



REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 20TH AUGUST 2025**

REPORT ON: **FINANCIAL MONITORING POSITION AS AT JUNE 2025**

REPORT BY: **CHIEF FINANCE OFFICER**

REPORT NO: **DIJB49-2025**

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide the Integration Joint Board with an update of the projected financial position for delegated health and social care services for 2025/26.

2.0 RECOMMENDATIONS

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

2.1 Notes the content of this report including the projected operational financial position for delegated services for the 2025/26 financial year end as at 30th June 2025 as outlined in Appendices 1, 2, and 3 of this report.

2.2 Note the actions being taken by Officers and Senior Management to address the current projected financial overspend position, with a report on progress and implications to develop a formal Financial Recovery plan to be presented at next IJB meeting (as detailed in section 4.5).

3.0 FINANCIAL IMPLICATIONS

3.1 The financial position for Dundee Health and Social Care Partnership for the financial year to 31st March 2026 shows a projected operational overspend of £4,946k after the utilisation of £2,429k from IJB Reserves as agreed at the IJB's budget setting meeting in March 2025.

3.2 This unplanned overspend is reflective of the ongoing challenge to fully deliver the significant level of savings and efficiencies totalling £17,500k during 2025/26 while also managing demand and performance expectations. Officers and Senior Management continue to monitor, lead and support service areas to manage and mitigate these pressures and return to overall financial balance.

4.0 MAIN TEXT

4.1 Background

4.1.1 As part of the IJB's financial governance arrangements, the Integration Scheme outlines that "The Chief Finance Officer will ensure routine financial reports are available to the Chief Officer and the Integration Joint Board on a timely basis and include, as a minimum, annual budget, full year outturn projection and commentary on material variances."

4.1.2 The IJB's budget for delegated services was approved at the meeting of the IJB held on the 26 March 2025 (Article IV of the minute of the meeting of 26 March refers). This set out the cost pressures and funding available with a corresponding savings plan to ensure the IJB had a balanced budget position going into the 2025/26 financial year.

4.1.3 A further report was approved at the meeting of the IJB held on 18 June 2025 (Article IX of the minute of Dundee Integration Joint Board held on 18 June 2025 refers). This updated the 2025/26 plan following confirmation of the 2024/25 financial year-end and reserves position, and details of additional funding received via NHS Tayside at the end of financial year 2024/25.

4.1.4 An updated assessment of the status of the approved savings plan is set out in Appendix 4 of this report.

4.2 Projected Outturn Position – Key Areas

4.2.1 The following sets out the main areas of note from the financial information contained within Appendices 1 (Summary Position) and 2 (Detailed Position) and provides commentary on the reasons for significant variances, actions being taken to manage these and outlines the key elements of risk which may remain.

4.3 Operational Health and Community Care Services Delegated to Dundee IJB

4.3.1 The financial position for services delegated to the IJB details an operational overspend of £4,504k for the financial year.

4.3.2 Older People Services contribute a significant portion of this, with a projected overspend of £2,995k.

- The majority of this is due to Care at Home demands and costs of care packages. This overspend continues to reflect significant levels of activity-led demand that has been experienced during the last 2 financial years. Enhanced pathway models have been further developed in recent months to continue to address the overspend in a controlled and effective way whilst also supporting whole-system performance levels and mitigating the risk of harm to individuals who may be impacted by increased waiting times for packages of care in the community. The projected spend includes assumptions relating to the impact of this ongoing work, which will be continually reviewed as the work progresses.
- Older People Care Home spend incorporates both the 3 Council-run Care Homes and externally commissioned Care Home placements – the projected variance is principally a result of projected levels of supplementary spend during the remaining 9 months and initial assumptions relating to challenges to delivery £500k of savings through reduced overall placement levels.
- Psychiatry of Old Age (In Pat) overspend is mainly related to reduced assumed income levels from neighbouring HSCPs following recent changes to commissioned bed numbers. As part of 2025/26 budget, income was assumed as a result in increased demand for beds during 24/25 but this trend has reversed more recently. Operational leads continue to collaborate with neighbouring HSCPs to assess the local and regional demand for POA beds and ensure resources are managed effectively
- Underspends are recognised in Day Services and Respite, reflecting changing demands in these service areas. Operational reviews of these services are being considered, including potentially realigning resources.

4.3.3 Mental Health services contribute an overspend of £1,005k to the position, mainly as a result of demand for Care Home placements and resultant spend.

4.3.4 Learning Disabilities services contribute a further £2,330k overspend to the position, predominantly linked to staffing budgets for Day Services and Accommodation with Support.

4.3.5 Projected spend against Physical Disability budgets is currently projecting an underspend of £744k, mainly as a result of lower spend than budgeted for within Care Home placements.

4.3.6 Community Nurse Services / AHP / Other Adult Services and Drug and Alcohol Services are showing a projected overspend of £303k, predominantly linked to ongoing over-recruitment in Community Nursing Teams (£525k) to help alleviate demand and staffing pressures, which is also anticipated to reduce reliance of bank staff to fill gaps. Community Nursing Teams continue to progress operational transformation work to restructure into Locality Teams and further enhance digital technologies to improve their operational efficiencies and address the overspend. Consideration is also being given to recognising the increased community demands being experienced by the service.

4.3.7 Lead Partner Services managed by Dundee includes overspends within Specialist Palliative Care Services of £403k and Psychological Therapies of £200k. Both are linked mainly to staffing costs. Palliative Care services continue to progress the operational and strategic review of the Tayside-wide service and shifts towards enhanced community provision. Psychological Therapies continues to experience waiting times pressures with focussed recruitment to address this.

4.3.8 Other Support and Management budgets contribute an underspend of (£1,568k) through vacancies and the net impact of budget adjustment balances and anticipated reserves funding currently held in a centralised code.

4.3.9 Other Contractors includes General Medical Services and Family Health Services and is currently projecting a combined overspend of £519k. This includes an overspend relating to GP 2C practices.

4.3.10 Key drivers of underspends across various services continue to be staffing vacancies, with ongoing challenges of recruitment and retention of staff. This is similar across a number of medical, nursing, Allied Health Professionals (AHPs), social care, social work and other staffing groups and across various bands / grades and skill-mixes. Recruitment activity continues to take place throughout the service areas to ensure patient demand and clinical risk is managed as best as possible, however due to financial constraints, governance procedures continue to be implemented to ensure recruitment is only progressed for critical and essential posts. This ongoing recruitment and retention challenge was recognised during the 2025/26 budget setting process with non-recurring slippages / vacancy factor savings targets implemented to reflect the reality of the current position.

4.3.11 In addition to the specific service overspends already highlighted, key drivers of overspends are mainly as a result of the premium cost of supplementary staffing (bank, agency or locum staff) to fill vacancies or cover due to staff sickness where patient acuity and / or safe-staffing levels necessitate the use of these additional staff. In addition, under recovery of income for chargeable social care services is also creating a cost pressure across various service budgets.

4.3.12 Supplementary spend during the first 3 months of 2025/26 totals £1,186k. This includes £239k on additional part-time hours and overtime, £290k on agency, and £657k on bank nursing / sessional staffing. Absence rates for NHS employed staff within HSCP have averaged at 6.56% during the 3 months of 25/26. The working days lost for DCC employed staff within the HSCP for 3 months to June 2025 was 10.17%. Efforts are ongoing to support staff wellbeing through return-to-work policies where possible and appropriate, which in turn should address some of the spend relating to supplementary staffing.

4.3.14 GP and Other Family Health Services Prescribing continues to be monitored as a local and Tayside-wide basis due to the scale and complexity of the budget. The Prescribing financial plan for 2025/26 indicated a projected cost pressure of £830k as a result of anticipated volume and pricing growth. At this early stage of the financial year, projected spend is reporting better at £416k overspend. (It is normal for data to be received 2 months in arrears to allow for national review and verification, therefore at this stage, the figures include only one month of verified data).

4.3.15 2025/26 Pay Awards for both NHST staff and Dundee City Council staff are now known – 4.25% for NHS Agenda for Change, 4.0% for Medical and 4.0% for Council. These figures exceed the 2025/26 budget planning assumptions (which was calculated at 3%). It is assumed additional funding will be provided from Scottish Government to offset these increased costs and passed on in full by the partner bodies to the IJB therefore at this stage no additional cost pressure has been incorporated into the project position. Should it transpire that insufficient funding is received in due course, the impact of this will be highlighted in future reports.

4.4 Tayside-wide Delegated Services

4.4.1 Members of the IJB will be aware that Angus and Perth and Kinross IJBs provide Lead Partner (formerly referred to as Hosted Services) arrangements for some services on behalf of Dundee IJB and a number of services are led by Dundee on behalf of Angus and Perth and Kinross. These are subject to a risk sharing agreement whereby any over or underspends are reallocated across the three Tayside IJBs at the end of the financial year. The financial monitoring position of these services in their totality are reflected in each of the Lead IJB's financial monitoring reports and for information purposes the projected net impact of these services on each IJB's budgeted bottom line figure is noted. More detail of the recharges from Angus and Perth and Kinross IJBs to Dundee IJB are noted in Appendix 3. This shows net impact of these adjustments to Dundee being an increased cost implication of £506k which mainly relates to a significantly higher spend within GP Out of Hours Medical Service led by Angus IJB. The Out of Hours overspend is as a direct result of changes to the patient pathway now embedded in the service model following Covid-19 pandemic and subsequent recovery. Work continues within the service to develop a financial recovery plan and future sustainable service delivery model, however the scale of the challenge to address the overspend has been recognised as a potential whole-system pressure and additional non-recurring funding has been provided by NHS Tayside to support the required time-scales to facilitate the required work in a sustainable manner. The benefit of this additional funding is incorporated into the financial report.

4.4.2 Members will also be aware that In-Patient Mental Health services are also a delegated function to Tayside IJB's, having previously been hosted by Perth & Kinross IJB. In early 2020/21, the operational management of these services was returned to NHS Tayside, however under health and social care integration legislation the strategic planning of these services remains delegated to the 3 Tayside Integration Joint Boards. Currently, there is no budget delegated to the IJBs for 2025/26. Due to the IJB's having strategic planning responsibility for the services, there is a requirement to show a delegated budget and spend position in the IJB's annual accounts. Given the unusual governance position around In-Patient Mental Health Services whereby there is a separation between strategic planning and operational delivery of the service, ongoing discussions are taking place to agree financial risk sharing arrangements amongst the 3 IJB's and NHS Tayside for the current financial year.

4.5 Actions to resolve Projected Financial Gap

4.5.1 The 2025/26 Financial Plans and Budget setting report reflected a significant financial challenge with a funding shortfall of £17.5m. Significant progress is being made to address this gap with this report highlighting a projected overspend of £4.9m, indicating that around 70% of savings and efficiencies are currently anticipated to be met.

4.5.2 At this stage of the financial year, the projected position is based on known spend and activity during the first 3 months of the year only, with projections based on anticipated trends and spend patterns for the remaining 9 months. This highlights a degree of uncertainty and estimation in the projections, but also allows time for actions to be taken to help address some of the financial challenges in a planned and managed way.

4.5.3 The current financial position continues to be closely monitored at Senior and Extended Management Meetings, with actions being progressed to ensure both a robust understanding of financial drivers as well as implementing actions to improve the projected financial position.

4.5.4 Under the IJB's Integration Scheme, where an unplanned year end overspend is projected, a Recovery Plan must be presented to address the in-year overspends and any recurring overspends for future years. The key features of the 2024/25 Financial Recovery Plan alongside the 2025/26 Budget Proposals continue to be the key principals determining overall financial

management and these alongside other identified actions will be brought to the next IJB meeting as a formal 2025/26 Financial Recovery Plan.

4.5.5 It should be recognised that the IJB currently holds £644k of uncommitted general reserve funding (as detailed below in Table 1 of 4.6) and this will likely need to be utilised to offset any unplanned overspend that cannot be resolved through financial recovery action. Under the IJB's Integration Scheme, any overspend that cannot be resolved through financial recovery and use of reserves will invoke the risk share agreement with the IJB's Partner Bodies (NHS Tayside and Dundee City Council) to proportionately fund the remaining overspend.

4.6 Reserves Position

4.6.1 The IJB's reserves position was reduced at the year ended 31st March 2025 as a result of the unplanned operational overspend of £3,216k during 2024/25. This resulted in the IJB having total committed reserves of £11,091k and uncommitted reserves of £644k at the start of 2025/26 financial year. This provides the IJB with limited flexibility to respond to unexpected financial challenges and provides the opportunity for transition funding for transformation of services. The reserves position is noted in Table 1 below:

Table 1

| Reserve Purpose | Closing Reserves @ 31/3/25 |
|---------------------------|----------------------------|
| | £k |
| Mental Health | 240 |
| Primary Care | 1,933 |
| Drug & Alcohol | 926 |
| Strategic Developments | 1,998 |
| Revenue Budget Support | 2,429 |
| Service Specific | 449 |
| Systems Pressures funding | 2,959 |
| Other Staffing | 155 |
| Total committed | 11,091 |
| General | 644 |
| | |
| TOTAL RESERVES | 11,734 |

4.6.2 Scottish Government funding in relation to specific allocations including Primary Care Improvement Fund, Mental Health Strategy Action 15 Workforce and Alcohol and Drugs Partnerships can only be spent on these areas and reserve balances have been taken into consideration for these funds by the Scottish Government when releasing further in-year funding.

4.6.3 The IJB's Reserves Policy seeks to retain Reserves of 2% of budget (approximately £6.5m) however it is recognised that this is particularly challenging to maintain within the current financial climate with many IJB's across the country having no reserves or below their respective reserves policies.

5.0 POLICY IMPLICATIONS

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

6.0 RISK ASSESSMENT

| | |
|--|---|
| Risk 1 Description | There is a significant risk that the IJB is unable to deliver a balanced budget over the financial year. |
| Risk Category | Financial |
| Inherent Risk Level | Likelihood 5 x Impact 5 = Risk Scoring 25 (which is an Extreme Risk Level) |
| Mitigating Actions (including timescales and resources) | Regular financial monitoring reports to the IJB will highlight issues raised. Actions to be taken by Officers, Senior Management and Budget holders to manage overspending areas. Transformation and Strategic Delivery Plan to drive forward priorities towards a sustainable financial position |
| Residual Risk Level | Likelihood 3 x Impact 4 = Risk Scoring 12 (which is a High Risk Level) |
| Planned Risk Level | Likelihood 3 x Impact 3 = Risk Scoring 9 (which is a Moderate Risk Level) |
| Approval recommendation | While the inherent risk levels are high, the impact of the planned actions reduce the risk and therefore the risk should be accepted. |

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: 25/07/25

| DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2025/26 | | Appendix 1 | |
|--|--|---------------------|--|
| | | Jun-25 | |
| | | Partnership Total | |
| | | Net Budget £,000 | Year End Overspend / (Underspend) £,000 |
| Older Peoples Services | | 78,108 | 2,995 |
| Mental Health | | 13,670 | 1,005 |
| Learning Disability | | 36,884 | 2,330 |
| Physical Disabilities | | 8,733 | (744) |
| Drug and Alcohol Recovery Service | | 6,425 | 150 |
| Community Nurse Services/AHP/Other Adult | | 19,302 | 154 |
| Lead Partner Services | | 29,060 | 183 |
| Other Dundee Services / Support / Mgmt | | 30,642 | (1,308) |
| Centrally Managed Budgets | | 5,484 | (261) |
| Total Health and Community Care Services | | 228,307 | 4,504 |
| Prescribing & Other FHS Prescribing | | 36,363 | 314 |
| General Medical Services | | 33,492 | 709 |
| FHS - Cash Limited & Non Cash Limited | | 27,586 | (88) |
| Large Hospital Set Aside | | 21,850 | 0 |
| In-Patient Mental Health | | 0 | 0 |
| Total | | 347,598 | 5,439 |
| Net Effect of Lead Partner Services* | | (5,494) | (493) |
| Grand Total | | 342,104 | 4,946 |

*Lead Partner Services (formerly known as 'Hosted Services') - Net Impact of Risk Sharing Adjustment

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| DUNDEE INTEGRATED JOINT BOARD - HEALTH & SOCIAL CARE PARTNERSHIP - FINANCE REPORT 2025/26 | | Appendix 2 | |
|---|--|---|--------------|
| | | Jun-25 | |
| | | Partnership Total | |
| | | Projected Year End Overspend / (Underspend) | |
| | Annual Budget £,000 | £,000 | |
| 1 | Psych Of Old Age (In Pat) | 5,218 | 571 |
| | Older People Serv. - Ecs | 312 | -40 |
| | Integrated Discharge Team | 1,116 | -90 |
| | Ijb Medicine for Elderly | 5,923 | 525 |
| | Stoke Neuro Rehab Unit (ward 4) | 1,457 | -10 |
| | Medical (P.O.A) | 928 | 115 |
| | Psy Of Old Age - Community | 3,006 | -50 |
| | Medical (MFE) | 2,680 | -88 |
| | Care at Home | 29,508 | 1,102 |
| | Care Homes | 29,743 | 1,401 |
| | Day Services | 1,300 | -322 |
| | Respite | 540 | -521 |
| | Accommodation with Support | 1,194 | 16 |
| | Other | -4,818 | 385 |
| | Older Peoples Services | 78,108 | 2,995 |
| 2 | Community Mental Health Team | 4,745 | 110 |
| | Tayside Adult Autism Consultancy Team | 406 | 97 |
| | Care at Home | 1,152 | -81 |
| | Care Homes | 643 | 787 |
| | Day Services | 65 | -2 |
| | Respite | -3 | 49 |
| | Accommodation with Support | 5,818 | 153 |
| | Other | 844 | -107 |
| | Mental Health | 13,670 | 1,005 |
| 3 | Learning Disability (Dundee) | 1,795 | -40 |
| | Care at Home | -320 | 513 |
| | Care Homes | 3,321 | 446 |
| | Day Services | 9,802 | 945 |
| | Respite | 480 | -106 |
| | Accommodation with Support | 23,975 | 811 |
| | Other | -2,169 | -239 |
| | Learning Disability | 36,884 | 2,330 |
| 4 | Care at Home | 1,101 | 190 |
| | Care Homes | 2,238 | -606 |
| | Day Services | 76 | 44 |
| | Respite | -43 | -29 |
| | Accommodation with Support | 813 | 66 |
| | Other | 4,548 | -409 |
| | Physical Disabilities | 8,733 | -744 |
| 5 | Dundee Drug Alcohol Recovery | 4,929 | 100 |
| | Care at Home | 0 | 0 |
| | Care Homes | 380 | 169 |
| | Day Services | 70 | -27 |
| | Respite | 0 | 0 |
| | Accommodation with Support | 350 | -133 |
| | Other | 696 | 41 |
| | Drug and Alcohol Recovery Service | 6,425 | 150 |

| | | Partnership Total | |
|----------|--|------------------------|--|
| | | Annual Budget £,000 | Projected Year End Overspend / (Underspend) £,000 |
| 6 | A.H.P.S Admin | 543 | -18 |
| | Physio + Occupational Therapy | 8,320 | -265 |
| | Nursing Services (Adult) | 9,657 | 525 |
| | Community Supplies - Adult | 343 | 65 |
| | Anticoagulation | 531 | -50 |
| | Other Adult Services | -93 | -104 |
| | Community Nurse Services / AHP / Other Adult Services | 19,302 | 154 |
| 7 | Palliative Care - Dundee | 3,867 | 245 |
| | Palliative Care - Medical | 1,800 | 120 |
| | Palliative Care - Angus | 493 | 13 |
| | Palliative Care - Perth | 2,336 | 25 |
| | Stroke Neuro Rehab Unit (ward 5) | 2,244 | -40 |
| | Dietetics (Tayside) | 4,685 | 200 |
| | Sexual & Reproductive Health | 2,851 | 73 |
| | Medical Advisory Service | 88 | -8 |
| | Homeopathy | 43 | 13 |
| | Tayside Health Arts Trust | 88 | 0 |
| | Psychological Therapies | 7,410 | 125 |
| | Psychotherapy (Tayside) | 1,320 | -55 |
| | Perinatal Infant Mental Health | 221 | 0 |
| | Learning Disability (Tay Ahp) | 987 | -150 |
| | Lead Partner Centrally Managed | 627 | -377 |
| | Lead Partner Services | 29,060 | 183 |
| 8 | Working Health Services | 0 | 45 |
| | The Corner | 697 | -10 |
| | Ijb Management | 908 | -65 |
| | Partnership Funding | 25,100 | 0 |
| | Urgent Care | 1,823 | -70 |
| | Community Health Team | 213 | -65 |
| | Health Inclusion | 1,407 | -110 |
| | Primary Care | 852 | 10 |
| | Support Services / Management Costs | -359 | -1,043 |
| | Other Dundee Services / Support / Mgmt | 30,642 | -1,308 |
| | Centrally Managed Budget | 5,484 | -261 |
| | Total Health and Community Care Services | 228,307 | 4,504 |
| | Other Contractors | | |
| | FHS Drugs Prescribing | 36,486 | 416 |
| | Other FHS Prescribing | -123 | -102 |
| | General Medical Services | 33,028 | 509 |
| | Dundee 2c (gms) Services | 463 | 200 |
| | FHS - Cash Limited & Non Cash Limited | 27,586 | -88 |
| | Large Hospital Set Aside | 21,850 | 0 |
| | In-Patient Mental Health | 0 | 0 |
| | Grand H&SCP | 347,598 | 5,439 |
| | Lead Partner Services Recharges Out | -17,610 | -111 |
| | Lead Partner Services Recharges In | 12,016 | 506 |
| | Hosted Recharge Cost Pressure Investment | 100 | -888 |
| | Hosted Services - Net Impact of Risk Sharing Adjustment | -5,494 | -493 |
| | Grand Total | 342,104 | 4,946 |

| NHS Tayside - Lead Partner Services Hosted by Integrated Joint Boards | | Appendix 3 | |
|---|------------------------|--|--------------------------------------|
| Recharge to Dundee IJB | | | |
| Risk Sharing Agreement - Jun 25 | | | |
| | Annual Budget £000s | Projected End Over / (Underspend) £000s | Dundee Share of Variance £000s |
| Lead Partner Services - Angus | | | |
| Forensic Service | 1,376 | 28 | 11 |
| Out of Hours | 10,391 | 1,912 | 753 |
| Tayside Continence Service | 1,627 | 521 | 205 |
| Locality Pharmacy | 2,417 | 0 | 0 |
| Speech Therapy (Tayside) | 1,651 | 92 | 36 |
| Sub-total | 17,462 | 2,553 | 1,006 |
| Apprenticeship Levy & Balance of Savings Target | 18 | 48 | 19 |
| Total Lead Partner Services - Angus | 17,480 | 2,601 | 1,025 |
| Lead Partner Services - Perth & Kinross | | | |
| Prison Health Services | 5,718 | (512) | (202) |
| Public Dental Service | 3,349 | (458) | (180) |
| Podiatry (Tayside) | 4,121 | (344) | (136) |
| Sub-total | 13,188 | (1,314) | (518) |
| Apprenticeship Levy & Balance of Savings Target | (170) | (2) | (1) |
| Total Lead Partner Services - Perth&Kinross | 13,018 | (1,316) | (519) |
| Total Lead Partner Services from Angus and P&K | 12,016 | | 506 |

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| Dundee IJB - Budget Savings List 2025-26 | | | Appendix 4 | |
|---|--|-----------------------|----------------------|---------------|
| Agreed Savings Programme | | | | |
| | Efficiency / Management Action | 2025/26 Value £000 | Risk of non-delivery | |
| Recurring Actions | | | | |
| 1) | Dundee City Council Review of Charges – Additional Income | 374 | Low | |
| 2) | Additional Community Alarm Charge to DCC Housing | 34 | Low | |
| 3) | Removal of long-term vacant posts (staff slippage / vacancy factor) | 1,300 | Low | |
| 4) | Joint commissioning of POA beds with neighbouring IJB | 971 | Medium | |
| 5) | Review and reduction of High-Cost care packages and additional 1:1 support spend | 200 | Medium | |
| 6) | Maximising opportunities through alternative funding | 200 | Low | |
| 7) | Reduction in supplementary staffing spend (3% target) | 225 | Low | |
| 8) | Review and reduction of Senior Management Structure | 500 | Low | |
| 9) | Admin efficiency review | 100 | Medium | |
| 10) | Benefits from Pharmacy transformation workstream within NHST | 500 | Medium | |
| 11) | Care at Home Efficiencies (to address existing overspend) | 0 | Medium | |
| Total Recurring Operational Efficiency Initiatives | | | | 4,404 |
| Non-Recurring Proposals | | | | |
| 12) | Further 0.25% operational efficiency target | 507 | Medium | |
| 13) | Management of natural staff turnover / vacancy management | 200 | Low | |
| 14) | Restructuring of funding to ADP | 500 | Low | |
| Total Non Recurring Initiatives | | | | 1,207 |
| Total Operational Efficiencies and Non-Recurring Initiatives | | | | 5,610 |
| | Savings | 2025/26 Value £000 | Risk of non-delivery | |
| Recurring Proposals | | | | |
| 1) | Remove Demographic growth investment | 2,046 | Low | |
| 2) | Reduction in uplift funding provision to external providers | 1,492 | Low | |
| 3) | Reduction of Commissioned Care Home beds | 500 | Medium | |
| 4) | Third Party Commissioned Service | 1,000 | Medium | |
| 5) | Housing with Care review | 300 | Low | |
| 6) | Community Meals Service review | 100 | Low | |
| 7) | Palliative Care and MfE service review | 200 | Medium | |
| 8) | Digital Transformation and Agile Working opportunities | 1,000 | High | |
| 9) | Charging policy review | 200 | High | |
| 10) | Whole system charging process, eligibility criteria and income maximisation | 500 | Medium | |
| Total Recurring Savings Proposals | | | | 7,338 |
| 11) | Utilisation of IJB Reserves | 550 | Low | |
| 12) | Reduction of Transformation Reserve | 1,500 | Low | |
| 13) | Further utilisation of IJB Reserves | 379 | Low | |
| 14) | Whole-system cost pressure funding | 2,171 | Low | |
| Total Non-Recurring Proposals | | | | 4,600 |
| Total Savings Proposals | | | | 11,938 |

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