



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

City Chambers
DUNDEE
DD1 3BY

19th March, 2024

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 27th March, 2024 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 25th March, 2024.

Yours faithfully

VICKY IRONS
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 MEMBERSHIP APPOINTMENTS

(a) CHAIRPERSON AND NHS NON-EXECUTIVE MEMBERS

It is reported that NHS Tayside has advised that the following membership has been agreed:

Up to 1st April 2024:

Beth Hamilton (Chairperson)

Donald McPherson

Sam Riddell

Proxy: Jenny Alexander

From 1st April 2024 until 30th April 2024:

Beth Hamilton (Chairperson)

David Cheape

Vacancy

Proxy: Andrew Thomson

From 1st May 2024:

Bob Benson (Chairperson)

David Cheape

Beth Hamilton

Proxy: Andrew Thomson

The Integration Joint Board is asked to note the position.

(b) NON-VOTING MEMBERS

It is reported that at the meeting of Tayside NHS Board held on 29th February, 2024 it was agreed that Dr Sanjay Pillai would replace Dr James Cotton as the registered medical practitioner (not providing primary care medical services) from this date.

The Integration Joint Board is asked to note the position.

4 DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2024/2025 - Page 1

(Report No DIJB10-2024 by the Chief Finance Officer, copy attached).

5 MEETINGS OF THE INTEGRATION JOINT BOARD 2024 – ATTENDANCES - Page 55

(A copy of the Attendance Return DIJB11-2024 for meetings of the Integration Joint Board held over 2024 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 17th April, 2024 at 10.00 am.

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

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Non Executive Member (Chair)	Beth Hamilton
Elected Member (Vice Chair)	Councillor Ken Lynn
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	Donald McPherson
Non Executive Member	Sam Riddell
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Chief Officer	Vicky Irons
Chief Finance Officer (Proper Officer)	Dave Berry
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Suzie Flower
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	Liz Goss
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)	Jenny Alexander
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)	
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)	Dawn Clarke
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	Christine Jones
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



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
27 MARCH 2024

REPORT ON: DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2024/25

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB10-2024

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 2024/25 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 2024/25.

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 2024/25 as set out in sections 4.2 and 4.4 of this report.
- 2.2 Accepts the delegated budget proposed by Dundee City Council as set out in section 4.4 and Table 3 within this report.
- 2.3 Instructs the Chief Finance Officer to report back to the IJB following receipt of formal notification from Tayside NHS Board of the budget offer with associated recommendations including any implications of the finalisation of lead partner 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 2024/25 delegated budget (Appendix 1).
- 2.5 Approves an uplift to staff pay element of Adult Social Care Providers' Contract Value to enable the increased hourly wage payment to staff providing direct care with effect from April 2024, with all other externally contracted service payments remaining at 2023/24 levels (as detailed in 4.6.2).
- 2.6 Approves the budget savings and financial support from reserves as outlined in Appendix 2 to this report.
- 2.7 Remits to the Chief Officer to issue directions as set out in Section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

The proposals outlined in this report set out an overall budget for 2024/25 for Dundee Integration Joint Board of £301.2m as noted in section 4.9 of this report.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Report DIJB71-2023 set out an initial overview of the budget setting process for 2024/25, and the information that was known or indicative at that time (Article XII of the minute of the meeting of the Dundee Integration Joint Board held on 13th December 2023 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 2023, 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 (Article VIII of the minute of the meeting of the Dundee Integration Joint Board held on 21st February 2023 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 2024/25 budget which is set out within the following sections.

4.2 Proposed NHS Tayside Delegated Budget

- 4.2.1 NHS Tayside's Financial Plan 2024/25 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 25 April 2024 therefore the figures contained in this report are indicative at this stage. Compared to 2023/24 budgets, NHS Boards will receive a total increase of 4.3% for 2024/25 to cover costs related to the 2023/24 pay deals as well as baselining £100m of sustainability and distribution funding (NRAC) provided in 2023/24. Funding for pay awards for 2024/25 will be revisited following the outcome of the 2024/25 pay negotiations. The impact of the settlement for NHS Boards once these are taken into consideration is a flat cash settlement with Boards expected to manage pressures within existing envelopes. This is a change from previous years where a baseline uplift has been provided for all baselined spend with an upward adjustment being applied retrospectively for staff pay. The impact of this on projections of funding for the IJB will see a further pressure on non-pay costs within delegated NHS services given the NHS settlement is worse than anticipated in previous financial planning.
- 4.2.2 The indicative budget currently assumes a 'flat cash' settlement from NHS Tayside to Dundee IJB, plus a share of 2023/24 pay award funding, with additional funding once the outcome of 2024/25 pay award negotiations are known. 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.

4.3 Large Hospital Set Aside

- 4.3.1 A key component of the overall funding of health and social care is in relation to progressing the arrangements to release resources through the Large Hospital Set Aside mechanism. The system reform assumptions in the Scottish Government's Health and Social Care Medium Term Financial Framework include material savings to be achieved from reducing variation in hospital utilisation across partnerships. Planning across the whole unplanned care pathway is key to delivering this objective. NHS Tayside have not as yet provided a calculation for the large hospital set aside for 2024/25 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 29th February 2024 which set out the net budget offer to the IJB. The changes to the delegated budget as part of this offer are set out in table 1 below and consists of a 'flat cash' settlement to the IJB's core funding with no provision for inflationary pressures and no savings adjustments.
- 4.4.2 As part of the national Local Government Budget Settlement from the Scottish Government, additional funding of £230 million has been provided to deliver a £12.00 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 £11.5m provided nationally.
- 4.4.3 Local Government has also received additional funding on a recurring basis to contribute to the additional cost of the 2023/24 pay award.
- 4.4.4 The Scottish Government's direction on funding for the £12 per hour and for Free Personal and Nursing Care explicitly states that this is to be additional to each council's existing recurrent 2023/24 budget levels for social care. By passing this additional Scottish Government funding on to the IJB's delegated budget, Dundee City Council has met this minimum requirement.

Table 1 – Dundee City Council Budget Uplift Details

	£000
Inflationary Uplift	0
Recurring Share of 2022/23 Additional Pay Award	1,010
Net Council Uplift	1,010
Additional Scottish Government Funding (share of £231.5m):	
- Free Personal Care Uprating	329
- Adult Social Care Pay Uplift (£12.00 from April 2024)	6,578
Total Net Additional Funding	7,917

4.5 Delegated Budget Anticipated Financial Pressures

- 4.5.1 The IJB's delegated budget will be subject to a range of cost pressures over the course of 2024/25. Significant increases in demand for health and social care services has emerged during 2023/24 due to the impact of an increasingly frail population and ongoing demographic changes. This is now recognised as a recurring pressure, with further provision for growth for increased social care in older people and adult. Utilisation of non-recurring savings solutions in 2023/24 also creates a cost pressure gap when planning for 2024/25. The range of cost pressures the IJB is likely to experience in 2024/25 are summarised and set out in table 2 below.

Table 2 – IJB Delegated Budget Anticipated Cost Pressures

	£000
Non-recurring savings 2023/24	3,700
2023/24 Emerging budget pressures	3,500
Estimated Staff Pay increases*	2,372
Increase to Commissioned Services (including Real Living Wage, NCHC and FPC Uplift)	6,985
Provision for Demographic Pressures	2,046
Total	18,603

* DCC employed staff only; current assumption of net £nil impact for NHST employed staff with additional funding to be revisited by Scottish Government once the outcome of pay award negotiations is known

- 4.5.2 The cost pressures will continue to be monitored throughout the 2024/25 financial year through the IJB's regular financial monitoring reporting process with any risks highlighted to the IJB.

4.6 Provision For 3rd Sector Rolling Contract Uplifts

- 4.6.1 The delegated budget funds a range of health and social care services provided by the third and 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 4.5, Scottish Government additional funding is being made available to support a further pay uplift for Adult Social Care staff providing direct care to at least £12.00 per hour with effect from April 2024.
- 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 2024 to ensure the pay uplift for Adult Social Care staff is actioned appropriately in line with Scottish Government policy. The IJB is also asked to maintain all other externally contracted services payment commitments at the 2023/24 level.

4.7 Reserves Position

- 4.7.1 At the financial year end 2022/23 the IJB's reserves stood at £23,968k. 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 2023/24 budget plan and Transformation and Strategic Developments. During the 2023/24 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 £6.0m for Dundee IJB. While the IJB's latest operational financial monitoring position for 2023/24 is showing a projected overspend to the year end, the final draft position will not be known until mid-May. It is currently projected that the total reserves available to the IJB for 2024/25 will be approximately £14,395k consisting of around £4,386k of committed reserves and £10,009k of uncommitted reserves. It is therefore anticipated that there will remain to be sufficient uncommitted reserves available in 2024/25 and meet the IJB's reserves strategy.

4.8 Net IJB Budget Position – Budget Balancing Proposals

- 4.8.1 The impact of all the elements in the previous sections on the proposed delegated budget is noted in Appendix 1 attached. This highlights the additional funding provided to the IJB and additional associated expenditure. Once these are all applied, there is a financial gap of £10.6m for which financial savings and other financial interventions will be required to provide a balanced budget for 2024/25.
- 4.8.2 Throughout the IJB's 2024/25 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 2024/25 to identify how the IJB could manage the financial gap without impacting on the delivery of front-line services which continue to face significant demand pressures. Based on this review, a range of proposals to manage the financial gap have been identified and are set out in detail in Appendix 2 for approval by the IJB.

4.9 Proposed Dundee IJB Delegated Budget 2024/25

- 4.9.1 Factoring all of the above against the delegated budget results in a proposed position for 2024/25 as noted in Table 3 below.

Table 3 – Dundee Health & Social Care Partnership Proposed Delegated Budget 2024/25

	Dundee City Council	NHS Tayside (indicative only)*	Total Proposed Budget 2024/25
	£m	£m	£m
2023/24 Baseline Budget			
Hospital & Community Based Services		101.0	101.0
Family Health Services Prescribing		36.9	36.9
General Medical Services		53.0	53.0
Large Hospital Set Aside (value tbc)			
Adult Social Care	102.4		102.4
Total Baseline Budget	102.4	190.9	293.3
Add:			
Pay Award Uplifts	1.0	Tbc	1.0
Inflationary Uplifts			0.0
Investment in New Scottish Govt Legislation/National Policy	6.9		6.9
Total Proposed Budget 2024/25	110.3	190.9	301.2
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 2024/25.

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	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 4 x Impact 4 = 16 (Extreme)
Mitigating Actions (including timescales and resources)	Additional Scottish Government Funding provided Developing a robust and deliverable savings 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 3 x Impact 4 = 12 (High)
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: 8 March 2024

DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB10-2024
2	Date Direction issued by Integration Joint Board	27 March 2024
3	Date from which direction takes effect	1 April 2024
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 2024/25 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 2024 (following receipt of NHS Tayside's formal budget offer)

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Appendix 1

DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP		
REVENUE BUDGET 2024/25		
		Total Delegated Budget Cost Pressures
Cost Pressures 2024/25		£000
Non-recurring savings 2023/24		3,700
2023/24 Emerging budget pressures		3,500
Estimated Staff Pay increases*		2,372
Increase to Commissioned Services (including Real Living Wage, NCHC and FPC Uplift)		6,985
Provision for Demographic Pressures		2,046
Total Cost Pressures		18,603
Funding Increases:		
Additional Scottish Government Funding (Passed through Dundee City Council)		6,907
Dundee City Council		1,010
NHS Tayside		0
Total Anticipated Additional Funding		7,917
Net Anticipated Residual Funding Shortfall		10,686

* DCC employed staff only; current assumption of net £nil impact for NHST employed staff with additional funding to be revisited by Scottish Government once the outcome of pay award negotiations is known

Dundee Integration Joint Board Budget Savings / Initiatives 2024/25

	Savings / Initiative	2024/25 Value £000
	Recurring Proposals	
1)	Dundee City Council Review of Charges – Additional Income	313
2)	Additional Community Alarm Charge to DCC Housing	34
3)	Redirect existing budget underspends	1,400
4)	Reduction in Care Home Placements	1,100
5)	Review of Day Care Services	400
6)	Review of Direct Payment Commitments	100
7)	Care at Home Contract Efficiency review	447
8)	Review of Transport	150
9)	Use of Physical Resources / Quality of Environment	200
10)	Review of Contractual Commitments	300
11)	Review of residual Practical Support Service	150
12)	Reduced Employer Contribution rate to DCC Pension scheme	300
	Total Recurring Savings / Initiatives	4,894
	Non-Recurring Proposals	
13)	Utilisation of IJB Reserves	4,000
14)	Management of natural staff turnover – continuation of 23/24	700
15)	Management of natural staff turnover / vacancy management	600
16)	Return of additional investment from Prescribing	493
	Total Non Recurring Savings / Initiatives	5,793
	Total Savings / Initiatives	10,687

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

The setting of annual charges for social care services is not a delegated matter for the IJB and remains a retained function of the local authority. Dundee City Council agreed an increased level of charges for social care at its Budget meeting held on the 29th February 2024. 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/cg290224\(Budget\)ag.pdf](https://www.dundee.gov.uk/reports/agendas/cg290224(Budget)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) Redirect existing budget underspends

Recognition of consistently lower spend within existing budget areas, with plans to cap these budgets to reflect the current spend and activity levels and redirect the surplus budget.

Note 4) Reduction in Care Home Placements

Proposed net reduction of around 34 Care Home placements per annum commissioned from the private and voluntary sector reflecting ongoing shift in demand and anticipated market changes within Dundee.

Note 5) Review of Day Care Services

Review of in-house and commissioned Older People day care provision to better support the assessed needs of individuals closer to home and better utilise available capacity and services across the city.

Note 6) Review of Direct Payment Commitments

Review of Direct Payment values to individuals, recognising that in a number of cases, significant unspent balances are often returned from individuals.

Note 7) Care at Home Contract Efficiency review

Contract and operational review to minimise downtime and support providers to maximise service user contact time.

Note 8) Review of Transport

Introduce and implement a transport policy aligned to the provision of support services for people with learning disabilities. A project management approach will be taken over a maximum period of 12 months to co-produce the policy and implementation plan. A set of principles will underpin the policy to ensure greater equity and fairness where provision includes transport, and clarity about circumstances where transport is not part of provision.

Note 9) Use of Physical Resources / Quality of Environment

Review all physical accommodation resources that currently support people with learning disabilities and mental health challenges. Disinvest in accommodation in circumstances where an improved quality of environment can be offered to individuals. Continue to prioritise future accommodation needs for individuals within a retracted overall level of resource.

Note 10) Review of Contractual Commitments

Ensure best use of overall resources within and across all contractual arrangements supporting people with learning disabilities and mental health challenges. Explore systematically demand, capacity and delivery patterns to ensure efficiency and potential rebasing of some contract values.

Note 11) Review of Practical Support Service

Review of residual budgeted allocation for the service which has not been delivered since the Covid-19 pandemic.

Note 12) Reduced Employer Contribution rate to DCC Pension scheme

Reduction in Local Government Pension Scheme Employer Pension Contributions from 17% to 15.7%.

As it is Dundee City Council who are the decision-making body in relation to the contribution rate they are also the body required to consider responsibilities under the Public Sector Equality Duty in relation to equality impact assessment. For this reason, the reduced employer contribution rate to DCC pension scheme has not been assessed as part of the IJB Integrated Impact Assessment attached to this report.

Note 13) Utilisation of IJB Reserves

Given the anticipated level of reserves available to the IJB at the start of the 2024/25 financial year, it is proposed that utilisation of reserves to the value of £4.0m is applied.

Note 14) Management of natural staff turnover – continuation of 23/24

Staff costs expenditure within the Health and Social Care Partnership's budget has been consistently underspent over the last three financial years with the primary driver being the impact of recruitment challenges to a range of disciplines. This is an issue experienced across the country as well as spanning all professions and job-families and not specific to the local area. Recruitment activity has continued and the situation does not reflect any policy decision to purposefully slow down or stop recruitment to posts. In recognition that this is likely to continue over the financial year 2024/25 it is proposed that budgets continue to be adjusted accordingly to reflect the reality of the situation. The IJB's workforce strategy alongside developing recruitment initiatives delivered by the partner bodies and the Scottish Government (eg social care recruitment campaign) will support future recruitment, therefore it is proposed that this is a non-recurring budget adjustment continues for 2024/25.

Note 15) Management of natural staff turnover / vacancy management

Further to note 15, it is proposed to extend the non-recurring budget adjustment in recognition that staffing costs during 2023/24 absorbed the existing savings target and reported a further underspend, it is proposed that an additional budget adjustment is agreed for 2024/25. 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 16) Return of additional investment from Prescribing

Recognition of the investment agreed in 2023/24 to reflect anticipated significant volume and pricing growth which has not yet fully materialised at these levels. Growth projections for 2024/25 indicate some investment can be retained on a non-recurring basis to support the wider pressures being experienced.

Dundee Integration Joint Board Integrated Impact Assessment

Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed and information transferred to Firm Step if required.

Title of Report/Project/Strategy	Dundee Integration Joint Board Proposed Budget 2024/25
Lead Officer for Report/Project/Strategy (Name and Job Title)	Christine Jones, Acting Chief Finance Officer
Name and email of Officer Completing the Screening Tool	Kathryn Sharp Kathryn.sharp@dundeecity.gov.uk
List of colleagues contributing information for Screening and IIA	Dave Berry, Acting Chief Officer Christine Jones, Acting Chief Finance Officer Kathryn Sharp, Acting Head of Service, Strategy and Performance
Screening Completion Date	09 March 2024
Name and Email of Senior Officer to be Notified when Screening complete	Dave Berry Dave.berry@dundeecity.gov.uk

Is there a clear indication that an IIA is needed? Mark one box only		
<input checked="" type="checkbox"/>	YES	Proceed to IIA
<input type="checkbox"/>	NO	<i>Continue with Screening Process</i>

Is the purpose of the Committee document the approval of any of the following Mark one box either Yes or No				
<i>NB When yes to any of the following proceed to IIA document.</i>				
	Yes		No	
A major Strategy/Plan, Policy or Action Plan	X	<i>Proceed directly to IIA</i>		<i>Continue with Screening Process</i>
An area or partnership-wide Plan		<i>Proceed directly to IIA</i>	X	<i>Continue with Screening Process</i>
A Plan, programme or Strategy that sets the framework for future development consents		<i>Proceed directly to IIA</i>	X	<i>Continue with Screening Process</i>
The setting up of a body such as a Commission or Working Group		<i>Proceed directly to IIA</i>	X	<i>Continue with Screening Process</i>
An update to a Plan		<i>Proceed directly to IIA</i>	X	<i>Continue with Screening Process</i>

There a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan / A service redesign. / A report on a survey, or stating the results of research. / Minutes, e.g. of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g. councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring. / Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

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Only complete the checklist on the following page whenever your report does not automatically require an Integrated Impact Assessment otherwise delete the page prior to proceeding to IIA.

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Part 1 (continued) Pre-Integrated Impact Assessment Screening.

Screening Checklist for IIA Completion. When yes to any of the following proceed to IIA document.

Mark one box only either Yes or No.

Will the recommendations in the report impact on anyone in relation to any of the Protected Characteristics? <i>Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation.</i>			
<input type="checkbox"/>	No	Continue Screening Process	<input checked="" type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on People's Human Rights? <i>For more information on Human Rights visit: https://www.scottishhumanrights.com</i>			
<input checked="" type="checkbox"/>	No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone residing in a Community Regeneration Area (CRA)? <i>Within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.</i>			
<input type="checkbox"/>	No	Continue Screening Process	<input checked="" type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in more vulnerable types of households? <i>Lone parent families (especially single female parents); households with a greater number of children and/or young children; pensioner households (single or couple)</i>			
<input type="checkbox"/>	No	Continue Screening Process	<input checked="" type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone experiencing the following issues? <i>Unskilled or unemployed and of working age; serious and enduring mental health; homelessness (potential homelessness); drug and/or alcohol.</i>			
<input type="checkbox"/>	No	Continue Screening Process	<input checked="" type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in the following more vulnerable groups? <i>Offenders and ex-offenders; looked after children and care leavers; carers.</i>			
<input type="checkbox"/>	No	Continue Screening Process	<input checked="" type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on any of the following? <i>Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services.</i>			
<input type="checkbox"/>	No	Continue Screening Process	<input checked="" type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report on Climate Change or Resource Use? <i>Mitigating greenhouse gases; adapting to the effects of climate change. or Energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.</i>			
<input type="checkbox"/>	No	Continue Screening Process	<input checked="" type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on Transport? <i>Accessible transport provision; sustainable modes of transport.</i>			
<input type="checkbox"/>	No	Continue Screening Process	<input checked="" type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on the Natural Environment? <i>Air, land or water quality; biodiversity; open and green spaces.</i>			
<input checked="" type="checkbox"/>	No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on the Built Environment? <i>Built heritage; housing.</i>			
<input checked="" type="checkbox"/>	No	Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
<p><i>When no to everything in the above screening process you must contact 'Senior Officer to be Notified on Completion' and present a copy of this Screening tool with IJB Report. Otherwise proceed to IIA.</i></p> <p>* Transfer information into the Firm Step Process when report is progressing to Council Committee.</p>			

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Christine Jones
Author Title	Acting Chief Finance Officer
Dundee Health and Social Care Partnership	
Author Email	christine.jones58@nhs.scot
Author Telephone	01382 433893
Author Address	5 City Square

IJB Chief Executive	Dave Berry
Email	Dave.berry@dundeecity.gov.uk
Telephone	07939 460780
Address	5 City Square

Document Title	Dundee Integration Joint Board Proposed Budget 2024/25
IJB Report Number	DIJB10-2024
Document Type	Budget proposal report
New or Existing Document?	New
Document Description	The purpose of the report is to advise the Dundee IJB of the implications of the proposed delegated budget for 2024/25 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 2024/25.
Intended Outcome	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.
Planned Implementation Date	1 April 2024
Planned End Date	31 March 2025
How the proposal will be monitored and how frequently	Financial monitoring reports are submitted to every meeting of the IJB. A range of other reports submitted to the IJB regarding service performance, improvement and change also contain information that reflects the impact of budgetary decisions.
Planned IIA review dates	The impact of the budget will continue to be monitored and reported through the financial monitoring reports that are submitted to every IJB. Where there is any indication that planned expenditure in areas impacting equality and fairness is not being managed within the budget this will be identified. Further IIAs will be completed where required, particularly in relation to any reports and recommendations arising from planned service reviews.
IIA Completion Date	12 March 2024
Anticipated date of IJB	27 March 2024

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

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Officer	People/groups	Activity/Activities	Date
Acting Chief Finance Officer / Acting Head of Service, Strategy and Performance	Strategy and Performance Team	<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>	07 March 2024
Acting Head of Service, Strategy and Performance	Social Care Contracts Team	Review of list of contracts with external providers for adult health and social care services.	12 March 2024
Acting Chief Officer / Acting Chief Finance Officer	IJB members	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	17 January 2024, 14 February 2024, 06 March 2024
Heads of Service, Health and Community Care / Locality Manager / Associate Locality Managers		<p>Operational managers have provided assessments of initial considerations in terms of proposed reviews of services, contracts and commitments.</p> <p>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.</p>	14 February 2024 – 08 March 2024
Acting Head of Service, Strategy and Performance / Senior Officer	<p>Members of the public</p> <p>Members of the health and social care workforce</p> <p>Unpaid carers</p> <p>Third and independent sector health and social care providers</p>	<p>Range of engagement activities related to the development of the replacement strategic commissioning plan for the IJB and equality outcomes. This included a survey and a number of focus groups, as well as information gathered through consultation sessions related to primary care services.</p> <p>Specific sessions were held with groups representing older people and unpaid carers.</p> <p>Information from these sessions remains relevant to assessing equality impacts of the current budget proposals.</p> <p>Ongoing engagement with above groups and intelligence reported and discussed at Strategic Planning Advisory Group, IJB and PAC who continue to monitor impact of plan and take appropriate actions when needed.</p>	Throughout January and February 2023

Dundee Integration Joint Board Integrated Impact Assessment

Equality and Fairness Impact Assessment Conclusion

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

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

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

- Uprating of free personal care – this has universally positive impacts for people in receipt of free personal care, and unpaid carers through their close connection to these people.
- 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.
- Management of staff turnover and vacancy management – this has potentially negative impacts for the workforce (predominantly females and older (50-67) year olds) as well as for employment opportunities. However, proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop or slow recruitment to posts. Close monitoring of this area will continue throughout the year and be reported to the IJB regularly. This is also a continuation of an approach implemented in 2023/24 from which no specific equality and fairness impact concerns are known to have arisen to date.
- Redirection of existing budget underspends – this presents a low risk of negative impacts, which can be mitigated via close financial monitoring. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including protected and fairness groups, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.
- Maintenance of all non-direct social care external contract payments at 2023/24 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). 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.
- Reduction in Care Home Placements – this has been assessed as having no impact on protected groups or fairness groups, including for older people and people with a disability. 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 2024/25, 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.

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- Return of additional investment from Prescribing - this has been assessed as having no impact on protected groups or fairness groups, including older people, people with a disability, people with poor mental health and wellbeing and people who use drugs and alcohol (all of whom contribute to a significant proportion of prescribing activity). Prescribing volume and pricing growth has not increased at the rate expected during 2023/24, and this is anticipated to continue in 2024/25. The budget for this area has therefore been realigned to reflect projected spend in 2024/25 based on current information and does not represent a reduction in service / availability of medicines when they are required.
- Utilisation of reserves – 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 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.

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:

- Review of Day Care Services
- Review of Direct Payment Commitments
- Care at Home Contract Efficiency Review
- Review of Transport
- Review of Use of Physical Resources / Quality of Environment
- Review of Contractual Commitments
- Review of Residual Practical Support Service

Completion of impact assessment will form part of review processes as they are progressed during 2024/25. 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.

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.
- Additional Community Alarm Charge to DCC Housing – this is a consequence of charging decisions taken by Dundee City Council.
- Reduced Employer Contribution Rate to DCC Pension Scheme – this is a decision made by Dundee City Council.

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.

PART 2- Assessment (continued)

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

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

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	X	<u>Free personal care uprating – positive</u>
No Impact	X	Free personal care is available to anyone aged over 16 years of age in Scotland. The majority of people who receive free personal care are older adults. Uprating of personal care therefore has a direct positive impact.
Negative	X	
Not Known		<p><u>Redirect existing budget underspends – negative (mitigated)</u></p> <p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including older people, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u></p> <p>External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. Many providers are also subject to regulation and inspection requirements which provide an overview of any impact on service standards and quality. Both of these mechanisms are connected to the HSCP Clinical, Care and Professional Governance arrangements, which report regularly to the IJB. A range of provider forums are also in place and act as a forum through which providers can raise concerns and discuss solutions. A high proportion of people receiving services from these providers are older people (aged 65 and over), and therefore there is an indirect potential negative impact on them.</p> <p><u>Reduction in Care Home Placements – no impact</u></p> <p>Care Home placements for older people have been reducing for a number of years; this reflects the strategic intention to shift the balance of care to community settings set out in successive IJB strategic commissioning plans as well as in national policy and strategy. It also reflects changes in people’s preferences and market conditions across the care home sector, particularly following the COVID-19 pandemic. The HSCP is projecting a further reduction in need and demand for care home placements in 2024/25 and</p>

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		<p>therefore a related decrease in the cost of placements. Actual in-year demand for placements will be monitored via operational management teams and any excess need / demand will be identified and managed accordingly. A personalised approach to assessment and care planning will continue to maintain access to care home placements for people whose need for support and personal preference indicates this is the most suitable provision for them.</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As older people are the largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p> <p><u>Return of additional investment from prescribing – no impact</u> A significant proportion of prescribing activity in Dundee is directed to meet the health needs of older people. Prescribing volume and pricing growth has not increased at the rate expected during 2023/24, and this is anticipated to continue in 2024/25. The budget for this area has therefore been realigned to reflect projected spend in 2024/25 based on current information and does not represent a reduction in service / availability of medicines when they are required. Prescribing activity and spend is closely monitored via the Prescribing Management Group, with an overview provided to the IJB via regular budget monitoring reports. Any variation from projected spend will therefore be quickly identified and subject to appropriate action.</p> <p><u>Service Reviews (preliminary assessment only)</u> It is anticipated that the following service reviews might have a direct impact on older people:</p> <ul style="list-style-type: none"> • Review of Day Care Services – unknown potential impacts at this time. 40% of users are aged 65 years or over and 60% under 65 years. • Review of Direct Payment Commitments – predicted no impact, as this represents a focus on ensuring unspent balances are returned rather than any underlying change in the provision of services and supports. • Care at Home Contract Efficiency Review – anticipated positive impact as review is to focus on maximising service user contact time. 78% of people in receipt of homecare services are aged 65 or over. • Review of Residual Practical Support Service – unknown potential impacts at this time, however are anticipated to be of small scale due to limited size of service. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
Disability	Y/N	Explanation, assessment and potential mitigations
Positive	X	<u>Free personal care uprating – positive</u>
No Impact	X	Free personal care is available to anyone aged over 16 years of age in Scotland. Many people who receive free personal care are people with a disability. Uprating of personal care therefore has a direct positive impact.
Negative	X	
Not Known		<u>Redirect existing budget underspends – negative (mitigated)</u>

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	<p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including people who have a disability, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u></p> <p>External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. Many providers are also subject to regulation and inspection requirements which provide an overview of any impact on service standards and quality. Both of these mechanisms are connected to the HSCP Clinical, Care and Professional Governance arrangements, which report regularly to the IJB. A range of provider forums are also in place and act as a forum through which providers can raise concerns and discuss solutions. A significant proportion of people receiving services from these providers are people who have a disability, and therefore there is an indirect potential negative impact on them.</p> <p><u>Reduction in Care Home Placements – no impact</u></p> <p>Care Home placements have been reducing for a number of years; this reflects the strategic intention to shift the balance of care to community settings set out in successive IJB strategic commissioning plans as well as in national policy and strategy. It also reflects changes in people’s preferences and market conditions across the care home sector, particularly following the COVID-19 pandemic. The HSCP is projecting a further reduction in need and demand for care home placements in 2024/25 and therefore a related decrease in the cost of placements. Actual in-year demand for placements will be monitored via operational management teams and any excess need / demand will be identified and managed accordingly. A personalised approach to assessment and care planning for people with a disability will continue to maintain access to care home placements for people whose need for support and personal preferences indicate this is the most suitable provision for them.</p>
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		<p><u>Utilisation of reserves - positive</u></p> <p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As people with a disability are a significant proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p> <p><u>Return of additional investment from prescribing – no impact</u></p> <p>A significant proportion of prescribing activity in Dundee is directed to meet the health needs of people with a disability. Prescribing volume and pricing growth has not increased at the rate expected during 2023/24, and this is anticipated to continue in 2024/25. The budget for this area has therefore been realigned to reflect projected spend in 2024/25 based on current information and does not represent a reduction in service / availability of medicines when they are required. Prescribing activity and spend is closely monitored via the Prescribing Management Group, with an overview provided to the IJB via regular budget monitoring reports. Any variation from projected spend will therefore be quickly identified and subject to appropriate action.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on people who have a disability:</p> <ul style="list-style-type: none"> • Review of Direct Payment Commitments - predicted no impact, as this represents a focus on ensuring unspent balances are returned rather than any underlying change in the provision of services and supports. • Care at Home Contract Efficiency Review - anticipated positive impact as review is to focus on maximising service user contact time. 50% of people who currently receive services have a physical disability, 6% have a learning disability and 5% have a mental health condition. • Review of Transport - unknown potential impacts at this time. However, part of the review’s aim is to have a transparent and equitable approach to the provision of transport. • Review of Use of Physical Resources / Quality of Environment - anticipated positive impact as review is to focus on offering an improved quality of environment. • Review of Contractual Commitments - unknown potential impacts at this time. • Review of Residual Practical Support Service – unknown potential impacts at this time, however are anticipated to be of small scale due to limited size of service. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by people who have undergone gender re-assignment and therefore the impact of the
No Impact		
Negative		

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Not Known	X	<p>budget on them as a specific group is not able to be accurately assessed at this time.</p> <p>Over 2023/24 a programme of work has been undertaken to make connections with transgender and non-binary people who live, work or provide unpaid care within Dundee, with the aim of better understanding their needs, preferences and experiences of health and social care services and supports. This includes in relation to people who are planning to, are going through or have undergone gender reassignment. This work is continuing into 2024/25 and will be reported, as appropriate, via the Strategic Planning Advisory Group and IJB.</p>
Marriage & Civil Partnership	Y/N	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		
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive		At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by black and ethnic minority people, and therefore the impact of the budget on them as a specific group is not able to be accurately assessed at this time. It is known through wider research evidence that black and minority ethnic people experience inequalities in health and social care needs and outcomes, for example they were at a higher risk of 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.
No Impact		
Negative		
Not Known	X	
Religion & Belief	Y/N	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		
Sex	Y/N	Explanation, assessment and potential mitigations
Positive	X	<p><u>Free personal care uprating – positive (females)</u></p> <p>Free personal care is available to anyone aged over 16 years of age in Scotland. The majority of people who receive free personal care are older adults. Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females. Uprating of personal care therefore has a direct positive impact on females in particular.</p> <p><u>Adult Social Care Pay Uplift – positive (females)</u></p> <p>It is known that across Scotland 80% of adult social care staff are female. Pay uplifts for adult social care providers therefore has a significantly greater impact on females than males.</p> <p><u>Redirect existing budget underspends – negative (mitigated)</u></p> <p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained</p>
No Impact	X	
Negative	X	
Not Known		

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	<p>pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, both male and female, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated) (females)</u></p> <p>External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. Many providers are also subject to regulation and inspection requirements which provide an overview of any impact on service standards and quality. Both of these mechanisms are connected to the HSCP Clinical, Care and Professional Governance arrangements, which report regularly to the IJB. A range of provider forums are also in place and act as a forum through which providers can raise concerns and discuss solutions. A high proportion of people receiving services from these providers are older people (aged 65 and over) of which a greater proportion are female than are male, and therefore there is an indirect potential negative impact on them.</p> <p><u>Reduction in Care Home Placements – no impact (females)</u></p> <p>Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females. Care Home placements for older people have been reducing for a number of years; this reflects the strategic intention to shift the balance of care to community settings set out in successive IJB strategic commissioning plans as well as in national policy and strategy. It also reflects changes in people’s preferences and market conditions across the care home sector, particularly following the COVID-19 pandemic. The HSCP is projecting a further reduction in need and demand for care home placements in 2024/25 and therefore a related decrease in the cost of placements. Actual in-year demand for placements will be monitored via operational management teams and any excess need / demand will be identified and managed accordingly. A personalised approach to assessment and care planning will continue maintain access to care home placements for people whose need for support and preference indicates this is the most suitable provision for them.</p> <p><u>Utilisation of reserves - positive</u></p>
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	<p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As older people are the largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population. Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females.</p> <p><u>Management of staff turnover (continuation of 2023/24 and in-year management) – negative (mitigated) (females)</u></p> <p>As 87% of the DHSCP workforce is female any actions to manage staff turnover will disproportionately impact upon them. However, proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop or slow recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staffing position across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership’s Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team. This is also a continuation of an approach implemented in 2023/24 from which no specific equality and fairness impact concerns are known to have arisen to date.</p> <p><u>Return of additional investment from prescribing – no impact (females)</u></p> <p>Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females. A significant proportion of prescribing activity in Dundee is directed to meet the health needs of older people. Prescribing volume and pricing growth has not increased at the rate expected during 2023/24, and this is anticipated to continue in 2024/25. The budget for this area has therefore been realigned to reflect projected spend in 2024/25 based on current information and does not represent a reduction in service / availability of medicines when they are required. Prescribing activity and spend is closely monitored via the Prescribing Management Group, with an overview provided to the IJB via regular budget monitoring reports. Any variation from projected spend will therefore be quickly identified and subject to appropriate action.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on female service users (primarily because they are a greater proportion of all older people):</p>
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		<ul style="list-style-type: none"> Review of Day Care Services – unknown potential impacts at this time. Review of Direct Payment Commitments – predicted no impact, as this represents a focus on ensuring unspent balances are returned rather than any underlying change in the provision of services and supports. Care at Home Contract Efficiency Review – anticipated positive impact as review is to focus on maximising service user contact time. At the present time 62% of people receiving care at home services are female. Review of Residual Practical Support Service – unknown potential impacts at this time, however are anticipated to be of small scale due to limited size of service. <p>Across all of the above there are potential impacts for both members of the public who receive services and members of the workforce (as the majority of the social care workforce is female). Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
Sexual Orientation	Y/N	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		
Describe any Human Rights impacts not already covered in the Equality section above.		
None identified		

PART 2- Assessment (continued)

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

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

Y or N	Area	Fairness Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St. Mary's & Kirkton)	<p>(Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)</p> <p><u>Redirect existing budget underspends – negative (mitigated)</u></p> <p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including those who live in areas of multiple deprivation, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial</p>
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
X	Positive	
	No Impact	
X	Negative	
	Not Known	

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Y/N	Maryfield (Stobswell & City Centre)	<p>monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u></p> <p>External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. Many providers are also subject to regulation and inspection requirements which provide an overview of any impact on service standards and quality. Both of these mechanisms are connected to the HSCP Clinical, Care and Professional Governance arrangements, which report regularly to the IJB. A range of provider forums are also in place and act as a forum through which providers can raise concerns and discuss solutions. A high proportion of people receiving services from these providers are people with the highest health and social care needs and who live in areas of multiple deprivation, and therefore there is an indirect potential negative impact on them.</p> <p><u>Utilisation of reserves - positive</u></p> <p>The IJB's strategic needs assessment clearly demonstrates that health and social care needs and outcomes are very closely associated with deprivation; with people from the most deprived areas having the highest levels of needs and poorest outcomes. The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As people from the most deprived areas of Dundee (SIMD 20%) have the greatest level of needs for services and supports this</p>
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	North East (Whitfield, Fintry & Mill O'Mains)	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen & Douglas)	
X	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	The Ferry	
X	Positive	
	No Impact	
	Negative	
	Not Known	
Y/N	West End	
X	Positive	
	No Impact	
X	Negative	
	Not Known	

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		<p>proposal also has a greater direct positive impact on them than for other groups within the population.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on fairness and poverty geography:</p> <ul style="list-style-type: none"> • Review of Day Care Services - unknown potential impacts at this time. At this time 43% of people who receive day care services reside in SIMD 1 (most deprived) areas. • Care at Home Contract Efficiency Review – anticipated positive impact as review is to focus on maximising service user contact time. At this time 43% of people who receive day care services reside in SIMD 1 (most deprived) areas. • Review of Transport - unknown potential impacts at this time. • Review of Use of Physical Resources / Quality of Environment - unknown potential impacts at this time. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
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Household Group- *consider the impact on households and families may have the following people included.*

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
X	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
X	Positive	<u>Free personal care uprating – positive</u>
	No Impact	Free personal care is available to anyone aged over 16 years of age in Scotland. The majority of people who receive free personal care are older adults. Through their close connection to older people, uprating of personal care therefore has an indirect positive impact.
X	Negative	
	Not Known	
		<u>Redirect existing budget underspends – negative (mitigated)</u> Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on unpaid carers, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.
		<u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u> External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. External provision includes services specifically contracted to meet the needs of unpaid carers, and there is an indirect potential negative impact on them.
		<u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of

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		<p>service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including services and supports for unpaid carers. The potential impact of this proposal on protected and disadvantaged groups is outlined in other sections of the impact assessment. However, through their close connection to people within these groups unpaid carers might also be positively impacted by this proposal.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on carers:</p> <ul style="list-style-type: none"> • Review of Day Care Services - unknown potential impacts at this time. • Care at Home Contract Efficiency Review - anticipated positive impact as review is to focus on maximising service user contact time. • Review of Transport - unknown potential impacts at this time. • Review of Use of Physical Resources / Quality of Environment - unknown potential impacts at this time • Review of Contractual Commitments - unknown potential impacts at this time. • Review of Residual Practical Support Service - unknown potential impacts at this time, however are anticipated to be of small scale due to limited size of service. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
X	No Impact	
	Negative	
	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
X	Positive	<u>Adult Social Care Pay Uplift – positive</u>
	No Impact	It is known that across Scotland 80% of adult social care staff are female. Pay uplifts for adult social care providers therefore have a significantly greater impact on females than males.
X	Negative	
	Not Known	<p><u>Management of staff turnover (continuation of 2023/24 and in-year management) – negative (mitigated)</u></p> <p>As 87% of the DHSCP workforce is female any actions to manage staff turnover will disproportionately impact upon them. However, proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staffing position across the workforce, however in the meantime</p>

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		<p>it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership's Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team. This is also a continuation of an approach implemented in 2023/24 from which no specific equality and fairness impact concerns have arisen to date.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on single females with children, as women are the majority of the health and social care workforce:</p> <ul style="list-style-type: none"> • Review of Day Care Services - unknown potential impacts at this time. • Care at Home Contract Efficiency Review - unknown potential impacts at this time. • Review of Contractual Commitments - unknown potential impacts at this time. • Review of Residual Practical Support Service - unknown potential impacts at this time. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
X	No Impact	
	Negative	
	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
X	Positive	<u>Free personal care uprating – positive</u>
X	No Impact	Free personal care is available to anyone aged over 16 years of age in Scotland. The majority of people who receive free personal care are older adults. Uprating of personal care therefore has a direct positive impact.
X	Negative	
	Not Known	<p><u>Redirect existing budget underspends – negative (mitigated)</u></p> <p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including older people, recommendations for reductions are in areas where</p>

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		<p>risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u></p> <p>External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. Many providers are also subject to regulation and inspection requirements which provide an overview of any impact on service standards and quality. Both of these mechanisms are connected to the HSCP Clinical, Care and Professional Governance arrangements, which report regularly to the IJB. A range of provider forums are also in place and act as a forum through which providers can raise concerns and discuss solutions. A high proportion of people receiving services from these providers are older people (aged 65 and over), and therefore there is an indirect potential negative impact on them.</p> <p><u>Reduction in Care Home Placements – no impact</u></p> <p>Care Home placements for older people have been reducing for a number of years; this reflects the strategic intention to shift the balance of care to community settings set out in successive IJB strategic commissioning plans as well as in national policy and strategy. It also reflects changes in people’s preferences and market conditions across the care home sector, particularly following the COVID-19 pandemic. The HSCP is projecting a further reduction in need and demand for care home placements in 2024/25 and therefore a related decrease in the cost of placements. Actual in-year demand for placements will be monitored via operational management teams and any excess need / demand will be identified and managed accordingly. A personalised approach to assessment and care planning will continue to maintain access to care home placements for people whose need for support and personal preference indicates this is the most suitable provision for them.</p> <p><u>Utilisation of reserves - positive</u></p>
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		<p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As older people are the largest proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p> <p><u>Return of additional investment from prescribing – no impact</u></p> <p>Due to differences in life expectancy between males and females in Dundee, a higher proportion of people aged 65 and over are females. A significant proportion of prescribing activity in Dundee is directed to meet the health needs of older people. Prescribing volume and pricing growth has not increased at the rate expected during 2023/24, and this is anticipated to continue in 2024/25. The budget for this area has therefore been realigned to reflect projected spend in 2024/25 based on current information and does not represent a reduction in service / availability of medicines when they are required. Prescribing activity and spend is closely monitored via the Prescribing Management Group, with an overview provided to the IJB via regular budget monitoring reports. Any variation from projected spend will therefore be quickly identified and subject to appropriate action.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on older people:</p> <ul style="list-style-type: none"> • Review of Day Care Services – unknown potential impacts at this time. • Review of Direct Payment Commitments – predicted no impact, as this represents a focus on ensuring unspent balances are returned rather than any underlying change in the provision of services and supports. • Care at Home Contract Efficiency Review – anticipated positive impact as review is to focus on maximising service user contact time. • Review of Residual Practical Support Service – unknown potential impacts at this time, however are anticipated to be of small scale due to limited size of service. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
	Positive	<p>Management of staff turnover (continuation of 2023/24 and in-year management) – negative (mitigated)</p> <p>Proposals to manage staff turnover could impact on employment opportunities within the health and social care sector for unemployed people. However, proposals relate to wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy</p>
	No Impact	
X	Negative	
	Not Known	

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		<p>decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staffing position across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership's Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team. This is also a continuation of an approach implemented in 2023/24 from which no specific equality and fairness impact concerns have arisen to date.</p>
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
X	Positive	<u>Redirect existing budget underspends – negative (mitigated)</u>
X	No Impact	<p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including people with poor mental health and wellbeing, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u></p> <p>External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract</p>
X	Negative	
	Not Known	

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		<p>monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. Many providers are also subject to regulation and inspection requirements which provide an overview of any impact on service standards and quality. Both of these mechanisms are connected to the HSCP Clinical, Care and Professional Governance arrangements, which report regularly to the IJB. A range of provider forums are also in place and act as a forum through which providers can raise concerns and discuss solutions. A proportion of people receiving services from these providers are people with poor mental health and wellbeing, and therefore there is an indirect potential negative impact on them.</p> <p><u>Reduction in Care Home Placements – no impact</u> Care Home placements for older people have been reducing for a number of years; this reflects the strategic intention to shift the balance of care to community settings set out in successive IJB strategic commissioning plans as well as in national policy and strategy. It also reflects changes in people’s preferences and market conditions across the care home sector, particularly following the COVID-19 pandemic. The HSCP is projecting a further reduction in need and demand for care home placements in 2024/25 and therefore a related decrease in the cost of placements. Actual in-year demand for placements will be monitored via operational management teams and any excess need / demand will be identified and managed accordingly. A personalised approach to assessment and care planning will continue to maintain access to care home placements for people whose need for support and personal preference indicates this is the most suitable provision for them. This will include for older people with serious mental ill health, such as dementia.</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services. As people with mental health care and support needs are a significant proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p> <p><u>Return of additional investment from prescribing – no impact</u> A significant proportion of prescribing activity in Dundee is directed to meet the health needs of people with poor mental health and wellbeing. Prescribing volume and pricing growth has not increased at the rate expected during 2023/24, and this is anticipated to continue in 2024/25. The budget for this area has therefore been realigned to reflect projected spend in 2024/25 based on current information and does not represent a reduction in service / availability of medicines when they are required. Prescribing activity and spend is closely monitored via the Prescribing Management Group, with an overview provided to the IJB via regular budget monitoring reports. Any variation from projected spend will therefore be quickly identified and subject to appropriate action.</p>
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		<p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on mental health and wellbeing:</p> <ul style="list-style-type: none"> • Review of Day Care Services – unknown potential impacts at this time. • Review of Direct Payment Commitments - predicted no impact, as this represents a focus on ensuring unspent balances are returned rather than any underlying change in the provision of services and supports. • Review of Transport - unknown potential impacts at this time. However, part of the review’s aim is to have a transparent and equitable approach to the provision of transport. • Review of Use of Physical Resources / Quality of Environment - anticipated positive impact as review is to focus on offering an improved quality of environment. • Review of Contractual Commitments - unknown potential impacts at this time. • Review of Residual Practical Support Service – unknown potential impacts at this time, however are anticipated to be of small scale due to limited size of service. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
Y/N	Homeless	Explanation, assessment and potential mitigations
X	Positive	<p><u>Redirect existing budget underspends – negative (mitigated)</u></p> <p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including people who are homeless or at risk of homelessness, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u></p> <p>External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent</p>
	No Impact	
X	Negative	
	Not Known	

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		<p>Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. Many providers are also subject to regulation and inspection requirements which provide an overview of any impact on service standards and quality. Both of these mechanisms are connected to the HSCP Clinical, Care and Professional Governance arrangements, which report regularly to the IJB. A range of provider forums are also in place and act as a forum through which providers can raise concerns and discuss solutions. A proportion of people receiving services from these providers are people who are homeless (and have related health and social care needs such as poor mental health and / or drug and alcohol use), and therefore there is an indirect potential negative impact on them.</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including services and supports for homeless people.</p> <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>
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
X	Positive	<u>Redirect existing budget underspends – negative (mitigated)</u>
X	No Impact	<p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including people who use drugs and alcohol, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u> External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments.</p>
X	Negative	
	Not Known	

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		<p>The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. Many providers are also subject to regulation and inspection requirements which provide an overview of any impact on service standards and quality. Both of these mechanisms are connected to the HSCP Clinical, Care and Professional Governance arrangements, which report regularly to the IJB. A range of provider forums are also in place and act as a forum through which providers can raise concerns and discuss solutions. A proportion of people receiving services from these providers are people who use drugs and alcohol, and therefore there is an indirect potential negative impact on them.</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including drug and alcohol services.</p> <p><u>Return of additional investment from prescribing – no impact</u> A significant proportion of prescribing activity in Dundee is directed to meet the health and treatment needs of people who use drugs and alcohol. Prescribing volume and pricing growth has not increased at the rate expected during 2023/24, and this is anticipated to continue in 2024/25. The budget for this area has therefore been realigned to reflect projected spend in 2024/25 based on current information and does not represent a reduction in service / availability of medicines when they are required. Prescribing activity and spend is closely monitored via the Prescribing Management Group, with an overview provided to the IJB via regular budget monitoring reports. Any variation from projected spend will therefore be quickly identified and subject to appropriate action.</p>
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or relevance to this fairness group.
X	No Impact	
	Negative	
	Not Known	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.

PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
	Positive	Management of staff turnover (continuation of 2023/24 and in-year management) – negative (mitigated)
	No Impact	

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X	Negative Not Known	Proposals to manage staff turnover could impact on employment opportunities within the health and social care sector for unemployed people. However, proposals relate to wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staffing position across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership's Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team. This is also a continuation of an approach implemented in 2023/24 from which no specific equality and fairness impact concerns have arisen to date.
Y/N	Education & Skills	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
X	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
X	Positive	Adult Social Care Pay Uplift – positive
	No Impact	Pay uplifts for adult social care providers will directly increase incomes for those people employed in the sector.
X	Negative	
	Not Known	<u>Management of staff turnover (continuation of 2023/24 and in-year management) – negative (mitigated)</u> Proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts which could negatively impact on income. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staff positioning across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership's Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the

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		senior leadership team. This is also a continuation of an approach implemented in 2023/24 from which no specific equality and fairness impact concerns have arisen to date.
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
X	No Impact	
	Negative	
	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
X	Positive	<u>Free personal care uprating – positive</u>
	No Impact	Free personal care is available to anyone aged over 16 years of age in Scotland. The majority of people who receive free personal care are older adults. Through their close connection to older people, uprating of personal care therefore has an indirect positive impact.
X	Negative	
	Not Known	<p><u>Redirect existing budget underspends – negative (mitigated)</u> Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on unpaid carers, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u> External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. External provision includes services specifically contracted to meet the needs of unpaid carers, and there is an indirect potential negative impact on them.</p> <p><u>Reduction in Care Home Placements – negative (mitigated)</u> Care Home placements have been reducing for a number of years; this reflects the strategic intention to shift the balance of care to community settings set out in successive IJB strategic commissioning plans as well as</p>

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		<p>in national policy and strategy. It also reflects changes in people's preferences and market conditions across the care home sector, particularly following the COVID-19 pandemic. The HSCP is projecting a further reduction in need and demand for care home placements in 2024/25 and therefore a related decrease in the cost of placements. Actual in-year demand for placements will be monitored via operational management teams and any excess need / demand will be identified and managed accordingly. A personalised approach to assessment and care planning will continue to maintain access to care home placements for people whose need for support and personal preference indicates this is the most suitable provision for them. This will include an approach to assessment and care planning that appropriately involves unpaid carers in both the assessment and planning for the cared for person, but also in relation to their own caring needs.</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services, including services and supports for unpaid carers. The potential impact of this proposal on protected and disadvantaged groups is outlined in other sections of the impact assessment. However, through their close connection to people within these groups unpaid carers might also be positively impacted by this proposal.</p> <p><u>Service Reviews (preliminary assessment only)</u> It is anticipated that the following service reviews might have a direct impact on unpaid carers:</p> <ul style="list-style-type: none"> • Review of Day Care Services - unknown potential impacts at this time. • Care at Home Contract Efficiency Review - anticipated positive impact as review is to focus on maximising service user contact time. • Review of Transport - unknown potential impacts at this time. • Review of Use of Physical Resources / Quality of Environment - unknown potential impacts at this time • Review of Contractual Commitments - unknown potential impacts at this time. • Review of Residual Practical Support Service - unknown potential impacts at this time, however are anticipated to be of small scale due to limited size of service. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
Y/N	Affordability & Accessibility of Services	Explanation, assessment and any potential mitigations
X	Positive	<u>Free personal care uprating – positive</u>
	No Impact	Free personal care is only available to people aged 65 or over in Scotland.
X	Negative	Uprating of personal care therefore has a direct impact on the affordability of services for that specific group.
	Not Known	<u>Redirect existing budget underspends – negative (mitigated)</u>

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		<p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including on the accessibility of services, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u></p> <p>External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. Many providers are also subject to regulation and inspection requirements which provide an overview of any impact on service standards and quality. Both of these mechanisms are connected to the HSCP Clinical, Care and Professional Governance arrangements, which report regularly to the IJB. A range of provider forums are also in place and act as a forum through which providers can raise concerns and discuss solutions. As services manage budgetary pressures there is some risk that changes to service models will impact the accessibility of services for people with health and social care needs and unpaid carers.</p> <p><u>Utilisation of reserves - positive</u></p> <p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on affordability and accessibility of services:</p> <ul style="list-style-type: none"> • Review of Day Care Services – unknown potential impacts at this time. • Review of Direct Payment Commitments - predicted no impact, as this represents a focus on ensuring unspent balances are returned
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		<p>rather than any underlying change financial payments or service accessibility.</p> <ul style="list-style-type: none"> Review of Transport - unknown potential impacts at this time. Review of Use of Physical Resources / Quality of Environment - unknown potential impacts at this time. Review of Contractual Commitments - unknown potential impacts at this time. Review of Residual Practical Support Service – unknown potential impacts at this time, however are anticipated to be of small scale due to limited size of service. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
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Inequalities of Outcome- <i>consider if the following may be impacted</i>		
Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
X	No Impact	
	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
X	Positive	<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.
X	Negative	<p><u>Management of staff turnover (continuation of 2023/24 and in-year management) – negative (mitigated)</u></p> <p>Proposals in the budget relating to management of staff turnover reflect wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts which could negatively impact on income. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staffing position across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership’s Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team. This is also a continuation of an approach implemented in 2023/24 from which no specific equality and fairness impact concerns have arisen to date.</p>
	Not Known	

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Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations
	Positive	Management of staff turnover (continuation of 2023/24 and in-year management) – negative (mitigated)
	No Impact	
X	Negative	<p>Proposals to manage staff turnover could impact on employment opportunities within the health and social care sector for unemployed people. However, proposals relate to wider challenges in recruitment and retention for the health and social care sector within the UK. The proposal reflects the cumulative value of periods for which posts are vacant because they are unable to be filled despite ongoing recruitment activity. It does not reflect any policy decision to purposefully stop recruitment to posts. The DHSCP will continue to work with NHS Tayside, Dundee City Council, Trade Unions and national bodies on a range of recruitment and retention initiatives with the aiming of improving the staffing position across the workforce, however in the meantime it is reasonable to assume some posts will be vacant for periods of time and that the value associated with that can be utilised to contribute to a balanced budget. Potential negative impact will also be mitigated through ongoing monitoring of expenditure against budget, reported to the IJB at each meeting. If the recruitment and retention position significantly improves, impacting the actual value of vacancies, this will be escalated through that report (where necessary a further impact assessment will be completed to accompany any proposals to address this issue). The Partnership’s Workforce Planning Group also receives data about recruitment, retention and vacancies and will monitor the position on an ongoing basis, escalating any matters of concern to the senior leadership team. This is also a continuation of an approach implemented in 2023/24 from which no specific equality and fairness impact concerns have arisen to date.</p>
	Not Known	

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Y/N	Education	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
X	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
X	Positive	<u>Free personal care uprating – positive</u>
X	No Impact	Free personal care makes a direct contribution to improving health outcomes for people aged 65 and over.
X	Negative	
	Not Known	<p><u>Redirect existing budget underspends – negative (mitigated)</u> Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including on health outcomes, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Reduction in Care Home Placements – no impact</u> Care Home placements for older people have been reducing for a number of years; this reflects the strategic intention to shift the balance of care to community settings set out in successive IJB strategic commissioning plans as well as in national policy and strategy. It also reflects changes in people’s preferences and market conditions across the care home sector, particularly following the COVID-19 pandemic. The HSCP is projecting a further reduction in need and demand for care home placements in 2024/25 and therefore a related decrease in the cost of placements. Actual in-year demand for placements will be monitored via operational management teams and any excess need / demand will be identified and managed accordingly. A personalised approach to assessment and care planning will continue to maintain access to care home placements for people whose need for support and personal preference indicates this is the most suitable provision for them.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u> External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within</p>

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		<p>budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. Many providers are also subject to regulation and inspection requirements which provide an overview of any impact on service standards and quality. Both of these mechanisms are connected to the HSCP Clinical, Care and Professional Governance arrangements, which report regularly to the IJB. A range of provider forums are also in place and act as a forum through which providers can raise concerns and discuss solutions. As services manage budgetary pressures there is some risk that changes to service models will impact the accessibility and positive impact of services for people with health and social care needs and unpaid carers.</p> <p><u>Utilisation of reserves - positive</u> The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services or poorer health outcomes.</p> <p><u>Return of additional investment from prescribing – no impact</u> Prescribing volume and pricing growth has not increased at the rate expected during 2023/24, and this is anticipated to continue in 2024/25. The budget for this area has therefore been realigned to reflect projected spend in 2024/25 based on current information and does not represent a reduction in service / availability of medicines when they are required. Prescribing activity and spend is closely monitored via the Prescribing Management Group, with an overview provided to the IJB via regular budget monitoring reports. Any variation from projected spend will therefore be quickly identified and subject to appropriate action.</p> <p><u>Service Reviews (preliminary assessment only)</u> It is anticipated that the following service reviews might have a direct impact on health outcomes:</p> <ul style="list-style-type: none"> • Review of Day Care Services - unknown potential impacts at this time. • Review of Direct Payment Commitments - predicted no impact, as this represents a focus on ensuring unspent balances are returned rather than any underlying provision of services and supports. • Care at Home Contract Efficiency Review - anticipated positive impact as review is to focus on maximising service user contact time. • Review of Transport - unknown potential impacts at this time. • Review of Use of Physical Resources / Quality of Environment - anticipated positive impact as review is to focus on offering an improved quality of environment, which is likely to have a positive impact of health outcomes. • Review of Contractual Commitments - unknown potential impacts at this time. • Review of Residual Practical Support Service - unknown potential impacts at this time, however are anticipated to be of small scale due to limited size of service. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
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Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
X	Positive	Redirect existing budget underspends – negative (mitigated)
X	No Impact	<p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including on life expectancy, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Utilisation of reserves - positive</u></p> <p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services or in the longer-term poorer life expectancy.</p> <p><u>Return of additional investment from prescribing – no impact</u></p> <p>Prescribing volume and pricing growth has not increased at the rate expected during 2023/24, and this is anticipated to continue in 2024/25. The budget for this area has therefore been realigned to reflect projected spend in 2024/25 based on current information and does not represent a reduction in service / availability of medicines when they are required. Prescribing activity and spend is closely monitored via the Prescribing Management Group, with an overview provided to the IJB via regular budget monitoring reports. Any variation from projected spend will therefore be quickly identified and subject to appropriate action.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on life expectancy:</p> <ul style="list-style-type: none"> • Care at Home Contract Efficiency Review - anticipated positive impact as review is to focus on maximising service user contact time. • Review of Use of Physical Resources / Quality of Environment - anticipated positive impact as review is to focus on offering an improved quality of environment, which is likely to have a positive impact of health outcomes. • Review of Contractual Commitments - unknown potential impacts at this time. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
X	Negative	
	Not Known	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
X	Positive	Redirect existing budget underspends – negative (mitigated)
X	No Impact	<p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no</p>
X	Negative	
	Not Known	

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		<p>known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including people with poor mental health and wellbeing, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Maintenance of all non-direct social care external contract payments at 2023/24 level – negative (mitigated)</u></p> <p>External providers of social care services are experiencing a range of costs pressures, primarily due to high rates of inflation driving increased staffing and other operating costs. Although it is proposed that providers will receive an uplift inline with national policy on Adult Social Care Pay, this does not respond to increased costs for other staffing groups and wider operating costs. Maintenance of all non-direct social care external contract payments at 2023/24 levels will mean that providers will be required to manage cost pressures within existing contractual payments. The HSCP continues to have in place a range of mechanisms for supporting external providers as they manage budgetary pressures, including provider support via a dedicated Social Care Contract Team and investment in Scottish Care Independent Sector Lead. These resources will continue to be deployed to support providers in their efforts to manage pressures within budget and to mitigate any potential risks to quality or continuity of service provision. All contracted providers participate in regular contract monitoring arrangements, enabling any concerns to be addressed in a timely and proportionate way. Many providers are also subject to regulation and inspection requirements which provide an overview of any impact on service standards and quality. Both of these mechanisms are connected to the HSCP Clinical, Care and Professional Governance arrangements, which report regularly to the IJB. A range of provider forums are also in place and act as a forum through which providers can raise concerns and discuss solutions. As services manage budgetary pressures there is some risk that changes to service models will impact the accessibility and positive impact of services for people with mental health and wellbeing needs and unpaid carers.</p> <p><u>Utilisation of reserves - positive</u></p> <p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services or poorer health and wellbeing outcomes. As people with mental health care and support needs are a significant proportion of people utilising health and social care services this will impact on them more significantly than other groups within the population.</p> <p><u>Return of additional investment from prescribing – no impact</u></p> <p>A significant proportion of prescribing activity in Dundee is directed to meet the health needs of people with poor mental health and wellbeing. Prescribing volume and pricing growth has not increased at the rate expected during 2023/24, and this is anticipated to continue in 2024/25. The budget for this area has therefore been realigned to reflect projected spend in 2024/25 based on current information and does not represent a reduction in service / availability of medicines when they are required. Prescribing activity and spend is closely monitored via the Prescribing</p>
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Dundee Integration Joint Board Integrated Impact Assessment

		<p>Management Group, with an overview provided to the IJB via regular budget monitoring reports. Any variation from projected spend will therefore be quickly identified and subject to appropriate action.</p> <p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on mental health and wellbeing:</p> <ul style="list-style-type: none"> • Review of Day Care Services – unknown potential impacts at this time. • Review of Direct Payment Commitments - predicted no impact, as this represents a focus on ensuring unspent balances are returned rather than any underlying change in the provision of services and supports. • Review of Transport - unknown potential impacts at this time. However, part of the review's aim is to have a transparent and equitable approach to the provision of transport. • Review of Use of Physical Resources / Quality of Environment - anticipated positive impact as review is to focus on offering an improved quality of environment. • Review of Contractual Commitments - unknown potential impacts at this time. • Review of Residual Practical Support Service – unknown potential impacts at this time, however are anticipated to be of small scale due to limited size of service. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
X	Positive	<p><u>Redirect existing budget underspends – negative (mitigated)</u></p> <p>Redirections have been carefully planned to reflect changes in actual expenditure recorded historically across operational service budgets. Redirection has only been recommended where there has been a sustained pattern of underspend over successive years and there are no known factors likely to disrupt this pattern during 2024/25. Although changes to operational service budgets will always have the potential to impact on service users, including people who are overweight / obese, recommendations for reductions are in areas where risk of impact has been assessed as being very low. Financial monitoring at service level, through the senior management team and via reporting to the IJB provides mitigation, as any budget variances will be identified at an early stage and subject to appropriate response.</p> <p><u>Utilisation of reserves - positive</u></p> <p>The proposal to utilise reserves aims to enable the IJB to set a balanced budget whilst also maintaining levels and quality of service delivery. The use of reserves has meant that the IJB is not considering savings proposals that might result in reduced availability, choice or levels of services or poorer health and wellbeing outcomes. This includes maintaining services and supports that make a contribution to tackling overweight / obesity.</p>
	No Impact	
X	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
	Positive	<p>Children's health services are not delegated to the IJB and therefore there is no impact associated with budget proposals.</p>
X	No Impact	

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	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
X	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this fairness group.
X	No Impact	
	Negative	
	Not Known	<p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on transport:</p> <ul style="list-style-type: none"> • Review of Day Care Services - unknown potential impacts at this time. • Review of Transport - unknown potential impacts at this time. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>

PART 2- Assessment (continued)

Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	
	Negative	
	Not Known	
Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	
	Negative	
	Not Known	
		<p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on energy efficiency and consumption:</p> <ul style="list-style-type: none"> • Review of Day Care Services - unknown potential impacts at this time. • Review of Transport - unknown potential impacts at this time. • Review of Use of Physical Resources / Quality of Environment - unknown potential impacts at this time. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
Y/N	Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	
	Negative	
	Not Known	

Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	
	Negative	
	Not Known	
		<p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on accessible transport:</p> <ul style="list-style-type: none"> • Review of Day Care Services - unknown potential impacts at this time. • Review of Transport - unknown potential impacts at this time. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	

Dundee Integration Joint Board Integrated Impact Assessment

	Negative	<p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on sustainable transport:</p> <ul style="list-style-type: none"> • Review of Day Care Services - unknown potential impacts at this time. • Review of Transport - unknown potential impacts at this time. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>
	Not Known	

Natural Environment

Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	
	Negative	
	Not Known	
Y/N	Biodiversity	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	
	Negative	
	Not Known	
Y/N	Open and Green Spaces	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	
	Negative	
	Not Known	

Built Environment

Y/N	Built Heritage	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	
	Negative	
	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations
	Positive	None of the budget proposals are considered to have any direct or indirect relevance to this factor.
X	No Impact	
	Negative	
	Not Known	<p><u>Service Reviews (preliminary assessment only)</u></p> <p>It is anticipated that the following service reviews might have a direct impact on housing:</p> <ul style="list-style-type: none"> • Review of Use of Physical Resources / Quality of Environment – unknown impacts at this time. <p>Impact assessment for affected groups will be completed as part of the forthcoming service review processes.</p>

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

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

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

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

Strategic Environmental Assessment- SELECT One of the following statements		
X	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	<i>(No further response needed)</i>
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	<i>SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:</i>
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Environmental Implications: Describe the implications of the proposal on the characteristics identified:</i>
		<i>Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:</i>

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

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

NB Corporate Risk- is addressed in IJB reports

Administrative Use	<i>Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.</i>
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ITEM No ...5.....

DIJB11-2024

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD - ATTENDANCES - JANUARY 2024 TO DECEMBER 2024

Organisation	Member	Meeting Dates January 2024 to December 2024							
		31/01*	21/02	27/03	17/04	19/06	21/08	23/10	11/12
NHS Tayside (Non Executive Member (Chair))	Beth Hamilton	✓	✓						
Dundee City Council (Elected Member) (Vice Chair)	Cllr Ken Lynn	A	✓						
Dundee City Council (Elected Member)	Cllr Siobhan Tolland	✓	✓						
Dundee City Council (Elected Member)	Cllr Dorothy McHugh	✓	✓						
NHS Tayside (Non Executive Member)	Donald McPherson	✓	✓						
NHS Tayside (Non Executive Member)	Sam Riddell	✓	✓						
Dundee City Council (Chief Social Work Officer)	Diane McCulloch	✓	✓						
Chief Officer	Vicky Irons	A	A						
Chief Finance Officer	Dave Berry	✓	✓						
NHS Tayside (Registered Medical Practitioner (whose name is included in the list of primary medical performers))	Dr David Wilson	A	✓						
NHS Tayside (Registered Nurse)	Suzie Flower	✓	✓						
NHS Tayside (Registered Medical Practitioner (not providing primary medical services))	Dr James Cotton	✓	A						
Trade Union Representative	Jim McFarlane	✓	✓						
NHS Tayside (Staff Partnership Representative)	Raymond Marshall	✓	A						
Voluntary Sector	Christina Cooper	A	✓						
Service User Representative	Liz Goss	✓	✓						
Person Providing unpaid care in the area of the local authority	Martyn Sloan	✓	✓						
NHS Tayside (Director of Public Health)	Dr Emma Fletcher	A	✓						
Clinical Director	Dr David Shaw	✓	A						

✓ 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