay and the home first approach, meaning that a range of alternative supports and services are already in place and continue to be developed that are likely to mitigate the impact of the proposed</p>
No Impact		
Negative	X	
Not Known		

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		<p>cessation of the RVS service. Other reductions have been proposed to reflect underspends and reduced demand during 2024/25 within specific providers contracts, meaning these changes are less likely to have any immediate direct impact on service users. However, it is recognised that changes in levels of demand during 2025/26 could result in reduced availability of services and / or extended waiting times to access some service provision.</p> <p><u>Maintain payments 2024/25 levels for other providers – negative (partial mitigation)</u></p> <p>It is recognised that alongside changes to Employers National Insurance contributions this is likely to result in financial pressures for providers of services to people who have a disability. A large proportion of service providers for people who have a disability will receive an uplift for Adult Social Care Pay, which will make some contribution to mitigation of overall impacts. Any residual negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Further review of third party commissioned services (preliminary assessment only)</u></p> <p>It is anticipated that the following reviews might have a direct impact on people who have a disability:</p> <ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – unknown potential impact at this time. <p>Impact assessment for affected groups will be completed as part of the review process.</p>
Gender Reassignment		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 proposals 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		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		Due to differences in life expectancy a greater proportion of older people are female. Please see section on Age (above).
No impact		
Negative	X	<p>A high proportion of (80%) of the health and social care workforce are female. Please see sections on Household Income and Earnings / Employment (below).</p> <p>A high proportion of unpaid carers (73%) are female. Please see section on Carers (below).</p> <p><u>Maintain payments 2024/25 levels for other providers – negative (partial mitigation)</u></p> <p>The IJB commissions some services that are sex specific, primarily in relation to violence against women services provided for females. It is recognised that alongside changes to Employers National Insurance contributions this is likely to result in financial pressures for providers of sex specific services. The impact of this will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p>
Not known		

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		<p><u>Further review of third party commissioned services (preliminary assessment only)</u></p> <p>It is anticipated that the following reviews might have a direct impact on people due to their sex:</p> <ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – unknown potential impact at this time. • Dundee Alcohol and Drug Partnership review of commissioned services – unknown potential impacts at this time. • Review of homelessness and housing support third party commissioned services – unknown potential impacts at this time. <p>Impact assessment for affected groups will be completed as part of the review process.</p>
Religion & Belief		Explanation, assessment and potential mitigations
Positive		<p>None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.</p> <p><u>Reduction to funding for listed providers – no impact</u></p> <p>The proposed cessation of funding for Church of Scotland / Crossreach Axis is not considered to have a direct impact on this protected group because access to the service is based on drug and alcohol related support needs rather than on the basis of religion or belief. A range of alternative drug and alcohol provision is available with Dundee, including other services provided by faith-based organisations.</p>
No Impact	X	
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		<p>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 proposals on them as a specific group is not able to be accurately assessed at this time.</p>
No Impact		
Negative		
Not Known	X	
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		<p>None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		
<p>Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children’s Rights impacts not covered elsewhere in this record.</p>		
None.		

STEP 2- Impact Assessment Record (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

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Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)			X	
North East (Whitfield, Fintry & Mill O'Mains)			X	
Lochee (Lochee Beechwood, Charleston & Menzieshill)			X	
Coldside (Hilltown, Fairmuir & Coldside)			X	
East End (Mid Craigie, Linlathen & Douglas)			X	
Maryfield (Stobswell & City Centre)			X	
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End			X	
The Ferry			X	
Description of impacts on Fairness- Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<p><u>Reduction to funding for listed providers – negative (partial mitigation)</u></p> <p>Proposed reductions to funding for third party providers will have potential negative impacts across all areas of the city. Some reductions have been proposed to reflect underspends and reduced demand during 2024/25 within specific providers contracts, meaning these changes are less likely to have any immediate direct impact on service users. However, it is anticipated that there will be a greater impact in the most deprived areas of the city of any reduction in availability of services due to higher levels of health and social care needs. It is also known that in these areas citizens are less likely to have alternative means (whether financial or other resources) that might help them to individually mitigate the impact of reductions in service provision. If proposals to reduce funding are agreed as part of the process of realignment of service specifications this risk will be taken into account, including discussions with providers regarding prioritisation of access to the service for people from the most deprived areas of Dundee.</p> <p><u>Maintain payments 2024/25 levels for other providers – negative (partial mitigation)</u></p> <p>It is recognised that alongside changes to Employers National Insurance contributions this is likely to result in financial pressures for providers of services. Although some providers will receive an uplift for Adult Social Care Pay, which will make some contribution to mitigation of overall impacts, not all providers will. Any residual negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Further review of third party commissioned services (preliminary assessment only)</u></p> <p>It is anticipated that the following reviews might have a direct impact on people due to area of residence and deprivation:</p> <ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – unknown potential impact at this time. • Dundee Alcohol and Drug Partnership review of commissioned services – unknown potential impacts at this time. • Review of homelessness and housing support third party commissioned services – unknown potential impacts at this time. <p>Impact assessment for affected groups will be completed as part of the review process.</p>				

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*

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Explanation, assessment and any potential mitigations	
Care Experienced Children and Young People	
Positive	It is known that Care Experienced Young People are more likely to experience poor mental health and wellbeing, to use drugs and alcohol, to be involved in community justice processes and to be homeless or at risk of homelessness. Please see relevant sections below for further information.
No Impact	
Negative	
Not Known	
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)	
Positive	<u>Reduction to funding for listed providers – negative (partial mitigation)</u>
No Impact	<p>The proposed reduction to funding for Dundee Carers Centre will have a direct negative impact on unpaid carers. All other proposals for other reductions will impact unpaid carers indirectly, due to their direct impact on cared for people (particularly older people and people with a disability). Some respondents to the IJB Budget Consultation highlighted the potential double impact of third sector funding reductions for unpaid carers – the impact of possible reductions to services for unpaid carers themselves and the additional pressure on unpaid carers that could arise from reductions in services that the cared for person is supported by. Some respondents highlighted that reductions to funding for services for unpaid carers does not reflect national policy and could potentially contravene legislative requirements. Young carers highlighted potential impacts in terms of access to education and planning for their future career and wider life ambitions.</p> <p>Information provided by the Carers Centre indicates that based on their current model of service provision a 5% reduction in budget would equate to approximately 220 fewer unpaid carers receiving the various aspects of support provided by the service. The impact on Short Breaks provision might be mitigated in part, by expected increases in national funding to Shared Care Scotland for onward distribution to local authority areas. The Carers Centre has also indicated that it will utilise service reserves to help to mitigate the impact of any reduction on a temporary basis and will seek to further review their model of provision to identify a sustainable longer-term approach.</p> <p>It is recognised that the proposed reduction in funding to the Carers Centre will reduce the overall capacity for carers support in the city, however significant levels of provision will remain in place both through the Carers Centre, directly from the Health and Social Care Partnership and through a variety of other commissioned providers who also provide support for unpaid carers as part of a wider remit. Dundee City Council and other funding providers also provide funding specifically for services for Young Carers. The Partnership has duties under the Carer (Scotland) Act 2016 to undertake Adult Carer Support Plans, to set a local eligibility criteria framework, provide information and advice services to carers and in relation to Short Breaks – these duties will continue to be met through the use of internal Partnership resources, ongoing funding the Carers Centre of over £1million per annum and the contribution of other providers in the city providing support to unpaid carers. Work with the Carers Centre to realign their service specification to reflect available funding will take cognisance of these statutory duties and prioritise project funding accordingly. The impact of funding reductions on the work of the Carers Centre will be closely monitored via financial and contract monitoring process and via the wider work of the Carers Partnership. This will provide an opportunity to identify emerging significant risks and consider mitigating actions.</p> <p>In terms of indirect impacts on unpaid carers, the Home from Hospital Service is part of the wider whole system pathway focused on patient flow, discharge without delay and the home first approach, meaning that a range of alternative supports and services are already in place and continue to be developed that are likely to mitigate the impact of the proposed cessation of the RVS service. Some other reductions have been proposed to reflect underspends and reduced demand during 2024/25 within specific providers contracts, meaning these changes are less likely to have any immediate direct impact on service users or indirect impact on unpaid carers.</p>
Negative	
Not Known	
<u>Maintain payments 2024/25 levels for other providers – negative (partial mitigation)</u>	

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		<p>It is recognised that alongside changes to Employers National Insurance contributions this is likely to result in financial pressures for providers of services unpaid carers. Although some providers will receive an uplift for Adult Social Care Pay, which will make some contribution to mitigation of overall impacts, not all providers will. Any residual negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Further review of third party commissioned services (preliminary assessment only)</u></p> <p>It is anticipated that the following reviews might have a direct impact on unpaid carers:</p> <ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – unknown potential impact at this time. • Dundee Alcohol and Drug Partnership review of commissioned services – unknown potential impacts at this time. • Review of homelessness and housing support third party commissioned services – unknown potential impacts at this time. <p>Impact assessment for affected groups will be completed as part of the review process.</p>
Lone Parent Families/Single Female Parent Household with Children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive		Please see section for Age (above).
No Impact		
Negative	X	
Not Known		
Serious & Enduring Mental Health Conditions		
Positive		<p><u>Reduction to funding for listed providers – negative (partial mitigation)</u></p> <p>The proposed reduction to funding for the Scottish Association for Mental Health will have a direct negative impact on people with serious and enduring mental health conditions. However, this reduction has been proposed to reflect underspends during 2024/25, meaning these changes are less likely to have any immediate direct impact on service users.</p> <p><u>Maintain payments 2024/25 levels for other providers – negative (partial mitigation)</u></p> <p>It is recognised that alongside changes to Employers National Insurance contributions this is likely to result in financial pressures for providers of mental health and wellbeing services. Although some providers will receive an uplift for Adult Social Care Pay, which will make some contribution to mitigation of overall impacts, not all providers will. Any residual negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following reviews might have a direct impact on people who are serious and enduring mental health conditions:</p> <ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – unknown potential impacts at this time.
No Impact		
Negative		
Not Known		

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		<ul style="list-style-type: none"> Dundee Alcohol and Drug Partnership review of commissioned services – unknown potential impacts at this time. It is known that a high proportion of people entering drug and alcohol treatment (up to 2/3) also experience mental health challenges. Review of homelessness and housing support third party commissioned services – potential negative impacts. Around 1/3 of homeless people also have mental health challenges. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p> <p>See also sections (below) on homelessness, drug and alcohol and offenders as there is known to be greater levels of these health and social care needs within the population of people who have serious and enduring mental health conditions.</p> <p>See also section on Age (above) in relation to older people with severe and enduring mental health conditions and section on Disability.</p>
Homeless (risks of Homelessness)		
Positive		<u>Maintain payments 2024/25 levels for other providers – negative (partial mitigation)</u>
No Impact		<p>It is recognised that alongside changes to Employers National Insurance contributions this is likely to result in financial pressures for providers of homelessness and housing support services. Although some providers will receive an uplift for Adult Social Care Pay, which will make some contribution to mitigation of overall impacts, not all providers will. Any residual negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following reviews might have a direct impact on people who are homeless or who are at risk of homelessness:</p> <ul style="list-style-type: none"> Dundee Alcohol and Drug Partnership review of commissioned services – unknown potential impacts at this time. It is estimated that approximately 1/3 of homeless people are also impacted by drug and / or alcohol use. Review of homelessness and housing support third party commissioned services – potential negative impacts. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p> <p>See also sections on mental health, drug and alcohol and offenders as there is known to be greater levels of these health and social care needs within the homeless / at risk of homeless population.</p>
Negative	X	
Not Known		
Drug and/or Alcohol issues		
Positive		<u>Reduction to funding for listed providers – negative (partial mitigation)</u>
No Impact		<p>The proposed reduction to funding for Church of Scotland / Crossreach Axis will have a direct negative impact on people who use drugs. Some respondents to the IJB Budget Consultation stated that reducing funding for drug and alcohol support services would lead to more deaths and overdoses. However, this specific reduction is being proposed due to duplication with other contracted provisions and monitoring data indicating that challenges retaining an appropriate workforce has impacted on the outputs and outcomes that have been able to be delivered by the project. It is therefore anticipated that this will reduce the level of negative impact experienced by service users. There are also a range of alternative services available across the city funded both by the Partnership, the Alcohol and Drug Partnership and other national funding sources.</p> <p><u>Maintain payments 2024/25 levels for other providers – negative (partial mitigation)</u></p>
Negative	X	
Not Known		

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	<p>It is recognised that alongside changes to Employers National Insurance contributions this is likely to result in financial pressures for providers of drug and alcohol services. Although some providers will receive an uplift for Adult Social Care Pay, which will make some contribution to mitigation of overall impacts, not all providers will. Any residual negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following reviews might have a direct impact on people who use drugs and alcohol:</p> <ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – unknown potential impacts at this time. • Dundee Alcohol and Drug Partnership review of commissioned services – unknown potential impacts at this time. • Review of homelessness and housing support third party commissioned services – potential negative impacts. It is estimated that approximately 1/3 of homeless people are also impacted by drug and / or alcohol use. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p> <p>See also sections on mental health, homelessness and offenders as there is known to be greater levels of these health and social care needs amongst people who use drugs and alcohol.</p>
Offenders and Former Offenders	
Positive	<u>Service Reviews (preliminary assessment only)</u>
No Impact	X
Negative	It is anticipated that the following reviews might have a direct impact on people who are involved in community justice processes:
Not Known	<ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – unknown potential impacts at this time. It is known that people involved in community justice processes have higher levels of health and social care needs than the general population. • Dundee Alcohol and Drug Partnership review of commissioned services – unknown potential impacts at this time. Evidence suggests that around 40% of people in custody in prison in Scotland had previously used drugs and alcohol. • Review of homelessness and housing support third party commissioned services – potential negative impacts. There is significant correlation between people who are supported via community justice processes and homelessness. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p> <p>See sections on mental health, homelessness and drug and alcohol as there is known to be greater levels of these health and care needs amongst people involved in community justice processes.</p>

STEP 2- Impact Assessment Record (continued)

Mark X in all relevant boxes. X must be placed in at least one box

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.

Explanation, assessment and any potential mitigations	
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)	
Positive	

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No Impact		None of the proposal are considered to have any direct relevance to this fairness group. Please see Earnings and Employment (below) for related impacts.
Negative	X	
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Earnings & employment- including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive		<p><u>Reduction to funding for listed providers – negative (partial mitigation)</u></p> <p>There is a risk of the need for redundancies in some third-party providers due to reductions in funding. Where possible this will be managed via existing vacancies or voluntary redundancy, however in some cases compulsory redundancy might be required. This will be managed in line with statutory requirements, and providers will be supported by the Partnership wherever possible to implement this process. Where there is an expectation of redundancy (either voluntary or compulsory) part -year reductions have been proposed to the IJB.</p> <p>In relation to unpaid carers, it is possible that reductions in services for cared for people will result in reduced opportunities to undertake paid employment, with a negative impact on household income. NHS Tayside and Dundee City Council, as 2 of the largest employers in Dundee, both operate carers support policies that aim to support members of their workforce. The IJB via the Carers Strategy will also continue to raise awareness of the role of employers in supporting unpaid carers. Joint work will also continue with Welfare Rights Services to provide income maximisation advice to unpaid carers as part of wider Carers Support Plans.</p> <p>Respondents to the IJB Budget Consultation highlighted a risk of staff redundancies and an impact on the overall sustainability of some third sector organisations, including the possibility of service closures. Some respondents also highlighted concern that reducing employment opportunities in the third sector would have a disproportionate impact on disabled people and on people in Peer Support Worker roles who may find it more difficult to secure alternative employment.</p> <p><u>Maintain payments 2024/25 levels for other providers – negative (partial mitigation)</u></p> <p>It is recognised that alongside changes to Employers National Insurance contributions this is likely to result in financial pressures for providers. Although some providers will receive an uplift for Adult Social Care Pay, which will make some contribution to mitigation of overall impacts, not all providers will. It is recognised that to meet the financial gap some providers may require to reduce staffing capacity and / or might not be able to support pay increases for their workforce, impacting on household income. Any residual negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Ongoing contract monitoring process will also provide support to individua providers and be a forum through which concerns regarding staffing impacts can be raised with the Partnership.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following reviews might have a direct impact on household income for members of the workforce in impacted services:</p> <ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – potential negative impacts. • Dundee Alcohol and Drug Partnership review of commissioned services – unknown potential impacts at this time. • Review of homelessness and housing support third party commissioned services – potential negative impacts. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
No Impact		
Negative	X	
Not Known		

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Connectivity / Internet Access/ Digital Skills		
Positive	<u>Reduction to funding for listed providers – negative (partial mitigation)</u>	
No Impact	The proposed reduction to funding for DVVA Technology Enabled Care (TEC) will have a direct negative impact on digital skills. The Partnership is in the process of developing a new digital strategy, which will include input from third and independent sector providers. This will allow the IJB to make better informed decisions in the future regarding investment in digital services and developments. In the meantime, the cessation of the TEC project is considered to pose a lesser risk of direct negative impacts on vulnerable service users, including those in equality and fairness groups, than other saving options.	
Negative		X
Not Known		
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive	<u>Reduction to funding for listed providers – negative (partial mitigation)</u>	
No Impact	As all proposed reductions in third party commissioned services have some risk of reduced access to services, they also all have a risk of negative impacts on health outcomes. In some areas, alternative provision is available either via Partnership internal services (for example drug services, mental health services and unpaid carers) or other external providers (for example, mental health services, drug services and services for people who have a learning disability). Other reductions have been proposed to reflect underspends and reduced demand during 2024/25 within specific providers contracts, meaning these changes are less likely to have any immediate direct impact on service users.	
Negative		X
Not Known		
<u>Maintain payments 2024/25 levels for other providers – negative (partial mitigation)</u> It is recognised that alongside changes to Employers National Insurance contributions this is likely to result in financial pressures for providers. Although some providers will receive an uplift for Adult Social Care Pay, which will make some contribution to mitigation of overall impacts, not all providers will. Any residual negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes. Residual impact could result in changes to availability of services that subsequently impacts on health outcomes.		
<u>Service Reviews (preliminary assessment only)</u> It is anticipated that the following reviews might have a direct impact on health outcomes: <ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – unknown potential impacts at this time. • Dundee Alcohol and Drug Partnership review of commissioned services – unknown potential impacts at this time. It is known that a high proportion of people entering drug and alcohol treatment (up to 2/3) also experience mental health challenges. • Review of homelessness and housing support third party commissioned services – potential negative impacts. Around 1/3 of homeless people also have mental health challenges. Impact assessment for affected groups will be completed as part of the forthcoming service review processes.		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive	<u>Service Reviews (preliminary assessment only)</u>	
No Impact	It is anticipated that the following reviews might have an indirect impact on healthy weight: <ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – unknown impacts at this time. Impact assessment for affected groups will be completed as part of the forthcoming service review processes.	
Negative		
Not Known		X

Dundee Integration Joint Board Integrated Impact Assessment

Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing	
Positive	None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	
Negative	
Not Known	
Transport (including accessible transport provision and sustainable modes of transport)	
Positive	None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	
Negative	
Not Known	
Life expectancy	
Positive	<u>Reduction to funding for listed providers – negative (partial mitigation)</u> As outlined in the section on Health (above) these proposals have some risk of impacting on health outcomes, which could indirectly impact on life expectancy.
No Impact	
Negative	<u>Maintain payments 2024/25 levels for other providers – negative (partial mitigation)</u> As outlined in the section on Health (above) these proposals have some risk of impacting on health outcomes, which could indirectly impact on life expectancy.
Not Known	
<u>Service Reviews (preliminary assessment only)</u> As outlined in the section on Health (above) these proposals have some risk of impacting on health outcomes, which could indirectly impact on life expectancy.	
<ul style="list-style-type: none"> • Completion of general review of all third party commissioned services – unknown impacts at this time. • Dundee Alcohol and Drug Partnership review of commissioned services – unknown potential impacts at this time. • Review of homelessness and housing support third party commissioned services – unknown impacts at this time. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>	
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2	

Environment- Climate Change	
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change	
Positive	None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	
Negative	
Not Known	
Resource Use	
Energy Efficiency and Consumption	
Positive	None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	
Negative	
Not Known	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	
Positive	None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	
Negative	
Not Known	
Sustainable Procurement	
Positive	None of the proposals are considered to have any direct or indirect relevance to this factor.

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No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Built Environment - Housing and Built Heritage		
Positive	<input type="checkbox"/>	None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment				
Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Use the SEA flowchart to determine whether this plan or proposal requires SEA.
If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)				
Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)				
Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.				

End of Impact Assessment Record.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 26 MARCH 2025

REPORT ON: REVIEW OF HOUSING WITH CARE

REPORT BY: CHIEF OFFICER

REPORT NO: APPENDIX 8A OF DIJB14-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of the proposal to review the current model for commissioning Housing with Care services with a view to reducing revenue costs.

2.0 RECOMMENDATIONS

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

2.1 Note the opportunity to deliver Housing with Care services in a more efficient model (Section 4.1).

2.2 Approve the proposal to review the current model for commissioning Housing with Care services with a view to reducing revenue costs by £300k (Section 4.2).

2.3 Remit the Chief Officer to submit a further paper reporting the outcome of the review, with recommendations for future service commissioning, to the IJB no later than August 2025.

3.0 FINANCIAL IMPLICATIONS

3.1 Current budgets associated with the existing in-house Housing with Care teams are £1,018k. The review will consider the different commissioning model opportunities to meet existing and anticipated demand. An alternative model would require re-investment of some of this funding however it is envisaged that demand can continue to be met while also reducing revenue costs.

4.0 MAIN TEXT

4.1 Background

4.1.1 Demand for mainstream Care at Home Services has increased significantly since the point of health and social care integration (2016). This has been as a result of national priorities, such as supporting people to live at home longer and reducing delayed discharges within hospitals, as well as due to demographic changes. Demand for Care at Home Services has also been impacted by challenges in social care sector provider sustainability, resulting in 4 care home closures in the last 5 years. As part of the Health and Social Care Partnership's response to the changing levels of demand for Care at Home Services, a Housing with Care model has been developed to help to meet the changing needs of the population.

4.1.2 Housing with Care is a type of accommodation designed for older adults or individuals with care needs who wish to live independently but require some level of support. The key features of this model are:

- Independent Living as residents have their own self-contained homes.
- Onsite Care and Support: There is onsite staffing to provide care and support services in line with assessed need.
- Communal Facilities: These properties often include communal areas such as dining rooms, lounges, gardens, and activity rooms to encourage social interaction and community living.
- Care and support are tailored to individual needs, which can include help with daily activities, personal care, and medical support.
- Enhanced safety features like emergency call systems and safety equipment (smoke alarms) linked to community alarm.
- On site sheltered housing wardens (staffed by Dundee City Council, Neighbourhood Services or commissioned providers rather than by the Partnership).

Housing with Care is a step down from a Care Home Placement, so the needs of service users are often complex.

4.1.3 Housing with Care is delivered at eight sites across Dundee; three sites are internal services delivered by the Partnership and five are externally commissioned services (total commissioned resource of 800 hours). The three sites provided internally by the Partnership are:

- Rockwell Housing with Care is staffed by 15 Social Care Workers (no current vacancies). This has an established resource of 450 hours.
- Baluniefield and Brington who work in tandem and are staffed by 10 Social Care Workers (two current vacancies). This has an established resource of 300 hours.

At the present time there are a total of 19 service users supported across the sites. Compared to the mainstream Care at Home teams this is a relatively low figure and is solely dependent on the numbers of housing stock available.

4.1.4 Brington has a particularly low number of services users, mainly due to the type of property at that site being unsuitable for people's health and social care needs and / or not being in line with their personal preferences. There are therefore significant inefficiencies associated with continuing to provide the social care element of the support to those service users via an onsite team and work has begun to transfer these packages of care for delivery by the mainstream Care at Home service within the Partnership. Operational managers are in the final stages of consultation with affected services users and members of the workforce and it is anticipated that this work will be completed by 30th June 2025.

4.2 Proposal to Review Housing with Care Service

4.2.1 The Partnership has identified that the internal Housing with Care service costs significantly more to provide than the service commissioned from the already established external housing with care providers. The current hourly rate for externally commissioned services is £21.66, compared to £26 per hour in the Partnership's own service.

4.2.2 Levels of demand for some Housing with Care sites has decreased considerably. Both Baluniefield and Brington currently have no nominations or waiting list. This is driven by a combination of personal preference for other types of service and those at lower levels of need not meeting the eligibility criteria for Housing with Care.

4.2.3 It is known that there is capacity in the market and interest from external providers that could support a shift in the model of commissioning for Housing with Care. The current

commissioned Housing with Care providers have demonstrated significant success in delivering a high-quality service to older people. Contractual arrangements that support the provision of these services also have flexibility to enable hours to be delivered from a wider range of sites than they do currently (i.e. contracts are not site specific). It is therefore proposed that a full review of the Housing with Care service is undertaken, with a focus on reducing the scale of internal provision and enhancing externally commissioned provision, with a view to achieving revenue savings of £300k. It is anticipated that the review will be completed and recommendations submitted to the IJB by August 2025.

- 4.2.4 Reducing the scale of internal provision of Housing with Care would release social care workforce capacity for transfer to the mainstream Care at Home teams (where there are currently a number of vacant posts). This would help to stabilise the capacity in mainstream services without the time lag associated with recruitment and induction, whilst also helping to reduce the cost of sessional staff, overtime and additional shifts. Housing with Care staff are on the same grade and terms and conditions as their colleagues in mainstream Care at Home teams.
- 4.2.5 The review of the service will include consultation with current service users, unpaid carers and family members. This will include providing service users with an opportunity to share their views around their experience of the current service and how proposed changes to the model of provision will impact them. There will be a particular focus on understanding the impact of any proposed options for change impact service users in terms of protected characteristics under the Equality Act (2010).
- 4.2.6 There are currently 25 Housing with Care posts within the Partnership. Engagement with the workforce will be an important element of the review process, supported by Trade Unions as appropriate. As well as having important experience and expertise to inform the development of proposals for a new model of Housing with Care provision, there will also be engagement in line with Dundee City Council's organisational change policies in terms of impact on individual employees.
- 4.2.7 The IJB's budget consultation invited respondents to provide their views on the option of changing the model of service provision for housing with care. Key results were:
- Changing the model of service provision for housing with care was the saving option that received the third highest level of support from respondents (average score of 4.2).
 - Alongside reviewing the Community Meals Service, the lowest average impact rating was given by individual respondents for changing the model of service for Housing with Care (1.9 - low impact range).
 - 395 individuals and 64 organisations rated the potential negative impact of this saving option, with the average impact ratings being 1.9 (low impact) and 2.5 (medium impact) respectively. 42 individual and 16 organisational respondents stated that this option would have a high impact, 57 individuals and 18 organisations said it would have a medium negative impact.
 - 72 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:
 - Respondents expressed concerns about the effectiveness of private care providers in wider social care and opposed their introduction to housing with care services, fearing a decline in service quality. They advocated for in-house care models, citing better care standards and established relationships between staff and service users.
 - Some respondents noted a decline in the quality of housing with care services since COVID-19, with reduced communal activities and meal services, and called for a review and improvement of the care model.

- Respondents were worried about the impact of changes on vulnerable residents who rely on consistent care from familiar staff, suggesting thorough transition processes to mitigate these effects. They also highlighted concerns about job security and the health and wellbeing of staff due to uncertainty about the future of the services.
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in appendix 4. If the proposal to review the current model of provision for housing with care is approved the data gathered via the budget consultation process will be considered in full as part of the review process.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	The review process does not adequately engage with service users or members of the workforce.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • The review process will include an opportunity for all current service users to contribute their views (this will be achieved through appropriate methods, including non-digital methods). • Engagement with staff will be in line with Dundee City Council organisational change policies and include involvement from Trade Unions as appropriate. • Initial discussions with the affected workforce has taken place with regards to the intention to undertake a review. • The IJB Budget Consultation 2025/26 provided opportunity for the public to provide feedback on this saving option – information gathered will be made available to inform the review process. • Should the review result in proposals to change the model of service commissioned by the IJB an Integrated Impact Assessment will be required covering both impacts on service users and on the workforce.
Residual Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4 (which is a Moderate risk level)
Planned Risk Level	Likelihood 1 x Impact 2 = Risk Scoring 2 (which is a Low risk level)
Approval recommendation	Given the low level of planned risk, it is recommended that the IJB accepts the risk.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service, Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Acting Chief Officer

DATE: 05 March 2025

Fiona Gibson
Associate Locality Manager

David Phillips
Integrated Manager

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Dundee Integration Joint Board Integrated Impact Assessment

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Document Title	Review of Housing with Care		
Type of document	Policy	Plan	X Other- describe
Date of this Pre-Integrated Impact Assessment Screening	12 March 2025		
Date of last IIA (if this is an update)			
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates			
<p>The purpose of this report is to seek approval of the proposal to review the current model for commissioning Housing with Care services with a view to reducing revenue costs.</p> <p>If approved it is planned that the service review will commence from 27 March 2023 and conclude by 31 August 2025, after which further reports (accompanied by Integrated Impact Assessments) will be submitted to the IJB as required.</p>			
Lead Officer/Document Author (Name, Job Title/Role, Email)			
Dave Berry, Chief Officer, dave.berry@dundeecity.gov.uk			
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)			
Fiona Gibson, Interim Associate Locality Manager (Community Services), Fiona.gibson@nhs.scot			
Job Title of colleagues or name of groups who contributed to pre-screening and IIA			
Kathryn Sharp, Acting Head of Service			
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>			
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	Yes	No	
A document or proposal that requires the IJB to take a decision	X		
A major Strategy/Plan, Policy or Action Plan		X	
An area or partnership-wide Plan		X	
A Plan/Programme/Strategy that sets the framework for future development consents		X	
The setting up of a body such as a Commission or Working Group		X	
An update to an existing Plan (when additional actions are described and planned)		X	

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA must</u> be completed	Y	N
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn		X
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas		X

Dundee Integration Joint Board Integrated Impact Assessment

in Scotland according to the 2020 Scottish Index of Multiple Deprivation.						
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).				X		
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues				X		
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services				X		
Offenders and former offenders					X	
Effects of Climate Change or Resource Use					X	
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.					X	
Transport, Accessible transport provision; sustainable modes of transport.					X	
Natural Environment					X	
Air, land or water quality; biodiversity; open and green spaces.					X	
Built Environment. Built heritage; housing.					X	
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>						
From information provided in Step 1 (Pre-screening) Is an IIA needed?				Y	X	N
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)						
Anticipated Date of IJB	26 March 2025	IJB Report Number	DIJB14-2025 Appendix 8A			
Date IIA completed	13 March 2025					

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STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

This IIA provides a preliminary assessment of potential impacts on specific groups within the population. Completion of impact assessment will form part of review process as it progresses. An individual IJB Integrated Impact Assessment will be undertaken for future reports to the IJB containing the findings of the review, where any recommendation is being made regarding a change in service, contract or commitment. However, where possible preliminary impact assessment has been included within this Integrated Impact Assessment to indicate where, based on information currently available, it is considered to be likely that the review will impact on specific groups within the population.

Results from the IJB Budget Consultation Report are included within this impact assessment but, as a single source of information, should be treated with caution as the sample is not representative of the population. Differences in average impact ratings below 1 are not considered to be significant.

It is anticipated that the outcome of the proposed review will mostly impact on those over 60 years of age who are residents within Housing with Care Services. The IJB Budget Consultation responses from individual respondents rated the impact of this saving proposal as low (average score 1.9), organisational respondents rated the impact as medium (2.5). Housing with Care services are currently delivered on three sites by the Partnership and on five sites by external providers. It is noted that consultation has raised concerns that a move from internal service delivery to external providers may result in a decline in service quality. There was also some concern on how transitional arrangements would be managed, with potential disruption to relationships between service users and staff impacting on health and wellbeing.

The Housing with Care Services delivered by the Partnership rely predominately on a female workforce. Any proposals on changing the model of service delivery will also potentially impact on this staff group, and there will be a need to consider alternative employment for the staff group to mitigate for any detriment should the recommendation of the review result in a change of service provider.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
January 2025 – March 2025	Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals. This includes review of the IJB's Strategic Needs Assessment. Additional statistical information regarding current profile of service use.	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Integrated Manager/Associate Locality Manager
January 2025 – March 2025	Operational managers have provided assessments of initial considerations in terms of proposed reviews of services, contracts and commitments.		Integrated Manager/Associate Locality Manager
14 February – 05 March 2025	IJB Public Budget Consultation Specifically, responses received in relation to section 4 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.	Members of the public Unpaid carers Third and independent sector health and social	Acting Head of Service, Strategic Services

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		care providers Members of the health and social care workforce	
March 2025	Initial discussions with external providers who deliver Housing with Care Services in Dundee	External Providers	Integrated Manager
December 2024 – March 2025	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Acting Chief Officer / Acting Chief Finance Officer

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive	X	<p>The proposal to review Housing with Care will impact mostly on those who are aged over 60 years.</p> <p>One potential outcome of the review is that services currently provided inhouse are contracted to external providers. Whilst external providers already provide this service on 5 sites across Dundee to a high quality, it is noted that IJB Budget Consultation has highlighted concerns that the quality of care may decline should there be a change in provider. Respondents also suggested ways in which this risk could be mitigated through careful transition planning, good communication and ongoing feedback loops.</p> <p>However, some respondents also highlighted the need to improve the quality of the service currently being delivered and felt that the review could have a positive impact if these areas were addressed.</p> <p>The impacts for older people will be further investigated through the review process, including further through further consultation with service users, unpaid carers and wider family members.</p>
No Impact		
Negative	X	
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive		<p>As part of the review process, more in-depth assessment of the needs of residents who would be affected by any changes will be undertaken. IT is likely, given the type of housing provision and age of residents that there will be some impact on people with a disability.</p>
No Impact		
Negative		
Not Known	X	
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review Housing with Care is not considered to have any direct or indirect</p>

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No Impact	<input checked="" type="checkbox"/>	relevance to this protected characteristic.
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sex		Explanation, assessment and potential mitigations
Positive	<input type="checkbox"/>	The majority of staff working within Housing with Care services are female. Assessment of options identified within the review will fully consider the impact on these staff. The IJB Budget Consultation highlighted concerns from staff regarding the impact on their health and wellbeing of the review process and related uncertainty about the future of the service. This will be taken into account in terms of planning and implementation of the review, including considering communication with staff and their engagement in the review process.
No impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not known	<input type="checkbox"/>	
Religion & Belief		Explanation, assessment and potential mitigations
Positive	<input type="checkbox"/>	The IJB Budget Consultation found that people with a minority religious belief rated the impact of this saving option 0.5 points higher than the average for the sample as a whole. This will be further considered as part of the review process.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input checked="" type="checkbox"/>	
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive	<input type="checkbox"/>	At the present time there is not sufficient data available to assess the demand for Housing with Care Services from Black and ethnic minority people, and therefore the impact of the proposal is not able to be accurately assessed at this time. The IJB Budget Consultation found the respondents from Black and Minority Ethnic groups rated the impact of this saving option 0.5 points higher than the average for the sample as a whole. Further investigation of the impact on specific ethnic groups will be undertaken during the review process.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input checked="" type="checkbox"/>	
Sexual Orientation		Explanation, assessment and potential mitigations
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Describe any Human Rights impacts not already covered in the Equality section above.		
Describe any Children's Rights impacts not covered elsewhere in this record.		
None identified at this time.		

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -

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	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)		X		
North East (Whitfield, Fintry & Mill O'Mains)		X		
Lochee (Lochee Beechwood, Charleston & Menzieshill)		X		
Coldside (Hilltown, Fairmuir & Coldside)		X		
East End (Mid Craigie, Linlathen & Douglas)		X		
Maryfield (Stobswell & City Centre)		X		
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End		X		
The Ferry		X		
Description of impacts on Fairness- Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<p>Housing with Care services are required within the city, and all residents who meet the service criteria should have equal opportunity to access these. The review will focus on identifying if there are more effective ways of delivering the service.</p>				

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*

Explanation, assessment and any potential mitigations	
Care Experienced Children and Young People	
Positive	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	
Negative	
Not Known	
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)	
Positive	One potential outcome of the review is that services currently provided inhouse are contracted to external providers. Whilst external providers already provide this service on 5 sites across Dundee to a high quality, it is noted that initial consultations have highlighted concerns that the quality of care may decline should there be a change in provider, which may result in an increase in carer stress.
No Impact	
Negative	
Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

Lone Parent Families/Single Female Parent Household with Children		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Households including Young Children and/or more than 3 children		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Retirement Pensioner (s)		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care will impact mostly on those who are aged over 60 years.
No Impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	<p>One potential outcome of the review is that services currently provided inhouse are contracted to external providers. Whilst external providers already provide this service on 5 sites across Dundee to a high quality, it is noted that initial consultations have highlighted concerns that the quality of care may decline should there be a change in provider.</p> <p>The impacts of older people will be further investigated through the review process, including further through further consultation with service users, unpaid carers and wider family members.</p>
Not Known	<input type="checkbox"/>	
Serious & Enduring Mental Health Conditions		
Positive	<input type="checkbox"/>	As part of the review process, more in-depth assessment of the needs of residents who would be affected by any changes will be undertaken.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input checked="" type="checkbox"/>	
Homeless (risks of Homelessness)		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Drug and/or Alcohol issues		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Offenders and Former Offenders		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.		
Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	

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Not Known		
Earnings & employment -including opportunities, education, training & skills, security of employment, under employment & unemployment		
Positive		Internal Housing with Care services currently employ 25 people. Any review option identifying other models of service delivery would require engagement and consultation with these staff, including identification of alternative employment opportunities.
No Impact		
Negative	X	
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive		The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Life expectancy		
Positive		The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Resource Use		

Dundee Integration Joint Board Integrated Impact Assessment

Energy Efficiency and Consumption		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sustainable Procurement		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Built Environment - Housing and Built Heritage		
Positive	<input type="checkbox"/>	The proposal to review Housing with Care is not considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment				
Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Use the SEA flowchart to determine whether this plan or proposal requires SEA.
If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)				
Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)				
Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.				

End of Impact Assessment Record.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 26 MARCH 2025

REPORT ON: REVIEW OF COMMUNITY MEALS SERVICE

REPORT BY: CHIEF OFFICER

REPORT NO: APPENDIX 9A OF DIJB14-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of the proposal to review the Community Meals Service with a view to reducing revenue costs by £100k during 2025/26.

2.0 RECOMMENDATIONS

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

2.1 Note the opportunity to deliver the Community Meals Service in a more efficient model (Section 4.1).

2.2 Approve the proposal to review the current model of operation in the Community Meals Service with a view to reducing revenue costs by £100k during 2025/26 (Section 4.2).

2.3 Remit the Chief Officer to submit a further paper reporting the outcome of the review, with recommendations for future service commissioning, to the IJB no later than 31st August 2025.

3.0 FINANCIAL IMPLICATIONS

3.1 The Community Meals Service has a net budget of £908k, covering costs of meal provision, delivery staff and income received from service user charging. Indications in January 2025 were that it would have an underspend of around £150k for the financial year 2024/25. The current underspend is predominantly due to reduction in people accessing the service.

3.2 It is anticipated the review will result in a more cost-effective model and will reduce revenue spend by £100k during 2025/26.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Community Meals Service prepares and delivers meals twice a day to citizens who are unable to prepare meals for themselves. The service criteria are outlined below:

- Individual must be unable to prepare a meal or heat a microwave meal for themselves.
- Individual has poor nutrition or restricted diet, and their health is suffering or in danger of suffering as a result.

- Individual is recovering from an illness or is being rehabilitated and would benefit from a delivered meal on a temporary basis.
- Individual has been medically assessed as requiring a specific diet for example, a textured diet which is difficult for the person to prepare themselves.
- An unpaid carer would be supported to continue their caring role if the cared for person was in receipt of the meals service.

4.1.2 The number of meals provide by the service varies, however, on average, the service delivers 732 lunches and 1693 evening meals every week to individuals in Dundee. The service delivers meals seven days a week but with only one delivery taking place at weekends (a cold lunch is left at tea visit for the next day). There are 21 members of staff working in the meal service. The total staffing hours allocated to the meal service is 485.25 hours.

4.1.3 The meal service meals are made by Tayside Cuisine and the meals are cooked, frozen and regenerated (cooked from frozen). All meals must comply with minimum nutritional standards. The meal service provides a range of textured diets for individuals as assessed by a Dietitian or Speech and Language Therapy. Meals range from liquid meals (stage 0) to regular meals (stage 7) as required. The meal service teams work with SALT/Dietitians and Care Inspectorate to identify supports for those who are malnourished and onward assessments where needed.

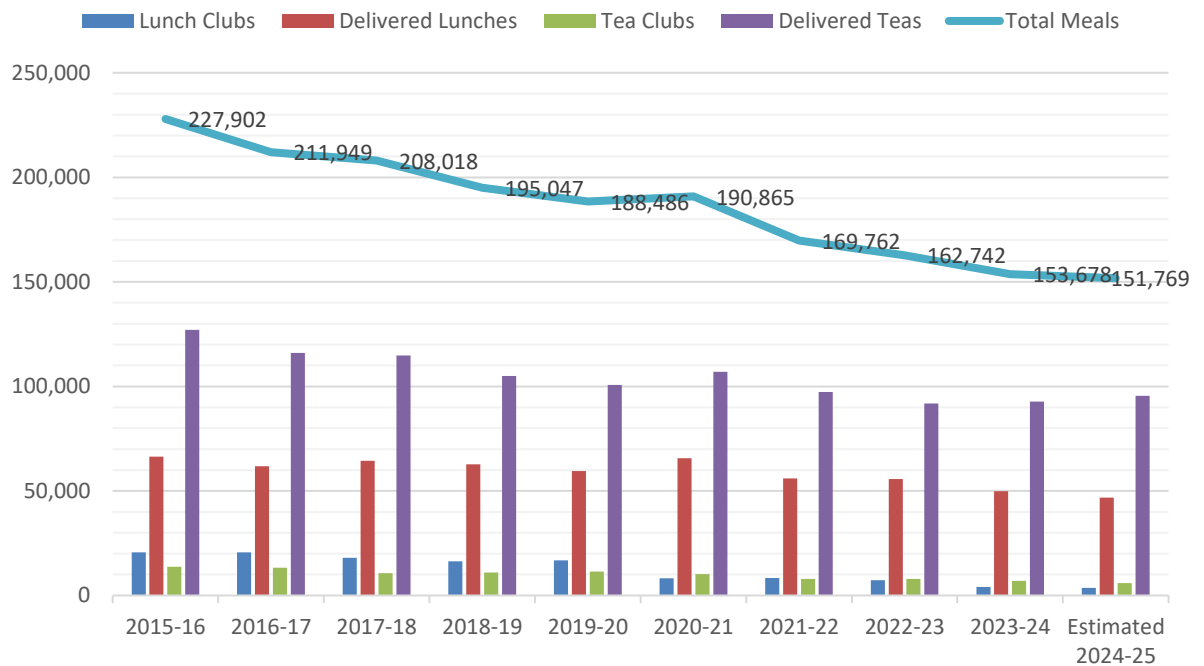
4.1.4 The meal service staff help support service users with their meals upon delivery, some of the tasks are noted below and are in place to help support those visually impaired or those not physically able to do this task independently (due to arthritis for example). This includes tasks such as taking lids off meal containers and decanting the meal onto a plate with cutlery, cutting up the meal and supporting the person with fluids (i.e. getting them a glass and pouring water).

4.1.5 The Community Meal Service is a chargeable service, with charges in 2024/25 set at £4.60 for two course meal each delivery. The charges are set by Dundee City Council, with the cost of producing and delivering meals averaging at £8.00 per meal, meaning the cost of delivering the service is heavily subsidised by the IJB.

4.2 Proposal to Review the Community Meals Service

4.2.1 Demand for the Community Meals Service has been reducing since 2008/09, with a more pronounced drop in demand following the COVID-19 pandemic. Further analysis of meals data is provided in Chart 1 (below) which includes revised estimates of demand for the current financial year. Feedback from service users and from the workforce suggests that this has largely been driven by the availability of meals from alternative providers in the independent sector, including both local and national suppliers. A range of meals services are now available that can provide meals at a lower cost (average between £4 and £5 per meal) and a higher quality than is available via the Community Meals Service. Many alternative meals services are also able to meet specific nutritional needs.

Chart 1: Community Meals Service – Number of Meals Delivered



- 4.2.2 During recent periods of severe adverse weather the Community Meals Service has adapted their model of operation on a temporary basis, this has involved moving to a once-a-day delivery model (lunch time hot meal with a cold meal left for tea). This experience prompted the manager within the Meals Service to identify that a review of the service could result in a more efficient model of operation whilst also continuing to provide a meals service for those that require this. Given reducing demand for the service it is therefore proposed that a full review of the Community Meals Service in undertaken, with a focus on identifying a model of provision that ensure ongoing access to meals for those people who need them without the need for the IJB to subsidise the cost of providing the service in the future. Whilst the review of ongoing, the Community Meals Service will continue to provide a service via their current model of operation.
- 4.2.3 The review of the service will include consultation with current service users, unpaid carers and family members. This will include providing service users with an opportunity to share their views around their experience of the current service and how proposed changes to the model of provision will impact them. There will be a particular focus on understanding the impact of any proposed options for change impact service users in terms of protected characteristics under the Equality Act (2010).
- 4.2.4 There are currently 21 members of the Community Meals Service workforce. Engagement with the workforce will be an important element of the review process, supported by Trade Unions as appropriate. As well as having important experience and expertise to inform the development of proposals for a new model provision, there will also be engagement in line with Dundee City Council's organisational change policies in terms of impact on individual employees.
- 4.2.5 The IJB's budget consultation invited respondents to provide their views on the option of reviewing the Community Meals Service. Key results were:
- Reviewing the Community Meals Service had an average level of support score of 3.8 (on a scale from 1 not supportive to 7 supportive).
 - Alongside changing the model of service for Housing with Care, the lowest average impact rating was given by individual respondents for reviewing the Community Meals Service (1.9 - low impact range).

- 410 individuals and 66 organisations rated the potential negative impact of this saving option, with the average impact ratings being 1.9 (low impact) and 2.3 (medium impact) respectively. 48 individual and 11 organisational respondents stated that this option would have a high impact, 72 individuals and 17 organisations said it would have a medium negative impact.
- 100 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:
 - Respondents emphasised the importance of the service for many people, particularly older individuals, and expressed concerns that a reduced service could lead to increased hospital admissions due to poor nutrition and fluid intake among vulnerable people.
 - Some respondents were worried that changes to the service could result in increased demand for social care visits, as the service provides additional support to help service users prepare and serve meals, which many alternative providers would not do. There were also concerns about the risk of social isolation, as meal delivery often provides the only social interaction that some service users have in their day.
 - Respondents were also concerned that any changes to the service would impact most on older people and disabled people. Additionally, respondents highlighted the potential risk of increased pressure on unpaid carers if the model of provision is changed, which could strain their health and wellbeing.
 - Many respondents expressed dissatisfaction with the quality of meals currently provided and felt the service should be reviewed and improved. They suggested that community-based organisations could offer a better service, and that any savings made through a review could be reinvested to support community-run provision.
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in appendix 4. If the proposal to review the Community Meals Service is approved the data gathered via the budget consultation process will be considered in full as part of the review process.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	The review process does not adequately engage with service users or members of the workforce.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Mitigating Actions	<ul style="list-style-type: none"> • The review process will include an opportunity for all current service

(including timescales and resources)	<p>users to contribute their views (this will be achieved through appropriate methods, including non-digital methods).</p> <ul style="list-style-type: none"> • Engagement with staff will be in line with Dundee City Council organisational change policies and include involvement from Trade Unions as appropriate. • The IJB Budget Consultation 2025/26 provided opportunity for the public to provide feedback on this saving option – information gathered will be made available to inform the review process. • Should the review result in proposals to change the model of service commissioned by the IJB an Integrated Impact Assessment will be required covering both impacts on service users and on the workforce.
Residual Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4 (which is a Moderate risk level)
Planned Risk Level	Likelihood 1 x Impact 2 = Risk Scoring 2 (which is a Low risk level)
Approval recommendation	Given the low level of planned risk, it is recommended that the IJB accepts the risk.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Service Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Acting Chief Officer

DATE: 05 March 2025

Fiona Gibson
Interim Associate Locality Manager

David Phillips
Integrated Manager

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Dundee Integration Joint Board Integrated Impact Assessment

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Document Title	Review of Community Meals Service					
Type of document	Policy		Plan	X	Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	12 March 2025					
Date of last IIA (if this is an update)						
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
<p>The purpose of this report is to seek approval of the proposal to review the Community Meals Service with a view to reducing revenue costs by £100k.</p> <p>If approved it is planned that the service review will commence from 27 March 2025 and conclude by 30 June 2025, after which further reports (accompanied by Integrated Impact Assessments) will be submitted to the IJB as required.</p>						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Dave Berry, Chief Officer, dave.berry@dundeecity.gov.uk						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Fiona Gibson, Interim Associate Locality Manager (Community Services), Fiona.gibson@nhs.scot						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Kathryn Sharp, Acting Head of Service						
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					X	
A major Strategy/Plan, Policy or Action Plan						X
An area or partnership-wide Plan						X
A Plan/Programme/Strategy that sets the framework for future development consents						X
The setting up of a body such as a Commission or Working Group						X
An update to an existing Plan (when additional actions are described and planned)						X

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA must</u> be completed	Y	N
Individuals who have Equality Act Protected Characteristics i.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn		X
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas		X

Dundee Integration Joint Board Integrated Impact Assessment

in Scotland according to the 2020 Scottish Index of Multiple Deprivation.						
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).				X		
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues				X		
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services				X		
Offenders and former offenders					X	
Effects of Climate Change or Resource Use					X	
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.					X	
Transport, Accessible transport provision; sustainable modes of transport.					X	
Natural Environment					X	
Air, land or water quality; biodiversity; open and green spaces.					X	
Built Environment. Built heritage; housing.					X	
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>						
From information provided in Step 1 (Pre-screening) Is an IIA needed?				Y	X	N
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)						
Anticipated Date of IJB	26 March 2025		IJB Report Number	DIJB14-2025 Appendix 9A		
Date IIA completed	13 March 2025					

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

This IIA provides a preliminary assessment of potential impacts on specific groups within the population. Completion of impact assessment will form part of review process as it progresses. An individual IJB Integrated Impact Assessment will be undertaken for future reports to the IJB containing the findings of the review, where any recommendation is being made regarding a change in service, contract or commitment. However, where possible preliminary impact assessment has been included within this Integrated Impact Assessment to indicate where, based on information currently available, it is considered to be likely that the review will impact on specific groups within the population.

Results from the IJB Budget Consultation Report are included within this impact assessment but, as a single source of information, should be treated with caution as the sample is not representative of the population. Differences in average impact ratings below 1 are not considered to be significant.

It is anticipated that the outcome of the proposed review will mostly impact on older people who are currently in receipt of the Community Meals Service. The IJB Budget Consultation responses from individual responses rated the impact of this saving proposal as low (average score 1.9), organisational respondents rated the impact as medium (2.3).

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
January 2025 – March 2025	<p>Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals.</p> <p>This includes review of the IJB's Strategic Needs Assessment.</p> <p>Additional statistical information regarding current profile of service use.</p>	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Integrated Manager/Associate Locality Manager
January 2025 – March 2025	Operational managers have provided assessments of initial considerations in terms of proposed reviews of services, contracts and commitments.		Integrated Manager/Associate Locality Manager
14 February – 05 March 2025	<p>IJB Public Budget Consultation</p> <p>Specifically, responses received in relation to section 4 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.</p>	<p>Members of the public</p> <p>Unpaid carers</p> <p>Third and independent sector health and social care providers</p> <p>Members of the health and social care workforce</p>	Acting Head of Service, Strategic Services

Dundee Integration Joint Board Integrated Impact Assessment

December 2024 – March 2025	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Acting Chief Officer / Acting Chief Finance Officer
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Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive	X	<p>The proposal to review Community Meals Service will impact mostly on older people.</p> <p>The IJB Budget Consultation highlighted concerns in relation to poor nutrition and fluid intake potentially leading to deterioration in health and hospital admission; social isolation and loneliness; and, loss of the ability of the service to pick up on early indicators of concern for the wellbeing of service users. However, many respondents also expressed dissatisfaction with the quality of meals and felt a review of the service could lead to positive improvements.</p> <p>The impacts of older people will be further investigated through the review process, including further through further consultation with service users, unpaid carers and wider family members.</p>
No Impact		
Negative	X	
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive		<p>As part of the review process, more in-depth assessment of the needs of residents who would be affected by any changes will be undertaken. It is likely, given the age and need profile of people currently accessing the service there will be some impact on people with a disability. The possibility of impacts on people with a disability was also highlighted in the IJB Budget Consultation.</p>
No Impact		
Negative		
Not Known	X	
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review Community Meals is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review Community Meals is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review Community Meals is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		<p>At this time no specific impacts related to sex have been identified, however this will continue to be considered throughout the review process.</p>
No impact	X	
Negative		
Not known		

Dundee Integration Joint Board Integrated Impact Assessment

Religion & Belief		Explanation, assessment and potential mitigations
Positive		It is recognised that there might be religious and cultural factors associated with the provision of meals that require to be taken into account during the review process, both in terms of planning future models of service delivery and understanding the potential impacts of alternative models. This was reflected in the IJB Budget Consultation where respondents who hold minority religious beliefs rated the impact of this saving option slightly higher than the average for the overall sample.
No Impact		
Negative		
Not Known	X	
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		It is recognised that there might be religious and cultural factors associated with the provision of meals that require to be taken into account during the review process, both in terms of planning future models of service delivery and understanding the potential impacts of alternative models. This was reflected in the IJB Budget Consultation where respondents from Black and Minority Ethnic Groups rated the impact of this saving option slightly higher than the average for the overall sample.
No Impact		
Negative		
Not Known	X	
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.		
None identified at this time.		

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)		X		
North East (Whitfield, Fintry & Mill O'Mains)		X		
Lochee (Lochee Beechwood, Charleston & Menzieshill)		X		
Coldside (Hilltown, Fairmuir & Coldside)		X		
East End (Mid Craigie, Linlathen & Douglas)		X		
Maryfield (Stobswell & City Centre)		X		
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End		X		
The Ferry		X		

Dundee Integration Joint Board Integrated Impact Assessment

Description of impacts on Fairness- Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.

Community Meals services are required within the city, and all residents who meet the service criteria should have equal opportunity to access these. The review will focus on identifying if there are more effective ways of delivering the service.

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*

Explanation, assessment and any potential mitigations

Care Experienced Children and Young People

Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)

Positive		The IJB Budget Consultation highlighted initial concerns about the potential impacts of the proposed review on unpaid carers. This included loss of immediate access to the meals service in crisis situations and potential for increased pressure on unpaid carers to source, heat and serve meals.
No Impact		
Negative	X	
Not Known		

Lone Parent Families/Single Female Parent Household with Children

Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Households including Young Children and/or more than 3 children

Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Retirement Pensioner (s)

Positive		The proposal to review Community Meals Service will impact mostly on older people
No Impact		
Negative	X	The impacts of older people will be further investigated through the review process, including further through further consultation with service users, unpaid carers and wider family
Not Known		

Dundee Integration Joint Board Integrated Impact Assessment

		members.
Serious & Enduring Mental Health Conditions		
Positive		As part of the review process, more in-depth assessment of the needs of service users who would be affected by any changes will be undertaken.
No Impact		
Negative		
Not Known	X	
Homeless (risks of Homelessness)		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Drug and/or Alcohol issues		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Offenders and Former Offenders		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.		
Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		It is anticipated that the review will have an impact in terms of the cost of meals. This could include an increase in the price of meals if they continue to be provided as an in-house service. It may also include a lesser cost should a more effective model of service provision be identified. The cost of meals provision will be a key aspect of the review process, including assessing the impact of any changes in cost on different population groups.
No Impact		
Negative		
Not Known	X	
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Earnings & employment -including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive		Any review option identifying other models of service delivery would require engagement and consultation with staff, including assessment of impacts and mitigating actions. Some respondents to the IJB Budget Consultation process suggested that alternative models of provision, such as via community-based organisations, might increase employment opportunities.
No Impact		
Negative	X	
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	

Dundee Integration Joint Board Integrated Impact Assessment

Negative		
Not Known		
Life expectancy		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Sustainable Procurement		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		The proposal to review Community Meals is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		

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Built Environment - Housing and Built Heritage	
Positive	
No Impact	X
Negative	
Not Known	

The proposal to review Community Meals is not considered to have any direct or indirect relevance to this factor.

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment	
Statement 1	
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.	
Yes	X No
Statement 2	
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	
Yes	No X
<i>Use the SEA flowchart to determine whether this plan or proposal requires SEA.</i>	
If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)	
Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)	
Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.	

End of Impact Assessment Record.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 26 MARCH 2025

REPORT ON: REVIEW OF COMMUNITY FACING AND SPECIALIST PALLIATIVE CARE

REPORT BY: CHIEF OFFICER

REPORT NO: APPENDIX 10 OF DIJB14-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to update the IJB on the progress of work to review community facing palliative care services and the anticipated financial impact of this review on the IJB's budget for 2025/26.

2.0 RECOMMENDATIONS

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

- 2.1 Notes the progress made towards reviewing community facing palliative care services and further developments in Specialist Palliative Care Services impacting on the review process (Sections 4.3 to 4.6).
- 2.2 Approves the proposal to set a value of £100k against the expected revenue savings associated with the review for 2025/26 (Section 4.7).
- 2.3 Remits to Chief Officer to submit a further paper reporting the update on outcomes of the review, with recommendations for future service commissioning, to the IJB no later than 31st August 2025.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Current revenue budgets aligned to Tayside Specialist Palliative Care Service are £8.2m.
- 3.2 It is envisaged that through the review process to assess bed model needs and pathway of care, revenue budgets can be reduced by £100k.

4.0 MAIN TEXT

- 4.1 Adult Specialist Palliative Care Services support adult patients and their families who have complex symptoms needs because of life-threatening or other serious health conditions. This support is delivered across all settings:
- Community (Perth, Dundee and Angus) - includes Macmillan Community Nurse Specialist, Day Services and Medical Symptom Control Clinic/Domiciliary Visits.
 - Acute Hospitals (Ninewells and PRI).

- Specialist Palliative Care Inpatient Units - Roxburghe House (18 beds for Dundee, Angus and a small number of Northeast Fife patients) and Cornhill Macmillan Centre (10 beds for Perth and Kinross).
- The service provides 24/7 input and advice across all settings in Tayside. In hours input/advice may be through medical/nurse specialist support. Out-of-hours specialist palliative care advice and input is provided by medical staff on an on-call rota, including access to Roxburghe House which accepts admissions 24/7.

4.2 In August 2024 the IJB agreed transformation funding of £115k to allow the recruitment of a Project Officer / Manager to review palliative care services on a whole system basis (item VII of the minute of the meeting of the Dundee Integration Joint Board held on 21 August 2024 refers), which aligns to Tayside Together priorities and the National Palliative Care Strategy. The post is in the final stages of recruitment. The rationale for the release of transformation funding, set out in August 2024 was to further enhance work that had been completed via the Tayside Unscheduled Care Board in 2022 to support an Enhanced Community Care Model:

“The evidence from the initial project demonstrates an improved quality of care for people in the community with complex specialist palliative care needs but has not yet been developed sufficiently to deliver a reduction in bed base which would support ongoing funding of community facing services. The aim is to reduce the need for inpatient beds in Dundee and use some of the savings to facilitate further integrated working to achieve quality cost-effective Palliative and end of life care (PEOLC) for the citizens of Dundee. “

In preparation for the wider review some baseline data has been explored and key services redesigned. It will be important during the review process to closely monitor the quality of care to ensure any changes result in positive outcomes for patients alongside any identified efficiency measures.

4.3 The Health and Care (staffing)(Scotland) Act 2019 places duties on each NHS Board or care providers to ensure that there are always suitably trained and qualified staff available to provide safe and high-quality patient care. The Act to come into force in April 2024; the key areas for the implementation are:

- The health wellbeing and safety of patients and staff.
- The provision of high-quality health care.
- Duty to have real time staffing assessment in place (safe care electronic system).
- Duty to have a risk escalation process in place.

Retaining the current model and bed base across Tayside Specialist Palliative Care Units, the workforce tools indicate that to meet the obligations within the safe staffing legislation requirements would incur an additional recurring cost pressure of circa £322k.

4.4 The number of admissions to Roxburghe House remains consistently above 350 per year, despite an incremental reduction in the bed base from 24 beds to 18 since 2018. The average length of stay and the number of admissions suggests an occupancy range from 70% (13 beds), with a peak of 84% (15 beds) in 2022 based on 18 beds available. From May 2024 to the end of February 2025 there were 368 patients added to the waiting list for Roxburghe: 48 (13%) of these patients were not admitted: 16 of those 48 (33%) died in Ninewells as there was no bed available in Roxburghe house when needed at times of high demand. Cornhill Inpatient Unit (IPU) indicates a consistent number of admissions over the last 6 years, with an average of 170 admissions per year and an average length of stay of 18 days which suggests a bed occupancy rate of 76% (8 beds). Bed occupancy of greater than 85% is generally considered to be the point at which patient safety and efficiency are at risk. Review work will continue to analyse bed occupancy data for adult specialist palliative care services and options for the future bed models.

- 4.5 Since remobilisation of services post-pandemic the service has identified a change in how Day Services are meeting the needs of the population. It is recognised that across Scotland many Palliative Care Day Services have not recommenced, with new models or outreach support being offered to those patients who need it, in a place of their choice. Alternative models of care to further reduce demand on inpatient beds where appropriate have also been developed over recent years. Work has already commenced in Dundee, with the development of four Advanced Practice (Community Nursing) posts and a team of social care workers for rapid response to prevent admission or facilitate rapid discharge to allow people to die at home when preferred. These roles are designed to improve patient outcomes, reduce unnecessary admissions to hospital, facilitate rapid discharge and has been remodelled largely within the current budget. It is therefore proposed that day services delivery and other alternatives to inpatient care are further considered as part of the review process.
- 4.6 The IJB's budget consultation invited respondents to provide their views on the option of reviewing the Medicine for the Elderly and Palliative and End of Life Care. Key results were:
- Reviewing Medicine for the Elderly and Palliative and End of Life Care had an average level of support score of 3.9 (on a scale from 1 not supportive to 7 supportive). As well as receiving the fifth highest proportion of ratings from all respondents at the lowest level of support (1 – 23%), this option also received the fourth highest proportion of ratings at the highest level of support (7 – 20%).
 - Alongside closing the Homeopathy Service, reviewing Medicine for the Elderly and Palliative and End of Life Care had the third highest impact rating for individual respondents (2.3 - medium impact) and for organisational respondents (2.5 - medium impact).
 - 399 individuals and 63 organisations rated the potential negative impact of this saving option. 85 individual and 18 organisational respondents stated that this option would have a high impact, 92 individuals and 16 organisations said it would have a medium negative impact.
 - 115 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:
 - Respondents stated that many people express a desire to receive end-of-life care at home, supported by their families, rather than in hospitals or hospices. There was a strong consensus around the need for enhanced community services to ensure that individuals can die with dignity and comfort, in a place that aligns with their wishes. Many respondents explicitly supported the further development and enhancement of community-based services for palliative and end-of-life care, and the transfer of resources from in-patient settings to community services. However, some respondents were concerned that a shift to community-based services would disadvantage people who are vulnerable or have no family support, and that any inpatient bed reductions might impact disproportionately on younger people.
 - Respondents emphasised the importance of community-based services for palliative and end-of-life care but expressed concerns about the stress on unpaid carers. Some respondents noted that the psychological impact of seeing and caring for someone who is dying is huge, and that some families cannot cope with this even when community support is available. There were also concerns about the effectiveness of proposals to reduce hospital beds, as community services are not yet sufficiently developed to handle increased demand.
 - Respondents also highlighted that while care at home is preferred, it may not provide the same level of pain management and support as a hospice,

particularly for those living alone or who have unsuitable housing conditions. A small number of respondents said that home care can never be as responsive and comprehensive as that provided in a hospice.

- o Some respondents expressed concern about the effectiveness of any proposals to reduce hospital beds, as community services are not yet sufficiently developed to handle the increased demand for home care. Some respondents stated that maintaining sufficient hospital beds is crucial for those who cannot be cared for at home, ensuring that patients receive the necessary medical attention.
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in appendix 4. The data gathered via the budget consultation process will be considered in full as part of the review process. At the conclusion of the review process, an Integrated Impact Assessment will be undertaken to accompany future reports to the IJB containing the findings of the review, where any recommendation is being made regarding a change in service.

- 4.7 At the point that the release of IJB transformation funding was approved to support the review of community facing and specialist palliative care services no financial value was set in terms of the anticipated level of revenue savings expected to be achieved. While the Project Officer post is anticipated to be recruited to imminently, operational and strategic work on the review of the service has continued within the team and wider whole system. It is anticipated that the review of service and pathways will result in financial efficiencies.
- 4.8 Engagement with the workforce will be a crucial element of the review process, supported by staff side partners. As well as having important experience and expertise to inform the review process, there will also be engagement in line with NHS Tayside's organisational change policies in terms of impact on individual employees. The review process will also incorporate appropriate clinical risk assessment, as part of a wider risk assessment covering the 4 aspects of NHS Tayside's Quadruple Aim (Performance, Quality of Care, Workforce and Finance).

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to the Pre-IIA Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

Risk 1 Description	Incomplete understanding of palliative and end of life care (PEOLC) pathways across inpatient and community settings can lead to poor experience and quality of care at the end of life. Initial work has identified a need for more detailed understanding of the range of services delivering PEOLC and the need for greater co-ordination of care and support.
Risk Category	Political, Social
Inherent Risk Level	Likelihood 4x Impact 4 = Risk Scoring 16 (which is an Extreme risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • A day of care audit has commenced as part of a gap analysis and will be completed by the end of April 2025. • A Project Manager is in the process of recruitment for 18 months to lead the development of pathways of care. • Advanced Nurses (Community Nursing) roles have been developed and four are now in post.

	<ul style="list-style-type: none"> A small team of Social Care Workers is in the final stages of development to facilitate rapid discharge / prevent unnecessary admissions in partnership with SCRS (Community Alarm), Community Nursing and Marie Curie to allow people to die at home where preferred / clinically appropriate.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High risk level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a moderate risk level)
Approval recommendation	Given the Moderate level of planned risk following mitigating actions it is recommended that the IJB accepts the risk.

Risk 2 Description	Long term sustainability of the service. Currently the service budget is significantly overspent, and the workforce tools recommend significant investment to comply with safe staffing legislation and ensure the Out-of-Hours rota is sustainable.
Risk Category	Financial
Inherent Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12 (which is a High risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Rota is currently sustained through an additional specialty trainee and clinical fellow majority funded from Malta but both cease in August 2025. Supplementary staffing is used to cover additional staffing requirements including enhanced nursing staff numbers and due to absence and recent adjustments required within the service.
Residual Risk Level	Likelihood 4 x Impact 3 = Risk Scoring 12 (which is a High risk level)
Planned Risk Level	Likelihood 2 x Impact 3 = Risk Scoring 6 (which is a Moderate risk level)
Approval recommendation	Given the Moderate level of planned risk following mitigating actions it is recommended that the IJB accepts the risk.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Health and Community Care, Lead Clinician, NHST Medical Director, NHST Executive Director of Nursing and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None.

Dave Berry
Acting Chief Officer

DATE: 05 March 2025

Fiona Barnett
Associate Locality Manager



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 26 MARCH 2025

REPORT ON: REVIEW OF MEDICINE FOR THE ELDERLY SERVICE

REPORT BY: CHIEF OFFICER

REPORT NO: APPENDIX 11A OF DIJB14-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of the proposal to review Medicine for the Elderly services to ensure resources are sustainable, used where they are needed most and to reduce revenue costs.

2.0 RECOMMENDATIONS

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

2.1 Approve the proposal to review Medicine for the Elderly assessment and rehabilitation pathways, including the wards within Royal Victoria Hospital, with a view to reducing revenue costs by £100k.

2.2 Remit the Chief Officer to submit a further paper reporting the outcome of the review, with recommendations for future service commissioning, to the IJB no later than 31st August 2025.

3.0 FINANCIAL IMPLICATIONS

3.1 Current revenue budgets aligned to Medicine for the Elderly service based in Royal Victoria Hospital are £7.1m (not including medical staff), including £6.0m directly attributable to nursing staff provision for the 4 wards.

3.2 It is envisaged that through the review process to assess bed model needs and pathway of care, revenue budgets can be reduced by £100k during 2025/26.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Scottish Governments 2025-26 budget plan outlined a continued vision to improve access to primary care, reduce waiting times and “shift the balance of care” to preventative and community-based support. Considerable progress has been made in Dundee to meet this aim and move towards more preventative whole system solutions for maximising outcomes for people whilst also achieving a more sustainable financial model of service delivery.

4.1.2 Medicine for the Elderly assessment and rehabilitation care are delivered across three wards at Royal Victoria Hospital. The unit supports the transition of patients following an acute admission who require a period of assessment and rehabilitation before going home with existing, additional or new social care support. Other patients may require assessment and placement for 24-hour care. Essential to this care is a cohesive and effective multi-disciplinary team with older people supported to remain as healthy and independent as possible for as long

as is possible. This ensures they receive the highest quality of care when needed respecting the choice to receive support at home or in a homely environment.

4.2 Proposal to Review Medicine for the Elderly

4.2.1 Royal Victoria Hospital is an older building, where the environment does not lend itself to providing safe and effective care for patients who have impaired mobility, may be cognitively impaired and or have dementia or delirium. This is particularly true for Ward 8 with the main body of the ward supporting 14 beds over three bays with four beds each and two side rooms. The remaining four beds (D Bay) are situated across a main corridor that leads to other areas of the hospital and have regular footfall and transfer or patients going through it.

4.2.2 This unusual ward requires consideration to patient placement in this bay where patients who have no cognitive impairment, dementia or delirium concerns and are medically well. This though does not completely mitigate the risk of a patient falling unnoticed or a patient becoming unexpectedly unwell and requiring urgent assistance. Staffing levels must be sufficient to always provide oversight of these patients.

4.2.3 The Health and Care (staffing)(Scotland) Act 2019 places duties on each NHS Board or care providers to ensure that there are always suitably trained and qualified staff available to provide safe and high-quality patient care. The Act to come into force in April 2024; the key areas for the implementation are:

- The health wellbeing and safety of patients and staff.
- The provision of high-quality health care.
- Duty to have real time staffing assessment in place (safe care electronic system).
- Duty to have a risk escalation process in place.

The projected workforce requirements identified through National workforce tools demonstrates that the current funded nursing establishment does not comply with the Health and Care (Staffing) (Scotland) Act 2019. Consequently, the service has incurred an overspend attributed to the requirement of supplementary staff to ensure safe and quality person centred care. For this reason, there is a projected overspend for 2024/25 of £93k currently across the ward areas but mainly attributed to Ward 8. As well as incurring additional financial costs, it is recognised that reliance on supplementary staffing impacts on the health and wellbeing of the Medicine for the Elderly workforce and can impact on continuity, and therefore quality, of care.

4.2.4 In response to the immediate operational need to meet the requirements of the Act and to operate within the commissioning budget for the service set by the IJB initial work has been undertaken to explore alternative bed models. From this work officers in the Partnership have identified the opportunity to undertake a full review of the service with a focus on accommodating capacity and flow, enabling sustainability and transformation and reducing the revenue costs of providing the service.

4.2.5 It is recognised that a review of the service could also support the strategic aim of further shifting the balance of care from inpatient to community settings. A full review would enable the service to build on the initial bed modelling work already progressed to fully explore what is necessary to enable community-based care, address inefficiencies and support patients to realise their goals within a personalised, integrated health and social care plan. It will also support the whole system improvement plan for capacity and flow in relation to unscheduled care.

4.2.6 The IJB's budget consultation invited respondents to provide their views on the option of reviewing the Medicine for the Elderly and Palliative and End of Life Care. Key results were:

- Reviewing Medicine for the Elderly and Palliative and End of Life Care had an average level of support score of 3.9 (on a scale from 1 not supportive to 7 supportive). As well as receiving the fifth highest proportion of ratings from all respondents at the lowest level of

support (1 – 23%), this option also received the fourth highest proportion of ratings at the highest level of support (7 – 20%).

- Alongside closing the Homeopathy Service, reviewing Medicine for the Elderly and Palliative and End of Life Care had the third highest impact rating for individual respondents (2.3 - medium impact) and for organisational respondents (2.5 - medium impact).
- 399 individuals and 63 organisations rated the potential negative impact of this saving option. 85 individual and 18 organisational respondents stated that this option would have a high impact, 92 individuals and 16 organisations said it would have a medium negative impact.
- 115 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:
 - Many respondents supported the further development and enhancement of community-based services for older people, and the transfer of resources from in-patient settings to community services. However, some respondents expressed concerns that other saving proposals might reduce community-based support, making any reduction in in-patient beds unsafe and unsustainable.
 - Some respondents focused on their wish for improvements in the way care is provided and coordinated in the community to prevent admissions to hospital, rather than a focus on reducing inpatient beds.
 - There were concerns about pressure to discharge people from hospital too early, before suitable community-based services are in place. Some people reported experiences of “*failed discharges*” leading to crisis admissions.
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in appendix 4. If the proposal to review Medicine for the Elderly is approved the data gathered via the budget consultation process will be considered in full as part of the review process.

- 4.2.7 The review of the service will include consultation with current service users, unpaid carers, and family members. This will include providing service users with an opportunity to share their views around their experience of the current service and how proposed changes to the model of provision will impact them. This will include a review of the reasons for any readmissions and any measures that can be introduced to reduce this. There will be a particular focus on understanding the impact of any proposed options for change impact service users in terms of protected characteristics under the Equality Act (2010).
- 4.2.8 Engagement with the workforce will be a crucial element of the review process, supported by staff side partners. As well as having important experience and expertise to inform the review process, there will also be engagement in line with NHS Tayside’s organisational change policies in terms of impact on individual employees. The review process will also incorporate appropriate clinical risk assessment, as part of a wider risk assessment covering the 4 aspects of NHS Tayside’s Quadruple Aim (Performance, Quality of Care, Workforce and Finance).
- 4.2.9 Wider whole system work alongside NHS Tayside’s Frailty Pathway models will also feed into and support the review and the developments that are anticipated to occur.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	Current use of the four beds in Ward 8 D Bay potentially leaves patients at risk due to the location of the bay
Risk Category	Governance, social, workforce, legal, operational
Inherent Risk Level	Likelihood 4 x Impact 4 = 16 Risk Scoring (which is an Extreme risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Supplementary staffing is being routinely used to ensure additional and sufficient staffing to monitor the bay given the remoteness of its location.
Residual Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High risk level)
Planned Risk Level	Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High risk level)
Approval recommendation	Given the mitigating actions in place, it is recommended that the review of Medicine for the Elderly is approved.

Risk 2 Description	There is an overspend projection of £93k currently across the ward areas but mainly attributed to ward 8. Additional funding will be required to maintain the current bed base.
Risk Category	Financial
Inherent Risk Level	Likelihood 5 x Impact 3 = Risk Scoring 15 (which is an Extreme risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> Absence levels are monitored, and support is in place to reduce this. Supplementary staff are only requested when necessary for patient and staff safety. The supplementary staffing for D bay cannot be mitigated against.
Residual Risk Level	Likelihood 5 x Impact 3 = Risk Scoring 15 (which is an Extreme risk level)
Planned Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Approval recommendation	Given the mitigating actions in place, it is recommended that the review of Medicine for the Elderly is approved.

7.0 CONSULTATIONS

7.1 The Chief Finance Officer, Heads of Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Acting Chief Officer

DATE: 05 March 2025

Fiona Barnett
Associate Locality Manager

Gill Mudie
Clinical Nurse Manager

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Dundee Integration Joint Board Integrated Impact Assessment

Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Document Title	Review of Medicine for the Elderly Service		
Type of document	Policy	Plan	X Other- describe
Date of this Pre-Integrated Impact Assessment Screening	13 March 2025		
Date of last IIA (if this is an update)			
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates			
<p>The purpose of this report is to seek approval of the proposal to review Medicine for the Elderly services to ensure resources are sustainable, used where they are needed most and to reduce revenue costs.</p> <p>If approved it is planned that the service review will commence from 27 March 2025 and conclude by July 2025, after which further reports (accompanied by Integrated Impact Assessments) will be submitted to the IJB as required.</p>			
Lead Officer/Document Author (Name, Job Title/Role, Email)			
Dave Berry, Chief Officer, dave.berry@dundeecity.gov.uk			
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)			
Fiona Barnett, Associate Locality Manager, fiona.barnett@nhs.scot			
Job Title of colleagues or name of groups who contributed to pre-screening and IIA			
Kathryn Sharp, Acting Head of Service			
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>			
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	Yes	No	
A document or proposal that requires the IJB to take a decision	X		
A major Strategy/Plan, Policy or Action Plan		X	
An area or partnership-wide Plan		X	
A Plan/Programme/Strategy that sets the framework for future development consents		X	
The setting up of a body such as a Commission or Working Group		X	
An update to an existing Plan (when additional actions are described and planned)		X	

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an IIA must be completed	Y	N
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com		X

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Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn			
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.		X	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).		X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues		X	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		X	
Offenders and former offenders			X
Effects of Climate Change or Resource Use			X
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.			X
Transport, Accessible transport provision; sustainable modes of transport.			X
Natural Environment			X
Air, land or water quality; biodiversity; open and green spaces.			X
Built Environment. Built heritage; housing.			X
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>			
From information provided in Step 1 (Pre-screening) Is an IIA needed?		Y	X
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)		N	
Anticipated Date of IJB	26 March 2025	IJB Report Number	DIJB14-2025 Appendix 11A
Date IIA completed	14 March 2025		

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

This IIA provides a preliminary assessment of potential impacts on specific groups within the population. Completion of impact assessment will form part of review process as it progresses. An individual IJB Integrated Impact Assessment will be undertaken for future reports to the IJB containing the findings of the review, where any recommendation is being made regarding a change in service, contract, or commitment. However, where possible preliminary impact assessment has been included within this Integrated Impact Assessment to indicate where, based on information currently available, it is considered to be likely that the review will impact on specific groups within the population.

Results from the IJB Budget Consultation Report are included within this impact assessment but, as a sole source of information, should be treated with caution as the sample is not representative of the population. Differences in average impact ratings below 1 are not considered to be significant.

Individual respondents to the IJB Budget Consultation report this saving option would have a medium impact (2.3), this was also the case for organisational respondents (2.5). This was within the top 3 impacts for both individual and organisational respondents; it was also in the top 3 for 17 out of the 28 specific equality or fairness groups for whom data was able to be analysed.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
January 2025 – March 2025	<p>Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals.</p> <p>This includes review of the IJB's Strategic Needs Assessment.</p> <p>Additional statistical information regarding current profile of service use.</p>	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Integrated Manager/Associate Locality Manager
January 2025 – March 2025	Operational managers have provided assessments of initial considerations in terms of proposed reviews of services, contracts, and commitments.		Integrated Manager/Associate Locality Manager
14 February – 05 March 2025	<p>IJB Public Budget Consultation</p> <p>Specifically, responses received in relation to section 4 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.</p>	<p>Members of the public</p> <p>Unpaid carers</p> <p>Third and independent sector health and social care providers</p> <p>Members of the health and social care workforce</p>	Acting Head of Service, Strategic Services

Dundee Integration Joint Board Integrated Impact Assessment

December 2024 – March 2025	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Acting Chief Officer / Acting Chief Finance Officer
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Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment, and potential mitigations
Positive	X	<p>The proposal to review the Medicine for the Elderly Service will impact directly on older people.</p> <p>Many respondents the IJB Budget Consultation supported the further development and enhancement of community-based services for older people, and the transfer of resources from in-patient settings to community services. Some respondents felt this could help to reduce hospital admissions. However, they also emphasised the need for a sustainable and safe number of inpatient beds and were concerned that a shift to community-based services could disadvantage people who are vulnerable and have no family support. The 65 and over group of survey respondents did not place this saving option in their top 3 impacts, however it was within the top 3 for both the full sample of individual respondents and of organisational respondents.</p> <p>The impacts for older people will be further investigated through the review process, including further through further consultation with service users, unpaid carers, and wider family members.</p>
No Impact		
Negative	X	
Not Known		
Disability		Explanation, assessment, and potential mitigations
Positive	X	<p>The proposal to review the Medicine for the Elderly Service will impact people with a disability.</p> <p>The impacts for people with a disability will be further investigated through the review process, including further through further consultation with service users, unpaid carers, and wider family members.</p>
No Impact		
Negative	X	
Not Known		
Gender Reassignment		Explanation, assessment, and potential mitigations
Positive		<p>The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment, and potential mitigations
Positive		<p>The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment, and potential mitigations
Positive		<p>The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		

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Sex		Explanation, assessment, and potential mitigations
Positive	<input checked="" type="checkbox"/>	Due to differences in life expectancy a greater proportion of older people are female. Any specific impacts associated with sex will be considered as part of the review process.
No impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not known	<input type="checkbox"/>	
Religion & Belief		Explanation, assessment, and potential mitigations
Positive	<input type="checkbox"/>	The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Race & Ethnicity		Explanation, assessment, and potential mitigations
Positive	<input type="checkbox"/>	The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sexual Orientation		Explanation, assessment, and potential mitigations
Positive	<input type="checkbox"/>	The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Describe any Human Rights impacts not already covered in the Equality section above.		
Describe any Children's Rights impacts not covered elsewhere in this record.		
None identified at this time.		

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North East (Whitfield, Fintry & Mill O'Mains)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lochee (Lochee Beechwood, Charleston & Menzieshill)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coldside (Hilltown, Fairmuir & Coldside)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East End (Mid Craigie, Linlathen & Douglas)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maryfield (Stobswell & City Centre)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Ferry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and				

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particularly consider known areas of deprivation.

The Medicine for the Elderly Service is required within the city, and all residents who meet the service criteria should have equal opportunity to access these. The review will focus on identifying if there are more effective ways of delivering the service.

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*

Explanation, assessment, and any potential mitigations

Care Experienced Children and Young People

Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)

Positive		A review of the Medicine for the Elderly Service will impact on unpaid carers, particularly those caring for older people or people who have a disability. Improvements to community-based supports could have positive impacts on carers, however it is recognised that there are also risks of additional carer stress. The IJB Budget Consultation identified that this proposal was rated in the top 3 impacts by unpaid carers. Further exploration of the potential impacts on unpaid carers will be an important aspect of the review process.
No Impact		
Negative	X	
Not Known		

Lone Parent Families/Single Female Parent Household with Children

Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Households including Young Children and/or more than 3 children

Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Retirement Pensioner (s)

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Positive		The proposal to review the Medicine for the Elderly Service will impact on older people. The impacts of older people will be further investigated through the review process, including through further consultation with service users, unpaid carers, and wider family members.
No Impact		
Negative	X	
Not Known		
Serious & Enduring Mental Health Conditions		
Positive	X	It is anticipated that the review will impact on older people who have serious and enduring mental health conditions. As part of the review process, more in-depth assessment of the needs of service users who would be affected by any changes will be undertaken.
No Impact		
Negative	X	
Not Known		
Homeless (risks of Homelessness)		
Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Drug and/or Alcohol issues		
Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Offenders and Former Offenders		
Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.

Explanation, assessment, and any potential mitigations

Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)

Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.

Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Earnings & employment-including opportunities, education, training &skills, security of employment, under employment & unemployment

Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Connectivity / Internet Access/ Digital Skills

Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

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Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive	<input checked="" type="checkbox"/>	It is anticipated that the review service will focus on enhancing community-based supports for older people, with a positive impact on their health outcomes.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Life expectancy		
Positive	<input checked="" type="checkbox"/>	It is anticipated that the review service will focus on enhancing community-based supports for older people, with a positive impact on their health outcomes.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Healthy Weight/Weight Management/Overweight / Obesity		
Positive	<input type="checkbox"/>	The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive	<input type="checkbox"/>	The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Transport (including accessible transport provision and sustainable modes of transport)		
Positive	<input type="checkbox"/>	The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input type="checkbox"/>	The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Resource Use		
Energy Efficiency and Consumption		
Positive	<input type="checkbox"/>	The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive	<input type="checkbox"/>	The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sustainable Procurement		
Positive	<input type="checkbox"/>	The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		

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Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		

Built Environment - Housing and Built Heritage

Positive		The proposal to review the Medicine for the Elderly Service is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		

Strategic Environmental Assessment provides economic, social, and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment			
Statement 1			
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.			
Yes	X	No	
Statement 2			
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005			
Yes		No	X
<i>Use the SEA flowchart to determine whether this plan or proposal requires SEA.</i>			
If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)			
Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)			
Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.			

End of Impact Assessment Record.

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REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 26 MARCH 2025

REPORT ON: REVIEW OF CHARGING AND INCOME MAXIMISATION

REPORT BY: CHIEF OFFICER

REPORT NO: APPENDIX 12A OF DIJB14-2025

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of the proposal to working with Dundee City Council to further review charges for social care services, with a view to improving revenue position by £700k.

2.0 RECOMMENDATIONS

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

2.1 Note the opportunity to work with Dundee City Council to further review charging policy for social care services and ongoing work to improve the effectiveness of financial assessment and income collection processes. (Section 4.1).

2.2 Approve the proposal to work with Dundee City Council to further review the charging process for social care services, with a view to improving revenue position by £500k through increased income receipts and reduced operational costs (Section 4.2).

2.3 Approves the proposal to work with Dundee City Council to further review the charging policy and rates for social care services, with a view to improving revenue position by £200k through increased income receipts (Section 4.3)

2.4 Remit the Chief Officer to submit a further paper reporting the outcome of the review to the IJB no later than August 2025, noting that any recommendations made will require to be submitted to Dundee City Council for consideration as social care charging is not a function delegated to the IJB.

3.0 FINANCIAL IMPLICATIONS

3.1 Current financial monitoring for 2024/25 indicates projected income from non-residential charges of £2.1m and residential care charges of £6.2m. It is anticipated that revenue income receipts can be increased through a combination of reviewing existing charging rates, considering any opportunities to introduce new charges, and ensuring that charges remain fair and affordable for services users. In addition, it is anticipated that a financial benefit can be obtained through a review of internal processes to maximise efficiencies alongside technology opportunities. The anticipated financial benefits will help ensure the IJB's delegated budgets can be maximised and help meet the assessed needs of as many individuals as possible.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Social Work (Scotland) Act 1968, the Mental Health (Care and Treatment) (Scotland) Act 2003 and The Social Care (Self Directed Support) (Scotland) Act 2013 allow charges to be made for certain social care and housing support services. The table below summarises examples of which social care and housing support services are chargeable:

Not chargeable	Chargeable based on ability to pay	Chargeable to all service users
<ul style="list-style-type: none"> • Criminal Justice Social Work Services • Information and Advice Needs Assessment • Care Management • Personal Care and Nursing Care • Home Care services for 42 days on discharge from hospital 	<ul style="list-style-type: none"> • Care at Home • Day Care Services • Enabler Services • Respite • In-college support • Shopping • Laundry • Housing with Care • Community Living Units 	<ul style="list-style-type: none"> • Community Alarm service • Meals Service • Telecare

4.1.2 Charges for social care and housing support services are based on the type of service being provided, rather than on the location or provider of that service. As part of the social care assessment process service users will also be offered a financial assessment and welfare benefits check to ensure that their personal income is maximised.

4.1.3 Charging functions for social care services have not been delegated to the Dundee IJB; Dundee City Council remains the decision-making body for policy relating to charging for social care services and supports arranged and / or delivered by the Health and Social Care Partnership. This includes setting the levels of charges.

4.1.4 Social care charging policy is informed by COSLA Guidance for Charges Applying to Social Care Support for people at home ([COSLA Charging Guidance](#)) which has been developed around seven overarching objectives:

- Determine whether to charge a person for social care support at home, taking into consideration the full range of legal, financial and policy drivers;
- Develop a policy that is fair, equitable, accessible and transparent for people who use support, their families and carers, and staff applying it;
- Support local areas to work together to generate greater consistency across Scotland;
- Ensure the personal, social and economic circumstances of individuals are given due regard in determining whether charges should apply, and the level of charges to prevent financial hardship;
- Ensure that people who use services understand the reasons for charging and its contribution to supporting their social care;
- Ensure that charging policies at a national and local level are developed together with people who use services;
- Ensure that the human rights of supported people and the financial implications of charging on the supported person's quality of life, in terms of both their standard of living and their social and economic participation within the

community, are considered in the development of charging policy and its application in practice.

4.2 Proposal to Review Process for Charging for Social Care Services

- 4.2.1 Where charges are applied this is supported by a range of administrative and financial processes that are carried out by both staff within the Partnership and within Dundee City Council. This includes a range of tasks from completing financial assessments and notifying service users of charges to be applied, collation of data relating to actual hours or service received, billing and income collection and processes relating to debt recovery. A programme of work has been established between the Partnership and Dundee City Council focused on improving processes to ensure that all of these tasks are completed in an effective and efficient way to minimise the accrual of debt and maximise the income received by the Partnership. It is anticipated that this programme of work will benefit the revenue position through a combination of increased revenue income and reduced operational spend by £500k in 2025/26.
- 4.2.2 Individuals will continue to be encouraged to complete a Financial Assessment and Welfare Benefits check to maximise personal income and ensure charges for service provision are affordable for the individual.
- 4.2.3 It is also expected that planned improvements will have a significant positive impact on service user experiences of these processes, including communication with service users (or their representative, where appropriate).
- 4.2.4 Eligibility Criteria processes will continue to be reviewed to ensure these remain appropriate and are fairly and consistently applied to ensure those with relevant assessed needs continue to be able to access services.

4.3 Proposal to Review Charges for Social Care Services

- 4.3.1 As part of their annual budget setting process it is normal practice for Dundee City Council to undertake a review of charges. For the 2025/26 budget this review included changes that are projected to generate an additional £374k of income in relation to services delivered by the Partnership. However, initial benchmarking with other local authorities suggests that there are opportunities to undertake a more comprehensive review of social care charging policy in Partnership with Dundee City Council with a view to further increasing revenue income.
- 4.3.2 It is proposed that the Partnership, working in collaboration with Dundee City Council, undertakes a comprehensive review of the current social care charging policy against the COSLA Guidance, and informed by comprehensive benchmarking information. Specific elements of charging policy that will be considered, include:
- Charging levels, based on the principle of full-cost recovery unless restrictions are placed on charging levels by legislative provisions or national guidance.
 - The application of tapers which are applied to service user income before charges are applied.
 - Ensuring fairness and consistency in charges applied to people who receive their support in Dundee verses those who receive this outwith Dundee.
 - Consideration of existing policies around exemptions, reliefs and charging rates.
 - Consideration of any new charges that could be introduced, particularly relating to new service provision or technological advances.

The review will develop proposals for submission to Dundee City Council that supports the financial sustainability of the IJB while considering the personal, social and economic circumstances of service users (both individually and collectively). There will be a particular

focus on understanding the impact of any proposed options for change on service users in terms of protected characteristics under the Equality Act (2010).

4.3.3 It is anticipated that any new or increased charges following the review will result in increased income of £200k in 2025/26, subject to approval by Dundee City Council.

4.3.4 The IJB's budget consultation invited respondents to provide their views on the option of working with Dundee City Council to maximise income from chargeable social care services. Key results were:

- Working with the Council to maximise income from chargeable social care services had an average level of support score of 4.6 (on a scale from 1 not supportive to 7 supportive). This was the second highest level of support for any saving option. This option also had the second highest proportion of ratings at the highest level of support (7- 26%).
- 398 individuals and 64 organisations rated the potential negative impact of this saving option, with the average impact ratings being 2.1 and 2.4 respectively (both medium impact). 51 individual and 8 organisational respondents stated that this option would have a high impact, 109 individuals and 26 organisations said it would have a medium negative impact.
- 99 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:
 - Some respondents felt that generating income and having a more consistent approach to charging is necessary to protect services for the future. Several respondents indicated a personal willingness to pay more rather than have services reduced.
 - Many respondents expressed worry that even minimal increases could lead to greater financial strain on those who rely on these services, particularly the elderly and low-income families. This could result in individuals declining necessary services, impacting their quality of life, health, and wellbeing, and leading to social isolation and stress for service users, unpaid carers, and family members. There was concern that some people would not be able to meet basic needs, such as food and heating costs, if charges are increased.
 - Respondents had particular concerns about changes to charges for day care services for adults, which were described as a 'lifeline' for older and disabled people and their families. There was worry that these services could become unaffordable, significantly increasing the risk of carer stress and burnout, potentially leading to more people needing residential care at an earlier stage.
 - Additionally, respondents highlighted the risk of the cumulative impact of this proposal alongside other proposals that might reduce the availability of alternative support in the third sector. They felt that the most disadvantaged groups (older people, disabled people, and those living in poverty) would be most significantly impacted.
 - There was a strong consensus that financial assessments must be thorough to ensure charges are equitable and consider individual circumstances. Respondents placed a strong emphasis on clear communication from the Partnership regarding any changes to charging policies, including providing support for individuals navigating these changes.

- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in appendix 4. If the proposal to maximise income from chargeable service is approved the data gathered via the budget consultation process will be considered in full as part of the review of charges and inform ongoing work to improve the efficiency of financial process.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to an Integrated Impact Assessment to identify impacts on Equality & Diversity, Fairness & Poverty, Environment and Corporate Risk. An impact, positive or negative, on one or more of these issues was identified. An appropriate senior manager has checked and agreed with this assessment. A copy of the Integrated Impact Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

Risk 1 Description	The review process does not adequately engage with service users or members of the workforce.
Risk Category	Governance
Inherent Risk Level	Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a High risk level)
Mitigating Actions (including timescales and resources)	<ul style="list-style-type: none"> • The review process will include an opportunity for all current service users to contribute their views (this will be achieved through appropriate methods, including non-digital methods). • Engagement with staff will be in line with Dundee City Council organisational change policies and include involvement from Trade Unions as appropriate. • The IJB Budget Consultation 2025/26 provided opportunity for the public to provide feedback on this option – information gathered will be made available to inform the review process.
Residual Risk Level	Likelihood 2 x Impact 2 = Risk Scoring 4 (which is a Moderate risk level)
Planned Risk Level	Likelihood 1 x Impact 2 = Risk Scoring 2 (which is a Low risk level)
Approval recommendation	Given the low level of planned risk, it is recommended that the IJB accepts the risk.

7.0 CONSULTATIONS

- 7.1 The Chief Finance Officer, Heads of Service Health and Community Care and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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	X
	2. Dundee City Council	

	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

9.1 None

Dave Berry
Acting Chief Officer

DATE: 5 March 2025

Allison Lee
Associate Locality Manager

Christine Jones
Acting Chief Finance Officer

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Step 1-Essential Information and Pre- Impact Assessment Screening Tool

Document Title	Review of Charging and Income Maximisation					
Type of document	Policy		Plan	X	Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	12 March 2025					
Date of last IIA (if this is an update)						
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
<p>The purpose of this report is to seek approval of the proposal to working with Dundee City Council to further review charges for social care services, with a view to improving revenue position by £700k.</p> <p>If approved it is planned that the service review will commence from 27 March 2025 and conclude by 30 June 2025, after which further reports (accompanied by Integrated Impact Assessments) will be submitted to the IJB as required.</p>						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Dave Berry, Acting Chief Officer, dave.berry@dundeecity.gov.uk						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Christine Jones, Acting Chief Finance Officer, christine.jones58@nhs.scot						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Kathryn Sharp, Acting Head of Service						
<p><u>Note</u>- some reports to IJB might not require an IIA. Completing screening will help identify when an IIA is needed. Common documents and reports that <u>may not</u> require this can include: report or progress report on an existing plan / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / Ongoing Revenue expenditure monitoring. When the purpose is the noting of information or decisions made by another body or agency (e.g. Council, NHS), including noting of strategy, policies and plans approved elsewhere, reference should be made in the IJB report to the Impact Assessment (or Screening) which accompanied the original report to the decision makers and where this can be found.</p>						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					X	
A major Strategy/Plan, Policy or Action Plan						X
An area or partnership-wide Plan						X
A Plan/Programme/Strategy that sets the framework for future development consents						X
The setting up of a body such as a Commission or Working Group						X
An update to an existing Plan (when additional actions are described and planned)						X

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an IIA must be completed	Y	N
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	X	
Human Rights. For more information visit: https://www.scottishhumanrights.com		X

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Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn			
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.		X	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).		X	
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues		X	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		X	
Offenders and former offenders			X
Effects of Climate Change or Resource Use			X
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.			X
Transport, Accessible transport provision; sustainable modes of transport.			X
Natural Environment			X
Air, land or water quality; biodiversity; open and green spaces.			X
Built Environment. Built heritage; housing.			X
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>			
From information provided in Step 1 (Pre-screening) Is an IIA needed?		Y	X
<p>In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)</p>			
Anticipated Date of IJB	26 March 2025	IJB Report Number	DIJB14-2025 Appendix 12A
Date IIA completed	13 March 2025		

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STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

*(complete this **after** considering the Equality and Fairness impacts through completing questions on next pages)*

This IIA provides a preliminary assessment of potential impacts on specific groups within the population. Completion of impact assessment will form part of review process as it progresses. An individual IJB Integrated Impact Assessment will be undertaken for future reports to the IJB containing the findings of the review, where any recommendation is being made regarding a change in service, contract or commitment. However, where possible preliminary impact assessment has been included within this Integrated Impact Assessment to indicate where, based on information currently available, it is considered to be likely that the review will impact on specific groups within the population.

It is anticipated that the proposed review of social care charging policy may have negative impacts for older people, and people with a disability. Unpaid carers, but their close association with these specific groups, are also likely to be impacted by the review. However, the review of social care charging policy is also being undertaken alongside a review of financial processes that will strengthen financial assessment processes and mechanisms to support income maximisation for individual service users. It is anticipated that improvements to financial processes will have a positive impact of individual income levels that may contribute to mitigating any proposed increase in charging levels. The scope and scale of both likely negative and positive impacts will be investigated further via the review process.

Results from the IJB Budget Consultation Report are included within this impact assessment but, as a single source of information, should be treated with caution as the sample is not representative of the population. Differences in average impact ratings below 1 are not considered to be significant. Individual respondents to the IJB Budget Consultation report this saving option would have a medium impact (2.1), this was also the case for organisational respondents (2.4). However, many respondents expressed concern that increased charges (even minimal increases) could lead to greater financial strain on those who rely on social care services, particularly the elderly and low-income families. This could result in individuals declining necessary services, impacting on their quality of life, health and wellbeing, and leading to social isolation and stress for service users, unpaid carers and family members. There was concern that some people would not be able to meet basic needs (such as food and heating costs) if charges are increased.

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Date	Activity/Activities	People/groups	By whom
January 2025 – March 2025	<p>Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals.</p> <p>This includes review of the IJB’s Strategic Needs Assessment.</p> <p>Additional statistical information regarding current profile of service use.</p>	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Integrated Manager/Associate Locality Manager
January 2025 – March 2025	Operational managers have provided assessments of initial considerations in terms of proposed reviews of services, contracts and commitments.		Integrated Manager/ Associate Locality Manager
14 February – 05 March 2025	<p>IJB Public Budget Consultation</p> <p>Specifically, responses received in relation to section 4 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.</p>	<p>Members of the public</p> <p>Unpaid carers</p> <p>Third and independent sector</p>	Acting Head of Service, Strategic Services

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		health and social care providers Members of the health and social care workforce	
December 2024 – March 2025	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Acting Chief Officer / Acting Chief Finance Officer

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

Not known – this option should be used where the report is of relevance to the particular group but there is no data/evidence or incomplete data/evidence available to assess the likely/probable impact. Comment should be made on any further steps that are planned to obtain further information; if this is not possible then it should be explained why not.

No impact – this option should be used where the report is of no relevance to the particular group OR where data/evidence is available and when assessed demonstrates neither a positive or negative impact for the particular group. A brief explanation should be included.

Age		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the social care charging policy will impact directly on older people. The IJB Budget Consultation indicate specific concerns about the impact of any changes to charging levels on older people.</p> <p>The impacts for older people will be further investigated through the review process, including further through further consultation with service users, unpaid carers and wider family members. Mitigations for negative impacts will also be reviewed and considered, including the process for financial assessment / means-testing to maximise personal income and help ensure contributions are affordable.</p>
No Impact		
Negative	X	
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the social care charging policy will impact people with a disability. Respondents to the IJB Budget Consultation had particular concerns about any change to charges for day care services for adults, which were described as a 'lifeline' for older and disabled people and their families. There was concern that these services could become unaffordable and significantly increase the risk of carer stress and burnout, potentially leading to more people needing residential care at an earlier stage. There was also particular concern that charges could exacerbate poverty amongst disabled people.</p> <p>The impacts for people with a disability will be further investigated through the review process, including further through further consultation with service users, unpaid carers and wider family members. Mitigations for negative impacts will also be reviewed and considered, including the process for financial assessment / means-testing.</p>
No Impact		
Negative	X	
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	X	

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Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		It is recognised that specific impacts for both males and females will need to be considered during the review process, particularly in terms of the interaction between sex and other equality and fairness characteristics.
No impact		
Negative		
Not known	X	
Religion & Belief		Explanation, assessment and potential mitigations
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		It is recognised people's ethnic background may impact on aspects of the charging policy, including considering the communication needs of different ethnic groups. This will be considered further during the review process.
No Impact		
Negative		
Not Known	X	
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
Describe any Children's Rights impacts not covered elsewhere in this record.		
None identified at this time.		

Fairness & Poverty Geography – Describe how individuals, families and communities might be impacted in each geographical area. Across Dundee City it is recognised that targeted work is needed to support the most disadvantaged communities. These communities are identified as Community Regeneration Areas (CRA) and are within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.

Mark X in all relevant boxes. X must be placed in at least one box

Identified Areas of Deprivation -	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)			X	
North East (Whitfield, Fintry & Mill O'Mains)			X	
Lochee (Lochee Beechwood, Charleston & Menzieshill)			X	
Coldside (Hilltown, Fairmuir & Coldside)			X	
East End (Mid Craigie, Linlathen & Douglas)			X	

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Maryfield (Stobswell & City Centre)			X	
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End		X		
The Ferry		X		
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<p>It is recognised that a review of the social care charging policy has potential impacts for people living in the most deprived LCPP areas. The review will include consideration of process for financial assessment and means testing which are the key mechanism through which negative impacts on these groups can be mitigated.</p> <p>The IJB Budget Consultation indicate specific concerns about the impact of any changes to charging levels on low income households. Respondents from the North East and Coldside rated this saving option as being within their top 3 for level of impact.</p>				

Household circumstances have considerable long-term impacts on Fairness and Poverty.

Child Poverty (Scotland) Act 2017 addresses the impact on child poverty and some local improvement activity can influence this including activity that affects: **Income from employment, Costs of living, Income from social security and benefits in kind.**

Household and Family Group- *consider the impact on households with people with the following circumstances*

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive		<p>A review of the social care charging policy will impact on unpaid carers who support cared for people to access chargeable services. This could include changes to the processes such as financial assessment as well as changes to charging levels. It is recognised that there is a risk that changes to charging levels could result in some people choosing not to access a service and increase the pressure on unpaid carers to provide support.</p> <p>The IJB Budget Consultation identified that this proposal was rated in the top 3 impacts by unpaid carers, and a range of concerns were expressed regarding the potential impacts that a change to charging policy could have on this group.</p>
No Impact		
Negative	X	
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		

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Not Known		
Households including Young Children and/or more than 3 children		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive		The proposal to review the social care charging policy will impact on older people
No Impact		
Negative	X	The impacts of older people will be further investigated through the review process, including through further consultation with service users, unpaid carers and wider family members.
Not Known		
Serious & Enduring Mental Health Conditions		
Positive		As part of the review process, more in-depth assessment of the needs of service users who would be affected by any changes will be undertaken.
No Impact		
Negative		
Not Known	X	
Homeless (risks of Homelessness)		
Positive		As part of the review process, more in-depth assessment of the needs of service users who would be affected by any changes will be undertaken.
No Impact		
Negative		
Not Known	X	
Drug and/or Alcohol issues		
Positive		As part of the review process, more in-depth assessment of the needs of service users who would be affected by any changes will be undertaken.
No Impact		
Negative		
Not Known	X	
Offenders and Former Offenders		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Socio-Economic Disadvantage and Inequalities of outcome – consider if the following circumstances may be impacted for individuals in the following conditions/areas.

Explanation, assessment and any potential mitigations

Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)

Positive	X	It is anticipated that the review will have an impact in terms of the cost of chargeable social care services and therefore on the affordability of services for some groups of service users. However, the review process will also consider arrangements for financial assessment, including the support provided to service users to ensure their income is maximised via income maximisation and referral to Welfare Rights services. The IJB Budget Consultation highlighted concerns regarding the impact of changes to charging levels on low-income households.
No Impact		
Negative	X	
Not Known		

Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.

Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		

Earnings & employment-including opportunities, education, training &skills, security of employment, under employment & unemployment

Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	

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Negative		
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Life expectancy		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		

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Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Sustainable Procurement		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		The proposal to review the social care charging policy is not considered to have any direct or indirect relevance to this factor.
No Impact	X	
Negative		
Not Known		

Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment			
Statement 1			
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.			
Yes	X	No	
Statement 2			
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005			
Yes		No	X <i>Use the SEA flowchart to determine whether this plan or proposal requires SEA.</i>
If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)			
Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)			
Next action will depend on the SEA Pre-Screening Determination. A copy of the Pre-Screening information, when completed, should be attached to the IIA record. Include an explanation of how the determination was made that the Plan will have no or minimal negative environmental effect or and/or 'Summary of Environmental Effects' from the SEA screening report, the Environmental Implications of the proposal on the characteristics identified and Proposed Mitigating Actions.			

End of Impact Assessment Record.

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DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2025 TO DECEMBER 2025

<u>Organisation</u>	<u>Member</u>	<u>Meeting Dates January 2025 to December 2025</u>						
		19/02	26/03	16/04	18/06	20/08	22/10	20/12
Dundee City Council (Elected Member) (Chair)	Cllr Ken Lynn	✓						
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓						
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓						
NHS Tayside (Non Executive Member (Vice Chair))	Bob Benson	✓						
NHS Tayside (Non Executive Member)	Colleen Carlton	✓						
NHS Tayside (Non Executive Member)	David Cheape	✓						
Acting Chief Officer	Dave Berry	✓						
NHS Tayside (Registered Nurse)	Suzie Brown	✓						
Voluntary Sector	Christina Cooper	✓						
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A						
Acting Chief Finance Officer	Christine Jones	✓						
Dundee City Council (Chief Social Work Officer)	Glyn Lloyd	✓						
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓						
Trade Union Representative	Jim McFarlane	✓						
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr Sanjay Pillai	✓						
Clinical Director	Dr David Shaw	✓						
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓						
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Dr David Wilson	✓						
Service User Representative	Vacant							

✓ Attended

A Submitted Apologies

A/S Submitted Apologies and was Substituted

No Longer a Member and has been replaced / Was not a Member at the Time

*Special Meeting