



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

City Chambers
DUNDEE
DD1 3BY

23rd March, 2026

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 on Tuesday, 31st March, 2026 at 10.00 am in Committee Room 1, 14 City Square and remotely.

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, 30th March, 2026.

Yours faithfully

DAVE BERRY
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 DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2025/2026 - Page 1

(Report No DIJB10-2026 by the Chief Finance Officer, copy attached).

4 DATE OF NEXT MEETING

The next meeting of the Integration Joint Board will be held on Wednesday, 15th April, 2026 at 10.00 am in Committee Room 1, 14 City Square and also remotely.

DUNDEE CITY HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD
DISTRIBUTION LIST
(REVISED MARCH 2026)

(a) DISTRIBUTION - INTEGRATION JOINT BOARD MEMBERS

<u>Role</u>	<u>Recipient</u>
VOTING MEMBERS	
Elected Member (Chair)	Councillor Ken Lynn
Non Executive Member (Vice Chair)	Bob Benson
Elected Member	Councillor Siobhan Tolland
Elected Member	Councillor Dorothy McHugh
Non Executive Member	David Cheape
Non Executive Member	Colleen Carlton
NON VOTING MEMBERS	
Chief Social Work Officer	Glyn Lloyd
Chief Officer	Dave Berry
Acting Chief Finance Officer (Proper Officer)	Christine Jones
Registered medical practitioner (whose name is included in the list of primary medical services performers)	Dr David Wilson
Registered Nurse	Jayne Smith
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	Nicola Stevens
Person providing unpaid care in the area of the local authority	Martyn Sloan
Clinical Director	Dr David Shaw
PROXY MEMBERS	
Proxy Member (NHS Appointment for Voting Member)	Andrew Thomson
Proxy Member (DCC Appointment for Voting Members)	Councillor Lynne Short
Proxy Member (DCC Appointment for Voting Members)	Councillor Roisin Smith
Proxy Member (DCC Appointment for Voting Member)	Bailie Helen Wright

(b) CONTACTS – FOR INFORMATION ONLY

<u>Organisation</u>	<u>Recipient</u>
NHS Tayside (Chief Executive)	Nicky Connor
NHS Tayside (Director of Finance)	Stuart Lyall
Dundee City Council (Chief Executive)	Greg Colgan
Dundee City Council (Executive Director of Corporate Services)	Paul Thomson
Dundee City Council (Head of Democratic and Legal Services)	Roger Mennie
Dundee City Council (Legal Manager)	Maureen Moran
Dundee City Council (Members' Support)	Lesley Blyth
Dundee City Council (Members' Support)	Sharron Wright
Dundee Health and Social Care Partnership (Secretary to Chief Officer and Chief Finance Officer)	Jordan Grant
Dundee Health and Social Care Partnership	Kathryn Sharp

Dundee City Council (Communications rep)	Steven Bell
NHS Tayside (Communications rep)	Jane Duncan
NHS Tayside (PA to Director of Public Health)	Gillian Robertson
NHS Fife (Internal Audit) (Principal Auditor)	Judith Triebs
Audit Scotland (Audit Manager)	Fiona Owens
Regional Audit Manager – NHS	Barry Hudson
Audit Scotland (Audit Director)	Rachel Browne
HSCP (Interim Head of Health & Community Care)	Angie Smith
HSCP (Head of Health & Community Care)	Jenny Hill
Health and Social Care Partnership	Shahida Naeem
Dundee City Council – Finance	John Moir
Dundee Health and Social Care Partnership	Matthew Kendall
Audit Scotland	Ross Reid
Dundee City Council (Members' Support)	Susan Young



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
31 MARCH 2026

REPORT ON: DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2026/27

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: DIJB10-2026

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 2026/27 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 2026/27.

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 2026/27 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 2026/27 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 2026 (as detailed in 4.6.2).
- 2.6 Notes the Operational Efficiencies and Management Actions detailed in Appendix 2 to this report.
- 2.7 Approves the Budget Savings proposals as summarised in Appendix 3 and detailed in Appendices 6-11 to this report.
- 2.8 Remits the Chief Officer to review the Strategic Risk Register with reference to the information contained within section 6 of this report.
- 2.9 Remits 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 2026/27 for Dundee Integration Joint Board of £357.6m as noted in section 4.9 of this report.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 Report DIJB72-2025 set out an initial overview of the budget setting process for 2026/27, and the information that was known or indicative at that time (Article XIII of the minute of the meeting of the Dundee Integration Joint Board held on 22 October 2025 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 2026, a further report was submitted to the IJB (DIJB6-2026), 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 XI of the minute of the meeting of the Dundee Integration Joint Board held on 18 February 2026 refers).
- 4.1.3 Since then, the Scottish Government's Budget Bill has completed its process through the Parliamentary Process with some amendments. The changes include a further £20m nationally of which £14.7m will further support Adult Social Care Real Living Wage pay uplift (in addition to the £160m noted in February 2026 report). This additional funding has been noted in the updated position in this report.
- 4.1.4 Further work has been undertaken by officers and finance colleagues to refine the financial assumptions included in the delegated budget. The detail of this is set out in Appendix 1
- 4.1.5 A number of development sessions have been held with IJB members from October 2025 through to March 2026 to share and discuss the anticipated pressures and potential options.
- 4.1.6 The factors noted above have shaped the development of Dundee Health and Social Care Partnership's proposed 2026/27 budget which is set out within the following sections.
- 4.1.7 A recently published report by Accounts Commission for Scotland titled "Integration Joint Boards: Finance Bulletin 2024/25" highlights that across Scotland the financial position of IJB's continues to be precarious. The report demonstrates a concerning picture of mounting financial pressures on IJBs due to increasing demand, rising costs and a growing number of people with long-term complex needs where the cost of delivering services is rising faster than available funding. And that IJBs, alongside their NHS and council partners, must urgently take decisions on where to redesign, reduce or discontinue services. [Integration Joint Boards: Finance bulletin 2024/25 | Audit Scotland](#)

4.2 Proposed NHS Tayside Delegated Budget

- 4.2.1 NHS Tayside's Financial Plan 2026/27 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 in April 2026 therefore the figures contained in this report are indicative at this stage.
- 4.2.2 The indicative budget currently assumes a 2% uplift settlement on recurring baseline budgets from NHS Tayside to Dundee IJB, plus further funding to fully cover 26/27 pay award uplift across the workforce. Until the NHS Tayside budget is approved, this remains a provisional position.

Table 1 – Anticipated NHS Tayside Budget Uplift Details

	£000
Baseline Uplift (2%)	3,152
Additional Pay Award uplift funding	1,515
Total Net Additional Funding	4,667

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 2026/27 and this will be incorporated into the final budget once agreed. It should be noted that there has been a gradual and sustained reduction in the use of occupied bed days by Dundee residents in the acute sector over recent years following a post COVID pandemic increase in activity.

4.4 Dundee City Council Budget Implications

- 4.4.1 Dundee City Council approved its budget on the 5 March 2026 which set out the net budget offer to the IJB. The changes to the delegated budget as part of this offer are set out in table 2 below and consists of a 'flat cash' settlement to the IJB's core funding, with additional uplift to part-fund the agreed pay award and plus additional recurring investment of £1,446k to support social care pressures.
- 4.4.2 As part of the national Local Government Budget Settlement from the Scottish Government, additional funding of £160 million has been provided to deliver a £13.45 per hour minimum pay settlement for adult social care workers in commissioned services, in line with the Real Living Wage Foundation rate. As highlighted in section 4.1.3, a further £14.7 million will be allocated nationally to further support the minimum pay settlement. The budget settlement also provides funding to support the uprating of Free Personal and Nursing Care with additional funding of £7m provided nationally.
- 4.4.3 The Scottish Government's direction on funding for the £13.45 per hour and for Free Personal and Nursing Care expects that this is to be additional to each council's existing recurrent 2025/26 budget levels for social care. By passing this additional Scottish Government funding on to the IJB's delegated budget, Dundee City Council has met this minimum requirement.

Table 2 – Dundee City Council Budget Uplift Details

	£000
Inflationary Uplift	0
Additional Pay Award uplift (0.5%)	225
Additional investment in Health and Social Care Partnership	1,446
Additional Scottish Government Funding (share of £187.7m):	
- Free Personal Care Uprating (assumed)	105
- Adult Social Care Pay Uplift (£13.45 from April 2026)	5,027
Total Net Additional Funding	6,803

4.5 Delegated Budget Existing and Emerging Financial Pressures

- 4.5.1 The IJB's delegated budget will be subject to a range of cost pressures over the course of 2026/27. Significant increases in demand for health and social care services has continued during 2025/26 due to the impact of an increasingly frail population, ongoing demographic changes and national priority to support discharge without delay. Utilisation of non-recurring savings solutions in 2025/26 also creates a cost pressure gap when planning for 2026/27. The range of cost pressures the IJB is likely to experience in 2026/27 are summarised and set out in table 3 below.

Table 3 – IJB Delegated Budget Anticipated Cost Pressures

	£000
Non-recurring savings and one-off funding 2025/26	5,807
Investment to support 2026/27 Emerging budget pressures	3,500
Provision for Estimated Staff Pay increases	4,476
Increase to Commissioned Services (including Real Living Wage, NCHC and FPC Uplift)	5,544
Primary Care Prescribing	371
Provision for Demographic Pressures	2,201

Total	21,899

4.5.2 The cost pressures will continue to be monitored throughout the 2026/27 financial year through the IJB's regular financial monitoring reporting process with any risks highlighted to the IJB.

4.6 Adult Social Care Pay Uplift and National Care Home Contract

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

4.6.2 As highlighted in 4.4.3, 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 £13.45 per hour with effect from April 2026.

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 2026 to ensure the pay uplift for Adult Social Care staff is actioned appropriately in line with Scottish Government policy.

4.6.5 The majority of Older People Care Home placements are arranged under National Care Home Contract agreement. This is a Scotland-wide arrangement that sets fee rates, staff pay standards and operational requirements for residential and nursing care homes. Approved rates for 2026/27 have not yet been published however provision for an uplift aligned to indicative increases has been incorporated into budget planning assumptions for the coming year. Pay uplifts for NHS Agenda for Change staff and Adult Social Care arrangements are a significant contributing consideration when confirming NCHC rates.

Approved national rates for 2025/26 were -

Nursing Care Rate per person per week - £1,013.05

Residential Care Rate per person per week - £881.98

4.7 Reserves Position

4.7.1 At the financial year end 2024/25 the IJB's reserves stood at £11,734k. 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 2025/26 budget plan and Transformation and Strategic Developments. Table 4 below summarises reserves balances during recent years highlighting the continued utilisation of one-off funding to support the increasing demands and cost pressures on health and social care services.

Table 4 – Reserves position

Reserve Purpose	Closing Reserves @ 31/3/23	Closing Reserves @ 31/3/24	Closing Reserves @ 31/3/25	Anticipated Closing Reserves @ 31/3/26
	£k	£k	£k	£k
Mental Health	635	1,036	240	0
Primary Care	1,535	1,859	1,933	738
Community Living Fund	613	0	0	0
NHST Shifting the Balance of Care	1,600	0	0	0
Drug & Alcohol	925	559	926	274
Strategic Developments	2,500	3,756	1,998	1,058
Revenue Budget Support	3,000	4,000	2,429	0
Service Specific	1,995	1,452	449	0
Systems Pressures funding	0	0	2,959	0

Other Staffing	377	362	155	55
Total committed	13,179	13,024	11,091	2,127
General	10,789	4,789	644	0
TOTAL RESERVES	23,968	17,813	11,734	2,127

- 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, available 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 £7.0m for Dundee IJB.
- 4.7.3 The IJB's latest reported operational financial monitoring position for 2025/26 is showing a projected overspend to the year end with the IJB having been operating under Financial Recovery arrangements throughout 2025/26, however the year-end draft position will not be known until mid-May. As part of 2025/26 Financial Recovery actions, all Reserve balances have been reviewed and where possible, these will be required to be off-set against the projected overspend. The anticipated closing Reserves balance noted above can only be utilised against the specific ring-fenced projects. At this stage, there is no flexibility within the remaining reserves to support the IJB's 2026/27 Budget position.

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 £10.4m for which financial savings, operational efficiencies and other financial interventions will be required to provide a balanced budget for 2026/27.
- 4.8.2 Throughout the IJB's 2026/27 budget development process, officers from Dundee Health and Social Care Partnership have continued to review current expenditure, pressures and demands against budgets, and factors likely to impact on expenditure during 2026/27 to identify how the IJB could manage the financial gap and mitigate the impact on the delivery of front-line services. Based on this review, a range of proposals to manage the financial gap have been identified and are set out in detail in Appendix 2 for noting and in Appendix 3 for approval by the IJB. The overall position is summarised in table 5 below.

Table 5 – Budget Balancing Proposals

	2026/27 Value £000	Recurring Value £000
Anticipated NHS Tayside Budget Uplift	4,667	4,667
Dundee City Council Budget Uplift (including Scottish Government funding)	6,803	6,803
IJB Delegated Budget Anticipated Cost Pressures	21,899	21,899
Anticipated Funding Shortfall	10,429	10,429
Operational Efficiencies and Management Actions	4,541	5,394
26/27 Impact of Continuation of 25/26 Approved Actions	2,223	4,675
Non-Recurring Initiatives	1,500	0
Recurring Savings Proposals	2,165	2,936
Total - Proposed Actions to Address the Shortfall	10,429	13,005

- 4.8.3 The recurring impact of full delivery of all the proposed actions efficiencies and savings will result in a surplus in future years, however it is highly likely that further emerging cost pressures will be evident in these future years to support growth, inflation, pay increases and transformation. It is hoped that delivery of the challenging actions during 2026/27 will give the IJB some financial flexibility into these future years to better manage the in-year gap.

4.9 Proposed Dundee IJB Delegated Budget 2026/27

- 4.9.1 Factoring all of the above against the delegated budget results in a proposed position for 2026/27 as noted in Table 5 below.

Table 6 – Dundee Health & Social Care Partnership Proposed Delegated Budget 2026/27

	Dundee City Council	NHS Tayside (indicative only)*	Total Proposed Budget 2026/27
	£m	£m	£m
2026/27 Baseline Budget			
Hospital & Community Based Services		118.1	118.1
Family Health Services Prescribing		39.5	39.5
General Medical Services		53.0	53.0
Large Hospital Set Aside (indicative)		20.8	20.8
Adult Social Care	114.8		114.8
Total Baseline Budget	114.8	231.4	346.2
Add:			
Baseline Uplifts		3.2	3.2
Additional Pay uplift	0.2	1.5	1.7
Additional Investment	1.4		1.4
Investment in New Scottish Govt Legislation/National Policy	5.1		5.1
Total Proposed Budget 2026/27	121.6	236.0	357.6
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 2026/27.

4.10 Risks

- 4.10.1 The scale of the financial gap, coupled with the increasing complexity of need, demand and cost pressures as well as the need to maintain safe and effective care across all delegated functions places a significant challenge on the IJB, Officers and across delegated services. There remains a high risk that the proposed savings and efficiencies will not be deliverable in line with expectations. Close scrutiny and reporting will continue throughout 2026/27 to monitor the positions with regular reporting to IJB.
- 4.10.2 It should be noted that the NHS budgets and uplift figures will not be fully confirmed until Tayside Health Board sets its budget in April 2026. Any material changes will be reported to IJB at the earliest opportunity.
- 4.10.3 As part of NHS Agenda for Change Pay Reform deal, relevant staff will reduce their full-time working week to 36 hours from 1st April 2026 (with options for part-time staff to reduce on a pro rata basis). Additional funding has been provided to Health Boards to compensate for the implications of the Pay Reform deal and we continue to assume this will be cost neutral to IJB, however this is not currently certain. In addition, there may be a short-term impact on capacity and productivity immediately following the reduction until additional staff can be recruited to back-fill the 'lost' hours.
- 4.10.4 Primary Care Prescribing costs and volumes continue to be volatile with fluctuations due to changing demands, market conditions and the introduction of new drug treatments. Local and regional efforts continue to review trends and emerging issues and attempt to manage the pressures through optimisation and efficiencies, this expenditure continues to present a significant potential risk to overall IJB delegated budgets.

- 4.10.5 In Patient Mental Health service is expected to overspend in 2025/26 again, with development of plans and timescales to resolve continuing to be progressed. Updates on the financial framework to support implementation of new models of care along with any associated financial risk will be regularly reported to the IJB.
- 4.10.6 GP Out of Hours service also continues to experience significant operational and financial pressures, with a full service review underway across Tayside to develop a sustainable and patient-centred model. As the review options have not yet been finalised or costed, the level of financial exposure for 2026/27 remains unknown. While the expectation is that the future service model will bring costs to within existing budget, there is a material risk that the 3 Tayside IJB's will continue to experience a share of the cost pressure until a redesigned model is fully implemented.
- 4.10.7 Nationally, non-recurring funding associated with Operational Improvement Plan (OIP) has been distributed to Health Boards, with elements passed to IJB's to deliver whole-system improvements to performance and activity levels. The national funding allocation is anticipated to reduce from £185m to £100m in 2026/27. The potential impact for Dundee IJB has not yet been quantified or incorporated into this report.

4.11 Outcome of Budget Consultation Exercise

- 4.11.1 The IJB launched its 2026/27 budget consultation on 03 February 2026, closing again 29 days later (03 March 2026). Regular promotion of the consultation was undertaken during the consultation to encourage feedback from a variety of stakeholders, including people who use health and social care services and supports, unpaid carers, members of the health and social care workforce and providers of health and social care services in the third and independent sector. There was a total of 565 responses.
- 4.11.2 The online survey was made available via Dundee Health and Social Care Partnership's website and paper versions made available in libraries, community centres and from Claverhouse Social Work Centre with support available from staff if required. The average time taken to complete the survey online was 43 minutes. Most responses were made online; 21 paper versions of the online survey were received and input, with a further 13 detailed written responses received in relation to specific options outlined within section 4 of the survey.
- 4.11.3 The survey contained 4 sections:
1. Section 1 gave an opportunity for people to provide information about their personal characteristics (when providing an individual response) or further information about the organisation or group they were responding on behalf of.
 2. Section 2 asked about general priorities for IJB spending.
 3. Section 3 gave people the opportunity to provide further feedback on the potential negative impacts of each individual saving option put forward by officers, either from their perspective as individuals or more broadly for the group they were representing. They were asked to give an indication of the level of negative impact they expect the options would have on them (from no impact through to high impact – overall 4-point scale). This was followed by an opportunity to expand on this feedback.
 4. Section 4 gave people the opportunity to provide any further feedback or suggestions that may have to help the IJB to save money.
- 4.11.4 In addition to the online survey and in response to feedback received in 2025/26, 11 consultation sessions were offered: 5 drop-in sessions targeted at members of the public, 3 online sessions for providers of health and social care services (third and independent sector), and 3 online sessions for the health and social care workforce. Sessions provided an opportunity for people to ask further questions about the savings proposals and to share their views about potential impacts, mitigations and alternative ways to save money. In total 32 people attended the public sessions, 32 the provider sessions and 23 the workforce sessions.
- 4.11.5 Key findings from the budget consultation exercise are summarised below:

- Before looking at specific saving options, people were asked what should guide decisions about health and social care spending. People consistently said that the IJB should prioritise: helping people stay independent at home rather than being admitted to hospital; preventing problems early, before they become crises; supporting people with the greatest level of need; and, making sure help is available quickly in a crisis. They also said that services should: be quick to access; allow people to be seen in-person when needed; be free to use; and, be local and easy to reach.
- Respondents were given the opportunity to provide information about the level and nature of negative impacts that individual saving options could have. They were asked to give an indication of the level of negative impact they expect the options would have on them (from no impact through to high impact – overall 4-point scale). Overall, the highest impact rating for individual respondents was given to reducing funding for services delivered by the third and independent sector at 2.8, review of Physiotherapy and Occupational Therapy at 2.8 and provision of Occupational Therapy equipment at 2.5 (all within the medium impact range). The lowest impact rating was given for funding reductions for specific organisations (Food Train and Bharatiya Ashram Lunch Club) and review of The Corner both at 1.7 (low impact range). Overall, the highest impact rating for responses on behalf of an organisations and groups was given to reducing funding for services delivered by the third and independent sector at 3.0 (top of medium impact range), review of Physiotherapy and Occupational Therapy at 2.9 and provision of Occupational Therapy equipment at 2.8 (both medium impact range).
- Many respondents took the opportunity to also provide further feedback on the potential impact of savings options (between 89 and 269 responses were received for each option). Across survey responses, consultation sessions and written submissions, several strong messages came through. Prevention, fairness and concern about pressure shifting elsewhere in the system were raised repeatedly.
 - Prevention matters - People warned that cutting preventative services is likely to increase costs elsewhere, particularly in hospitals and crisis services.
 - Vulnerable people would be most affected (Health Inequalities) - Older people, disabled people, unpaid carers, people with long-term conditions and people living in poverty were frequently highlighted.
 - Demand does not disappear – it shifts -Savings in community services were seen as likely to increase pressure on GPs, hospitals, emergency services, unpaid carers and families.
 - Third sector services are essential - Community and voluntary organisations were widely described as a core part of Dundee’s health and social care system.
 - Fairness and transparency matter - People asked for clear explanations and meaningful involvement in decisions.
- An analysis of average impact for specific groups has been completed, with a focus on equality and fairness groups. One instance of significant negative variation between the average impact score of a specific group and the average impact score for the whole sample of individual respondents was identified: a significant negative impact (1 or more point higher than the average) was identified for people who reported that they were Bisexual or Other (17 people) responding to the proposal to Review The Corner. The impact of this group was 2.7 which is 1.0 greater than the average of 1.7. This should however be treated with caution due to the low number of respondents (17). Further detail is provided within the Integrated Impact Assessments accompany IJB reports.

4.11.6 A full copy of the results from the Budget Consultation exercise is attached as appendix 4 to this report. A summary version of the findings report will also be published on the Dundee HSCP website. Throughout the consultation period a range of helpful feedback was also received regarding the consultation process; this will be used to inform planning of future budget consultations.

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

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 Appendix 5 to this report.

6.0 RISK ASSESSMENT

- 6.1 The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	1 IJB - Financial Sustainability - There is a risk of the IJB being unable to maintain financial sustainability
Risk Level	25
Risk Appetite	Outwith
The report demonstrates:	
	An increase in risk level
	A reduction in risk level
	The effectiveness of current controls
X	The identification and implementation of additional controls The agreement of the 2026/27 budget, including savings proposals, acts as an additional mitigating action for this risk.
	The presence of a new / emerging risk

7.0 CONSULTATIONS

- 7.1 The Chief Officer, Heads of Health and Community Care, Acting Head of Strategic Services, Nurse Director, Lead Nurse, Allied Health Professions Lead, Clinical Director, Chief Social Work 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: 20 March 2026

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	DIJB10-2026
2	Date Direction issued by Integration Joint Board	31 March 2026
3	Date from which direction takes effect	1 April 2026
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 2026/27 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	30 June 2026 (following receipt of NHS Tayside's formal budget offer)

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DUNDEE HEALTH AND SOCIAL CARE PARTNERSHIP		
REVENUE BUDGET 2026/27		
		Total Delegated Budget Cost Pressures
Cost Pressures & Investments 2026/27		£000
Non-recurring savings & one-off funding 2025/26		5,807
Investment to support 2025/26 Emerging budget pressures		3,500
Provision for Estimated Staff Pay increases		4,476
Increase to Commissioned Third Party Services (including Real Living Wage, NCHC and FPC Uplift)		5,544
Primary Care Prescribing growth		371
Provision for Demographic Pressures		2,201
Total Cost Pressures		21,899
Funding Increases:		
Additional Scottish Government Funding (Passed through Dundee City Council)		5,132
Dundee City Council		1,671
NHS Tayside		4,667
Total Anticipated Additional Funding		11,470
Net Anticipated Residual Funding Shortfall		10,429

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Dundee Integration Joint Board Budget – Operational Efficiencies and Management Actions 2026/27

	Efficiency / Management Action	2026/27 Value	Recurring Value
	Recurring Actions	£000	£000
1)	Dundee City Council Review of Charges – Additional Income	371	371
2)	Additional Community Alarm Charge to DCC Housing	43	43
3)	Benefits of DCC VR & VSER	233	233
4)	Review of vacancies and skills mix within teams	864	1,235
5)	Non-pay review efficiencies	218	254
6)	Service delivery efficiencies	394	444
7)	Other efficiencies targets	1,215	1,389
8)	Other management proposals	108	151
9)	Inpatient beds	180	360
10)	Remove Demographic growth investment	2,201	2,201
11)	Add back 25/26 undelivered / superseded	-1,286	-1,286
	Total Recurring Operational Efficiency Initiatives	4,541	5,394
	Continuation of approved savings & actions from 2025/26		
12)	Care at Home	1,500	3,500
13)	Housing with Care	404	538
14)	SPCS in-patient bed review	179	357
15)	MfE in-patient bed review	140	280
	Total Continuation Actions	2,223	4,675
	Non-Recurring Management Actions		
16)	Staff slippage	1,500	0
	Total Non-Recurring Initiatives	1,500	0
	Total Operational Efficiencies and Non-Recurring Initiatives	8,263	10,069

Detailed Overview of Efficiencies / Initiatives

Recurring Operational Efficiencies & Management Actions

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 5 March 2026. 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/CG050326.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) Benefits of DCC VR and VSER

During 2025/26, Dundee City Council opened a process to allow existing staff to consider and apply for Voluntary Redundancy or Voluntary Severance / Early Retirement. Following a rigorous Council-led process a number of staff had their applications approved and have left employment during 2025/26. The full year pay benefit from these posts is anticipated from 2026/27.

Note 4) Review of Vacancies and skills mix within teams

Service managers and team managers have undertaken reviews across existing team structures and have identified various opportunities where vacancies do not need to be replaced on a like-for-like basis. Savings will be delivered through either not filling a vacant post or replacing with a lower grade/band or reduced hours, with workload being redistributed appropriately amongst the altered team structure. These changes will be managed through natural attrition and staff turnover. It is recognised that not all workforce changes will be implemented immediately and a part-year assumption of delivery is assumed in 2026/27.

Note 5) Non-pay Review efficiencies

Service managers and team managers have also reviewed non-pay expenditure with a variety of proposals to reduce spend, including transport / taxi costs, drug / dressing spend, stock control. It is recognised that not all changes will be implemented immediately and a part-year assumption of delivery is assumed in 2026/27.

Note 6) Service Delivery Efficiencies

Service managers and team managers have reviewed service delivery opportunities and have identified some areas where budgets can be reduced without have a detrimental impact on ongoing service demands, including decommissioning some step-down properties, targeted work to complete outstanding package reviews and decommissioning of BT smart numbers as part of analogue to digital shifts. It is recognised that not all changes can be implemented immediately and a part-year assumption of delivery is assumed in 2026/27.

Note 7) Other Efficiency Targets

Provisional 5% efficiency targets have been allocated to a small number of areas that have not been able to complete their detailed review process to detail identified opportunities. It is recognised that not all changes will be implemented immediately and a part-year assumption of delivery is assumed in 2026/27.

Note 8) Other Management Proposals

A selection of submissions from service managers and team managers are still at early stages of concept and / or rely on collaboration with other services within Dundee or wider Tayside. While these proposals will continue to be developed, it is recognised these are less certain in terms of deliverability. As such, the potential benefits have been adjusted for both part-year and risk-weighting. These proposals include considering opportunities to introduce chargeable tasks to provider run gaps, reviewing lymphoedema garment spend and referral criteria, drug testing via NHST labs rather than private provider.

Note 9) In-Patient Beds

A significant reduction in bed utilisation and bed occupancy for Dundee citizens has been recognised within Psychiatry of Old Age services, with this surplus capacity previously being commissioned by Angus HSCP to support their demand pressures however this has also reduced and local demand from Tayside for the existing number of beds is not currently evident. Reduction in bed numbers will allow staffing models to be reduced while still maintaining sufficient capacity to meet local needs.

Note 10) Remove Demographic Growth Investment

In previous financial years provision has been made within the budget to account for in-year pressures associated with variation in demand for services and supports, usually driven by demographic and seasonal factors. It is proposed that for 2026/27 no provision is made to allow for further in-year demographic growth investment. Small variations in demand will continue to be addressed within existing service resources, however any significant change in demand throughout 2026/27 which cannot be managed via operational efficiency is likely to result in the need to prioritise service access (usually based on assessed need) and may result in waiting times (new or increased).

Note 11) Add back 2025/26 undelivered / superseded

It has been recognised that some planned savings from 2025/26 cannot be delivered in full or alternative proposals are now being taken forward to deliver an amended value. These include income from joint commissioning of POA beds for Angus HSCP (with revised proposal to close unoccupied beds); Palliative Care and Medicine for Elderly service reviews (with revised proposals now being progressed) and Digital Transformation and Agile Working programmes (with a reduced savings target now in place to reflect the reliance on wider digital transformation implementation via NHS Tayside and Dundee City Council to enable the original target to be delivered in full)

Continuation of Approved Savings and Actions from 2025/26

Note 12) Care at Home

Ongoing Financial Recovery actions continue to be implemented and progressed to further reduce the spend on Care at Home packages, through efficiencies to minimise provider downtime, consolidation of provider runs where possible and allocating new packages into existing capacity gaps; prioritisation of new package requests based on eligibility and assessed need; and regular reviews of existing packages to consider changes in circumstances and need

Note 13) Housing with Care

A review of Housing with Care delivery model was approved by IJB in August 2026 (report DIJB46-2025) with savings identified – the commissioning of the service with a new provider continues to be progressed and a part-year savings is anticipated in 2026/27.

Note 14) Specialist Palliative Care in-patient bed review

The Specialist Palliative Care review is ongoing and it is anticipated that a bed reduction can be implemented during 2026/27.

Note 15) Medicine for Elderly in-patient bed review

The Medicine for the Elderly review is ongoing and it is anticipated that a bed reduction can be implemented during 2026/27.

Non-Recurring Management Actions

Note 16) Staff -slippage

During recent years, non-recurring savings had been achieved through staff slippage / vacancy factor within service areas. The current Financial Recovery plan ensures that priority posts continue to be recruited to on a timely basis but a number of other posts remain vacant. In addition, organisational recruitment processes can often take a number of months to onboard successful candidates resulting in short-term savings within staff turnover. As a result, an overarching non-recurring slippage target covering HSCP workforce is to be implemented.

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Dundee Integration Joint Board Budget – Savings Proposals 2026/27

	Savings	2026/27 Value	Recurring Value
		£000	£000
	Recurring Proposals		
1)	Targeted reductions – Food Train and Lunch Club	48	92
2)	External commissioned services	1,724	2,298
3)	Review of Physiotherapy and Occupational Therapy	313	417
4)	Review of Equipment and Adaptations	28	37
5)	Older People Mental Health & Care Home – weekend service provision	21	28
6)	Review of The Corner	32	64
	Total Recurring Savings Proposals	2,165	2,936

Detailed Overview of Saving / Initiative**Note 1) Targeted commissioned service reductions – Food Train and Lunch Club**

It is proposed to reduce the level of service commissioned for two specific third party service providers – Food Train and Bharatiya Ashram Lunch Club.

Further details for IJB consideration are provided in Appendix 6

Note 2) Reduction to Externally Commissioned Service spend

It is proposed to reduce the level of spend aligned to Externally Commissioned services.

Further details for IJB consideration are provided in Appendix 7

Note 3) Review of Physiotherapy and Occupational Therapy

A comprehensive review of Physiotherapy and Occupational Therapy services is proposed to ensure efficiency and that resources are directed to areas of greatest need.

Further details for IJB consideration are provided in Appendix 8

Note 4) Review Equipment and Adaptations

A review of current service cost is proposed to be undertaken which will consider procurement, storage, delivery, installation, decontamination, collection and maintenance.

Further details for IJB consideration are provided in Appendix 9

Note 5) Older People Mental Health and Care Home teams – cessation of weekend service provision

It is proposed to discontinue weekend service provision across Community Mental Health for Older People and Care Home teams.

Further details for IJB consideration are provided in Appendix 10

Note 6) Review of The Corner

A review is proposed of The Corner Young People service to ensure resources are sustainable and prioritised where they are needed most.

Further details for IJB consideration are provided in Appendix 11

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Dundee Integration Joint Board

Budget Consultation



Results Report

March 2026

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1. Introduction

The consultation ran for 29 days from 03 February to 03 March 2026 with regular promotion undertaken during this period to encourage feedback. There was a total of 565 responses.

The online survey was made available via Dundee Health and Social Care Partnership's website, paper versions were made available in libraries, community centres and Claverhouse Social Work Centre with support available from staff if required. Paper versions were also provided to some services for onward distribution to their service users, and several services used other approaches to promote the consultation to service users and staff. The average time taken to complete the online survey was 43 minutes. Respondents did not have to answer all questions and response data for individual questions is provided throughout this report.

A facilitators pack was provided to support the development and submission of group responses via the online survey; 15 group responses were submitted.

21 paper versions of the survey were received and entered into the online format, alongside the 544 responses received directly online. In addition, 13 further detailed responses were received directly to the Health and Social Care Partnership in alternative formats¹. These written responses gave feedback in relation to some of the specific options outlined within section 4 of the questionnaire. Key themes from submissions have been incorporated within this report and more detailed information regarding impacts on specific organisations will be included, where relevant, in the equality and fairness impact assessments submitted to the IJB for any saving proposals that progress beyond the consultation stage.

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

- 77% were female
- 63% were aged 45 years or over, with 19% being aged 65 years or over
- 92% stated their ethnicity as white
- 35% had a long-term illness or condition
- 29% had a disability
- 40% stated that they look after or give support to family members, friends, neighbours or others because of either long-term physical/mental ill-health/disability, or problems related to old age

¹ This included letters, impact statements, Councillor and MSP enquiries, and press releases issued by individual service providers.

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

Section 2 asked respondents to choose what is most important to them in terms of how services are targeted and delivered. Respondents were not required to answer all questions in this section. 563 people responded to at least one of the questions in this section. Factors that respondents felt should be given the greatest priority by the IJB when making decisions about how available budget should be targeted were: helping people stay independently in their community instead of going to hospital; focusing on preventing future health and care problems; making sure services help people in crisis right away; and, prioritising people with the greatest need.

In relation to how services are delivered in the future, respondents felt greatest priority should be given to: getting services quickly; seeing someone in person if necessary; services being free to use; and, services being close to where the person lives.

Section 3 gave people the opportunity to provide further feedback on the potential negative impacts of each individual saving option put forward by officers, either from their perspective as individuals or more broadly for the group or organisation they were representing. They were asked to give an indication of the level of negative impact they expect the options would have on them (from no impact through to high impact – overall 4-point scale)². This was followed by an opportunity to expand on this feedback. There was a good response rate for all questions and the question with the highest return was “How would this option impact on you? No impact to high impact” in relation to reviewing the Physiotherapy and Occupational Therapy Service with 516 responses. The question with the least responses was in relation to the proposed review of The Corner with 493 responses.

Overall, the highest impact rating for individual respondents was given to reducing funding for services delivered by the third and independent sector at 2.8, review of Physiotherapy and Occupational Therapy at 2.8 and provision of Occupational Therapy equipment at 2.5 (all within the medium impact range). The lowest impact rating was given for funding reductions for specific organisations (Food Train and Bharatiya Ashram Lunch Club) and review of The Corner both at 1.7 (low impact range). Overall, the highest impact rating for responses on behalf of an organisations and groups was given to reducing funding for services delivered by the third and independent sector at 3.0 (top of medium impact range), review of Physiotherapy and Occupational Therapy at 2.9 and provision of Occupational Therapy equipment at 2.8 (both medium impact range).

² Impact ratings were converted to a numerical value to allow an average rating to be calculated. Scores in the range 0-1 represent no impact, 1.1-2, low impact, 2.1 – 3 medium impact, and 3.1 – 4 high impact. Please note that “no impact” response may include people who use the service and consider the proposal will have no impact on them and people who do not use the service (and therefore the option has no impact on them).

The most narrative answers when asked for further feedback on the impact rating were given for review of Physiotherapy and Occupational Therapy at 269 responses, followed by reducing funding for services delivered by the third and independent sector at 261 and provision of Occupational Therapy equipment at 209. The lowest number of narrative answers was given to review of The Corner at 89. For those who stated that they were not a resident of Dundee, the most answers for further feedback on impact were given for review of Physiotherapy and Occupational Therapy at 58.

In addition to the online survey, 11 consultation sessions were offered: 5 drop-in sessions targeted at members of the public, 3 online sessions for providers of health and social care services (third and independent sector), and 3 online sessions for the health and social care workforce. Sessions provided an opportunity for people to ask further questions about the savings proposals and to share their views about potential impacts, mitigations and alternative ways to save money. In total 32 people attended the public sessions³, 32 the provider sessions⁴ and 23 the workforce sessions. Detailed feedback regarding individual saving options and alternative saving ideas has been incorporated into sections 4 and 5 of this report.

From information gathered via the survey and consultation sessions, there was an overall focus on protecting those services which serve the most vulnerable people and that have a preventative impact (often reducing future costs or costs to other parts of the health and social care system). There was strong concern about the potential for service demand to simply shift from one service to another, or that the most vulnerable people would disengage from services completely. Many respondents mentioned the impact of the savings options on older people, people with a disability and who have long-term health issues, including progressive and fluctuating conditions, and on unpaid carers. Feedback also emphasised the particular impact on people living in poverty in the city who have limited means to access alternative services or equipment.

An analysis of average impact for specific groups has been completed, with a focus on equality and fairness groups. Where the impact for a fairness and equality group differed from the average impact by 1 or more points then this is regarded as significant. A significant negative impact (1 or more point higher than the average) was identified for people who reported that they were Bisexual or Other (17 people) responding to the proposal to Review The Corner. The impact of this group was 2.7 which is 1.0 greater than the average of 1.7. This should however be treated with caution due to the low number of respondents (17).

³ This included people representing specific organisations and who are members of the health and social care workforce, as well as unpaid carers, service users and members of the public. One organisation was represented at four of the five public sessions.

⁴ This included representatives from at least 19 individual provider organisations.

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

There were a small number of suggestions about improving the consultation process including having alternative resources and methods for people with additional communication needs. Detailed suggestions will be used to inform and improve future consultation activities.

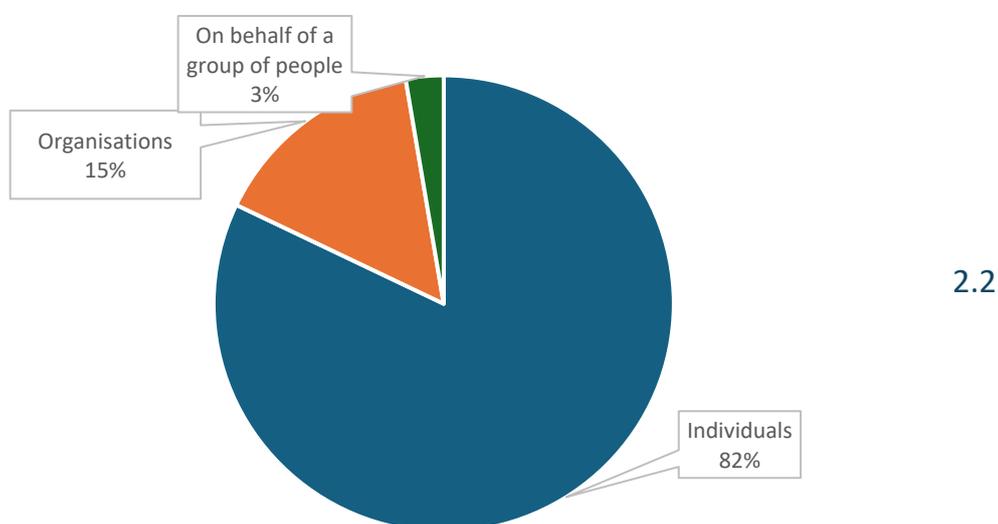
2. Section 1 – About you...

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

2.1 Question 1 – Respondent Type

Most respondents (82%) who took part in the budget consultation stated that they were responding to the consultation as an individual, and 15% stated that they were responding on behalf of an organisation. The remaining 3% stated that they were responding on behalf of a group of people.

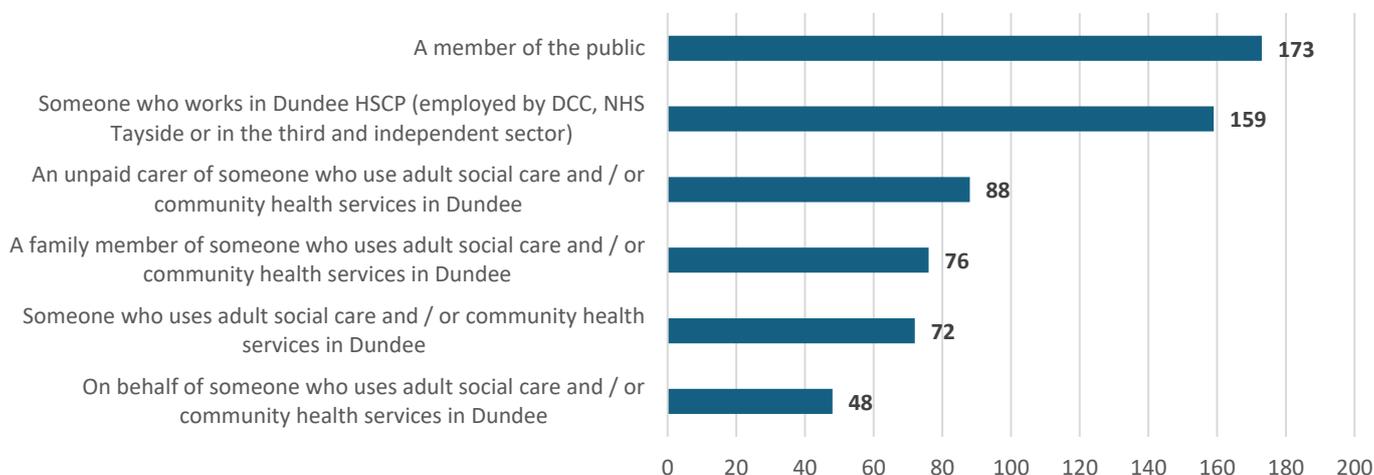
Chart 1: Breakdown of individual respondents, those responding on behalf of an organisation and on behalf of a group of people (565 respondents)



2.2 Question 2 – Individual Respondents

This question asked for further details about individual respondents. There were 450 responses from individuals, and each respondent could select multiple options. Of the 450 responses, 173 (27%) were from members of the public, 159 (25%) were from people who work in the Health and Social Care Partnership, 120 (19%) were either directly from service users or submitted on their behalf by a third party, 88 (14%) were from unpaid carers and 76 (12%) were from or a family member of a service user. 14 respondents (2%) chose not to provide a response to this question.

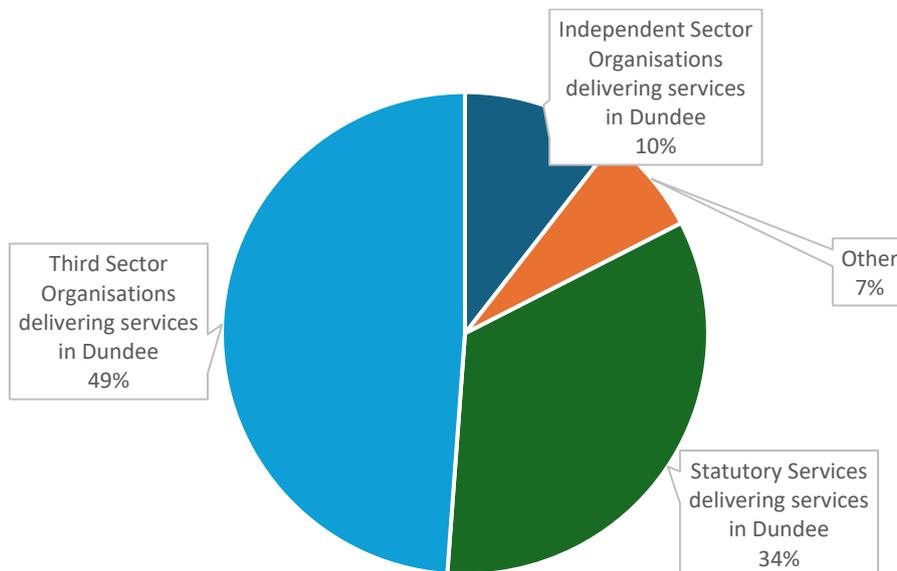
Chart 2: Description of who the respondents are (450 respondents)



2.3 Question 20 – Organisation Respondents

This question asked for details of the organisations who responded. There were 86 responses on behalf of an organisation: 42 (49%) were on behalf of a third sector organisation, 29 (34%) on behalf of a statutory sector organisation, 9 (10%) on behalf of an independent sector organisation and 6 (7%) of responses were recorded under ‘other’.

Chart 3: Type of Organisations (86 respondents)

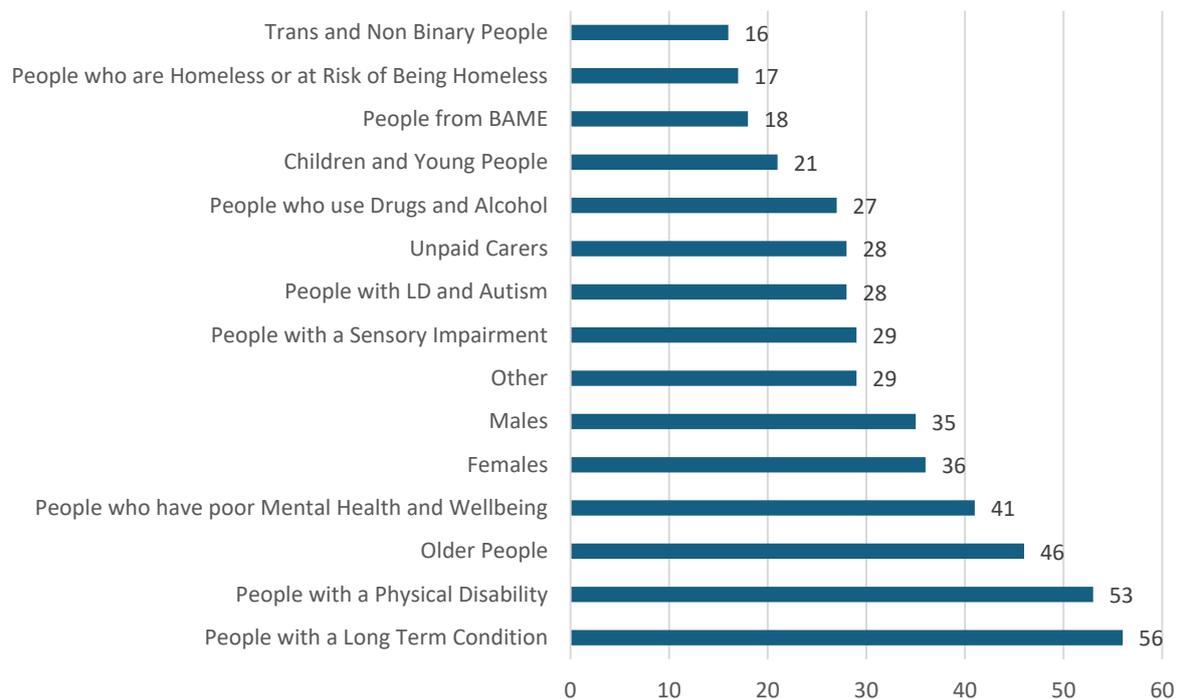


2.4 Question 22 – Focus of Organisations

This question asked organisations who responded to provide further details about the people they have a specific focus on providing services to or representing. Each respondent could select more than one option.

The top five areas of specific focus were: people with a long-term condition (12%), people with a physical disability (11%), older people (10%), people who have poor mental health and wellbeing (9%), and females (8%).

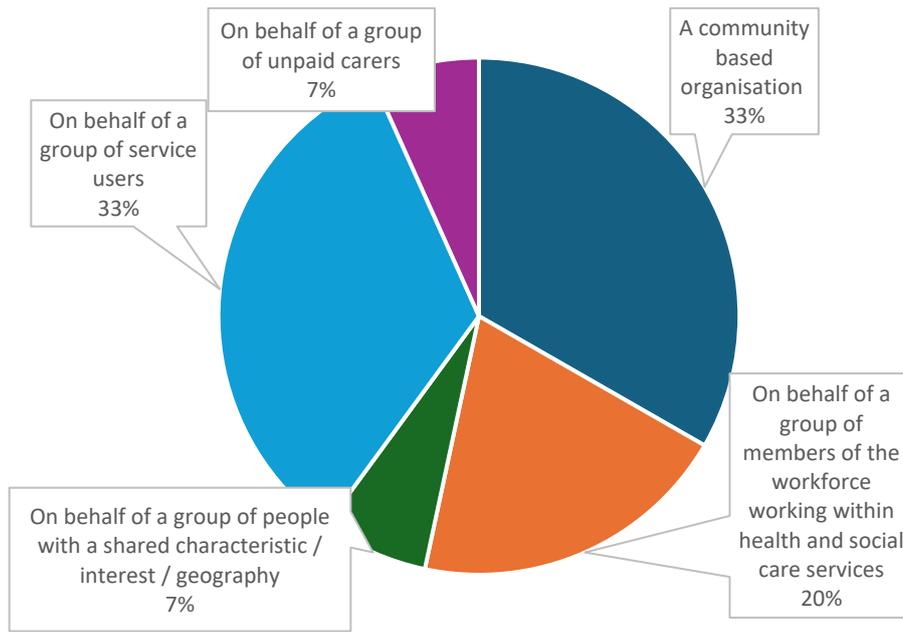
Chart 4: Groups of people that organisations focus on (101 respondents)



2.5 Question 21 – Group Respondents

This question asked for details of the responses made on behalf of groups. There were 15 responses on behalf of groups: 5 (33%) were on behalf of a community based organisation, 5 (33%) on behalf of a group of service users, 1 (7%) on behalf of a group of unpaid carers, 3 (20%) on behalf of a group of members of the workforce, and 1 (7%) on behalf of a group of people with shared characteristics / interest / geography.

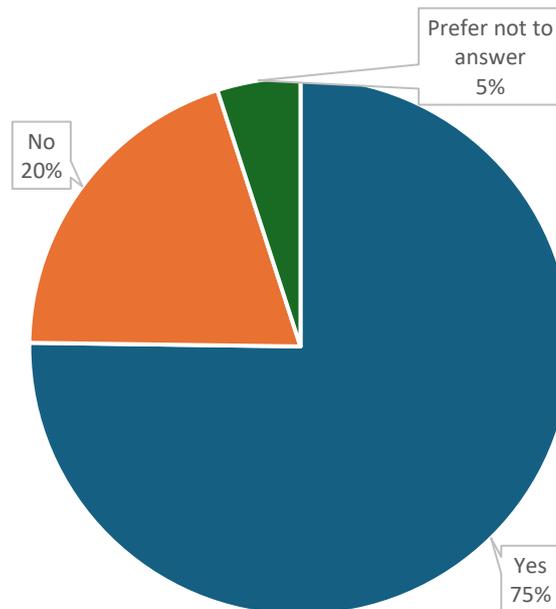
Chart 5: Types of group who responded (15 respondents)



2.6 Question 6 – Area of Residence

The majority of individual respondents (75%) who took part in the budget consultation stated that they are resident in Dundee. 20% stated that they were not resident in Dundee and 5% preferred not to answer this question.

Chart 6: Resident in Dundee (441 respondents)



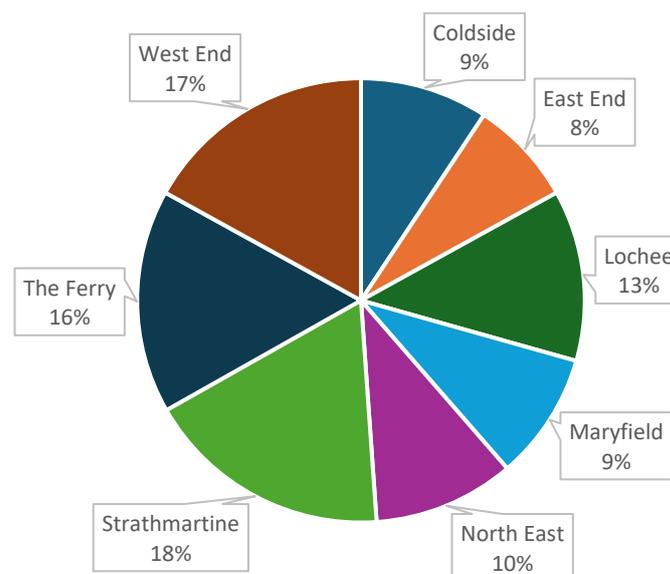
2.7 Question 7 – LCPP and SIMD

Question 7 asked individual respondents to enter their postcode (459 respondents). The following table provides a summary of the postcode analysis.

Respondents entered a Dundee City postcode	55%
Respondents only provided a postcode district (DD1 to DD5) (<i>unable to ascertain if these are in Dundee City</i>)	5%
Respondents entered a postcode out with Dundee City	19%
Invalid postcode provided	2%
Postcode not provided	19%

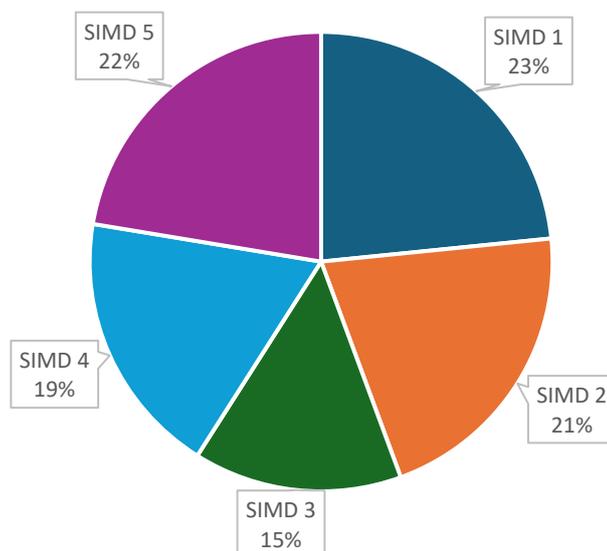
When looking at the Dundee postcodes in more detail there were responses from all eight LCPP areas (wards) in Dundee although the number of responses varied by LCPP. Most responses were from residents from Strathmartine (18%), West End (17%) and The Ferry (16%) and fewest responses from residents in East End (8%), Maryfield and Coldside (both 9%).

Chart 7: LCPPs where individuals respondents reside (313 respondents)



Further analysis of the Dundee City postcodes shows that 23% of respondents reside in areas of the city that are in the 20% most deprived areas of Scotland (SIMD⁵ 1). 22% of respondents reside in areas in the 20% least deprived areas of Scotland (SIMD 5).

Chart 8: Scottish Index of Multiple Deprivation of the postcodes where individual respondents reside (295 respondents)



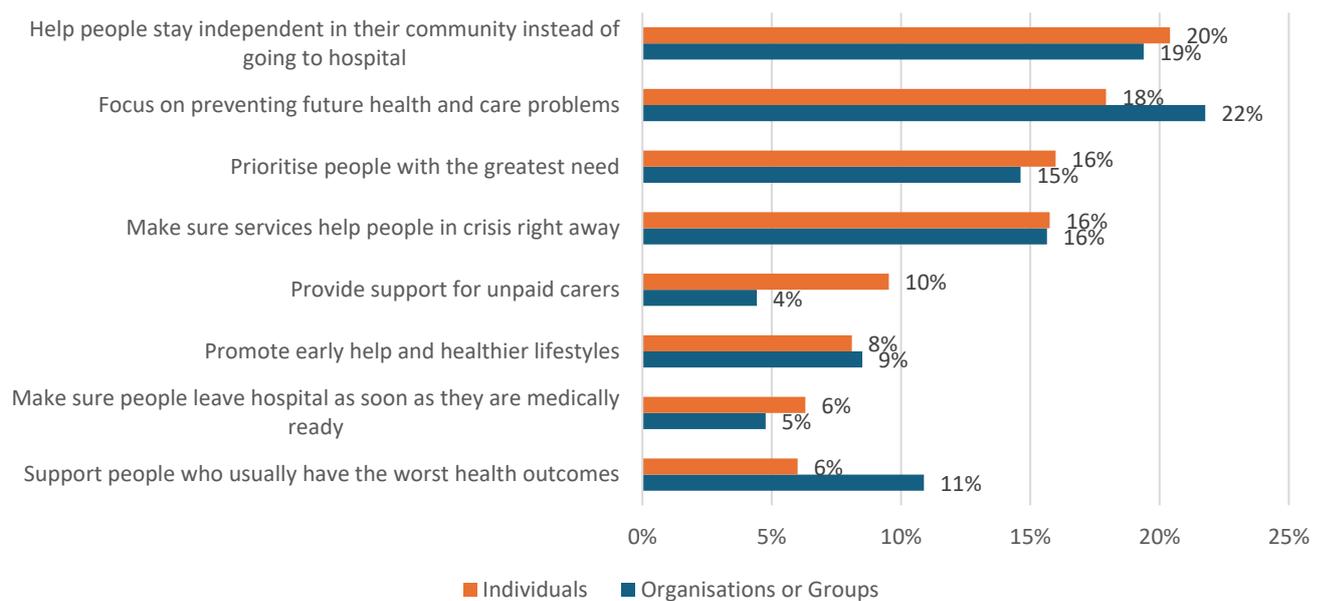
⁵ Scottish Index of Multiple Deprivation

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

3.1 Question 23 – Targeting of Services

Question 23 asked respondents to consider the importance of 8 different statements about how services are targeted that the IJB should consider when making difficult decisions about the budget. Respondents could pick up to 3 statements that they felt were most important.

Chart 9: Statements regarding how services are targeted in order of importance (563 respondents)



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

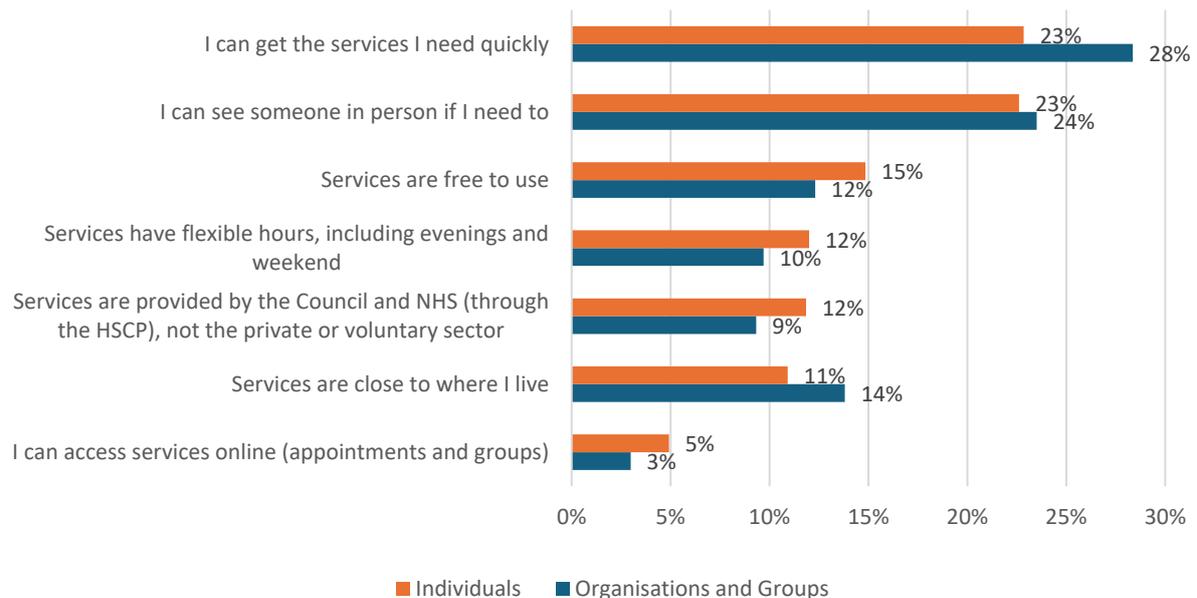
- Help people stay independently in their community instead of going to hospital (20% of responses from individuals and 19% of responses from organisations and groups)
- Focus on preventing future health and care problems (18% of responses from individuals and 22% of responses from organisations and groups).
- Make sure services help people in crisis right away (16% of responses from individuals and 16% of responses from organisations and groups).

There was a joint third most popular option for individual respondents which was 'Prioritise people with the greatest need' (16% of responses from individuals).

3.2 Question 24 – Delivery of Services

Question 24 asked respondents to consider the importance of 7 different statements about how services are delivered that the IJB should consider when making difficult decisions about the budget. Respondents could pick up to 3 statements that they felt were most important.

Chart 10: Statements regarding how services are delivered in order of importance (562 respondents)



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

- I can get the services I need quickly (23% of responses from individuals and 28% of responses from organisations and groups).
- I can see someone in person if I need to (23% of responses from individuals and 24% of responses from organisations and groups).
- The third most popular option for individual respondents was 'services are free to use' (15% of responses from individual respondents).
- The third most popular option for respondents from organisations and groups was 'services are close to where I live' (14% of responses from organisations and groups).

4 Section 3 – Impact on you...

Section four of the consultation asked some questions about specific options that might be considered by the IJB to set a balanced budget for 2026/27. For each of the seven saving options put forward by officers, respondents were invited to rate the level of negative impact they expect the option would have on them (or the person / people they represent) on a four-point scale:

- No impact – where they expect the option would not affect them.
- Low impact – where they expect the option would have a small impact on them.
- Medium impact – where they expect the option would result in moderate impact on them.
- High impact – where they expect the option would result in a big impact on them.

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

The full text for each saving option that was included in the survey can be viewed in Appendix 3.

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

- 0 - 1 represent no impact⁶
- 1.1 - 2 represent low impact
- 2.1 – 3 represent medium impact
- 3.1 – 4 represent high impact.

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

⁶ Please note that “no impact” response may include people who use the service and consider the proposal will have no impact on them and people who do not use the service (and therefore the option has no impact on them).

4.1 Funding for Specific Organisations – Food Train and Bharatiya Ashram Lunch Club

Question 25 – How would this impact on you?

There were 86 responses on behalf of organisations, of which 10 selected ‘prefer not to answer’. The average impact rating was 2.3 (medium impact).

There were 15 responses on behalf of groups, of which 5 selected ‘prefer not to answer’. The average impact rating was 1.8 (low impact).

There were 464 responses from individuals, of which 47 people selected ‘prefer not to answer’. The average impact rating was 1.7 (low impact). A further breakdown of individual response is available in Appendix 2.

Chart 11: Impact of removing funding for Food Train and Bharatiya Ashram Lunch Club

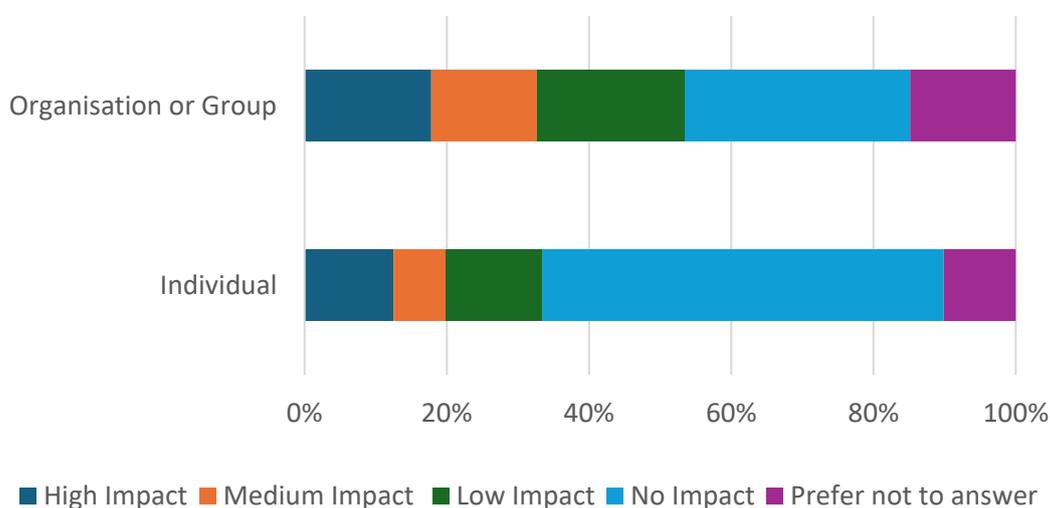
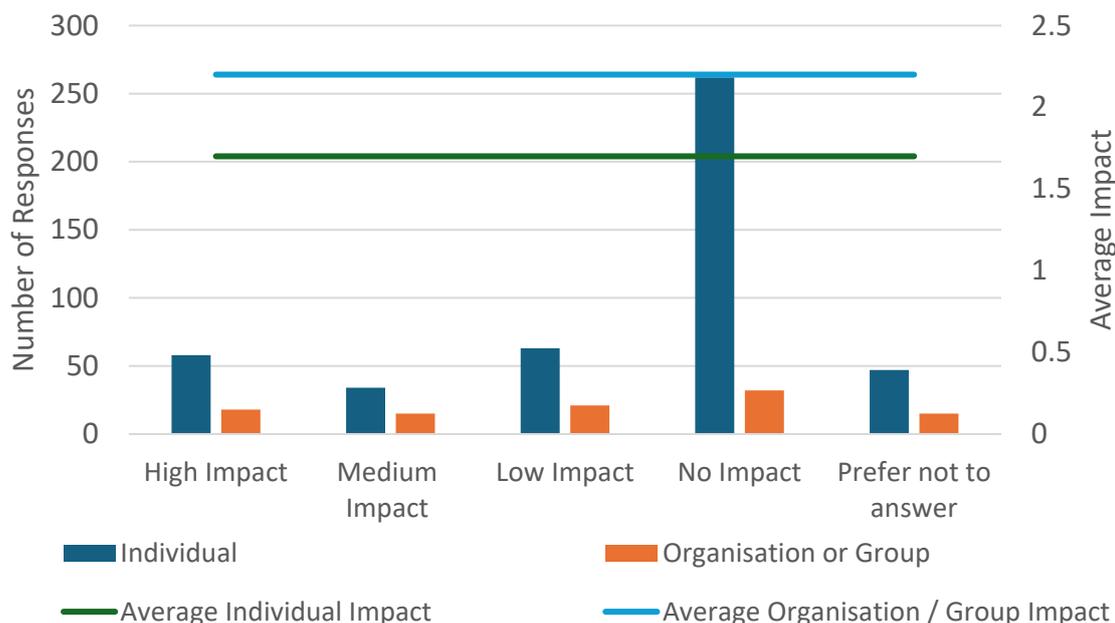


Chart 12: Impact of removing funding for Food Train and Bharatiya Ashram Lunch Club by level of impact



116 respondents also provided feedback about the impact this option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts.

- 84 respondents were individual respondents (of which 11 were family members, 17 were service users or their representatives, 35 were member of the public, 28 were unpaid carers and 37 were workforce members).⁷
- 30 were on behalf of organisations.
- 2 were on behalf of groups.

Key themes from these responses were:

Perception of a False Economy

Across both the Food Train and Lunch Club many respondents described the proposals as a false economy, where small, short-term savings are likely to result in higher long-term costs due to increased hospital admissions, delayed discharge, social care involvement, crisis responses, and carer breakdown. A small number of respondents specifically highlighted the impact of the services on unpaid carers in terms of practical support and peace of mind. Both services were seen as preventative, helping people stay well, independent, and socially connected. Some respondents emphasised that these services protect dignity, choice, and independence, and that the third sector should be recognised as core infrastructure in health and social care, not as optional provision. They also stated that removing these

⁷ Respondents could select more than one option therefore the sum may be greater than the total number of individual respondents.

services would likely transfer demand to already overstretched statutory services, including social work care management teams and GPs.

Risks for Vulnerable Groups

Some respondents expressed concern that impacts of this proposal would fall most heavily on very vulnerable people, including older people, people with disabilities or cognitive impairment, people living in poverty or who are socially isolated, those who are digitally excluded, and minority ethnic communities. Some respondents highlighted potential impacts on wider communities, where older and socially isolated people might rely more on help from community and informal supports. A small number of respondents also highlighted potential negative impacts through the reduction of volunteering opportunities within both organisations, with potential consequences for volunteers' mental wellbeing and future employment opportunities.

Views on Proposed Mitigations

In addition, there was consistent agreement that proposed mitigations, such as digital solutions, meals services, or telephone support, are not equivalent to the practical, face to face, person centred support currently provided. However, a small number of respondents suggested that services should be targeted only to those at the highest levels of need, where there are no alternatives, and that those who can afford alternative private services should be required to use them.

The Food Train

Disproportionate Impact on Vulnerable People

Reducing or withdrawing funding from Food Train was often described as having a serious and disproportionate impact on vulnerable people, including older adults, people with disabilities or cognitive impairment, people with long term conditions, and those who are socially isolated. Several respondents stated that people rely on Food Train as their only way to get weekly groceries, particularly for those people who have no alternative family supports. Without it, they would struggle to access essentials such as food, drinks, toiletries, and cleaning products. Respondents repeatedly said that there is no realistic alternative, particularly for people who cannot shop independently, do not have internet access or digital skills, or do not have family or informal support.

Risk to Health, Prevention, and Inequalities

There was strong concern from some respondents that closure of the Food Train would lead to worsening health outcomes and health inequalities. Respondents highlighted the service's contribution to preventing malnutrition, frailty, falls, and avoidable hospital admissions. They also warned this would increase pressure on the NHS and social care, including delayed hospital discharges and a greater need for social care packages. Respondents stated that Food Train is also valued for the regular in-person contact it

provides, which allows early signs of deterioration, protection issues, or unmet needs to be picked up. Removing this preventative element would mean problems might be identified later, often when they have become crises.

Impact on Independent, Dignity, and Wider Supports

People also emphasised the potential impact on independence and dignity. Some respondents suggested that without Food Train, many individuals would be forced into more restrictive and often more expensive options, such as community meals or private meal providers, reducing choice and control over their daily lives. Additionally, some concerns were expressed about impacts for unpaid carers, social work teams, community services, and food banks, with an expectation of increased crisis referrals and demand.

Concerns about Suitability of Mitigations

Several respondents commented on the suitability of the mitigations suggested within the consultation materials, stating that these do not meet the same need. Online shopping and digital support were commonly viewed as being unrealistic alternatives as many service users do not have internet access, suitable equipment, or the skills and confidence to use online services. Some also have cognitive or physical impairments that make this unsuitable, and online deliveries do not provide the in-home support Food Train offers, such as putting shopping away. The Community Meals Service was also seen as an unsuitable alternative as they are more expensive and do not cover breakfasts, snacks, fluids, or household essentials, and limit choice. Respondents also highlighted that telephone befriending or volunteer schemes may not be an adequate replacement for face-to-face contact. Some stated that waiting lists for these services are long, and that they may not work well for people with hearing, sensory, or communication difficulties.

Bharatiya Ashram Lunch Club

Risk of Service Closure and Disproportionate Impact

Some respondents stated that reducing funding for the lunch club would have significant consequences for both the organisation and the people who rely on it, despite delivering only a small saving to the IJB. Respondents highlighted a risk that the service could close altogether, as the proposed reduction represents a large proportion of the lunch club's overall funding.

Isolation, Inclusion, and Cultural Impact

Strong concern was expressed by some respondents about increased isolation and loneliness, especially for older people, people from minority ethnic communities, and those with limited English or digital skills. The loss of culturally appropriate and inclusive meals and social opportunities was also a common theme within responses. People stated that for some individuals, the lunch club is the only place where they feel comfortable, understood, and able to socialise in their own language. The service was also described as being

important for health and wellbeing, providing routine, nutrition and social contact. Wider impacts noted by respondents included possible job losses, fewer volunteering opportunities, and damage to community cohesion.

Concerns about Mitigations and Sustainability

Several respondents were sceptical about the potential effectiveness of the mitigations suggested within the consultation. Signposting people to other community, social or befriending services is seen as unrealistic due to limited capacity in other services and a lack of face to face or culturally specific support. A few respondents felt that there are no credible alternatives that could replace the unique social, cultural, and preventative role of the lunch club. Suggestions that the organisation could find alternative funding were viewed by some respondents as impractical, given rising costs, and reduced capacity to fundraise.

Key Themes from Consultation Sessions and Other Submissions

The Food Train

During public consultation sessions, service users shared positive experiences of the support provided by Food Train, highlighting that its value extends beyond grocery deliveries. Respondents emphasised the service's role in reducing social isolation and identifying emerging practical support needs at an early stage. Food Train staff and volunteers also attended sessions and made additional written submissions that reinforced the importance of the service, particularly for people without family or informal support. They described its preventative role in helping people remain independent at home and in supporting unpaid carers. It was noted that proposed alternatives would not meet the needs of many service users, particularly those unable to use digital or telephone-based services, and that the cost of private alternatives presents a significant barrier. Participants also highlighted that private providers do not offer the same level of support, such as putting shopping away or identifying early welfare concerns. In addition, positive outcomes for volunteers were noted, including improvements in mental health and wellbeing and progression into paid employment.

During workforce consultation sessions, concerns were raised that closure of the Food Train could divert demand to social care services and care management teams. The positive impact of the service on vulnerable people was also highlighted, particularly its role in identifying and responding to protection concerns. It was suggested that there may be opportunities to review current arrangements for practical support (such as shopping, cleaning and other everyday tasks), with a view to developing a more flexible "one stop shop" model, like those used in other HSCP areas, subject to affordability and appropriate funding arrangements.

Bharatiya Ashram Lunch Club

During consultation sessions with providers and through written submissions, representatives of Bharatiya Ashram Lunch Club stressed the importance of the lunch club for the social, cultural and health benefits of their services users, particularly those within limited English proficiency. Wider benefits to community cohesion, skills development, employment and the reduction of social isolation were also highlighted. Representatives also stated that removal of funding by the IJB would mean that the lunch club service could not be maintained, due to the unsustainable pressures of rising costs such as electricity and heating. As well as impacting on service users, written submissions highlighted this would reduce volunteering and employment opportunities for black and minority ethnic people.

A written submission highlighted that closure of the Lunch Club would also weaken the ability of the centre to continue to provide safe and welcoming space for community use, and to sustain other cultural and exercise provision. The submission stated that loss of funding might ultimately lead to closure of the entire organisation at a time when community tensions are increasing within the city.

4.2 Reduction in Funding for Services Delivered by the Third and Independent Sector

Question 27 - How would this impact on you?

There were 86 responses on behalf of organisations, of which 7 selected 'prefer not to answer'. The average impact rating was 3.5 (high impact).

There were 15 responses on behalf of groups, of which 4 selected 'prefer not to answer'. The average impact rating was 2.8 (medium impact).

There were 464 responses from individuals, of which 44 people selected 'prefer not to answer'. The average impact rating was 2.8 (medium impact). A further breakdown of individual response is available in Appendix 2.

Chart 13: Impact of reducing the amount of funding to Third and Independent Sector by respondent type

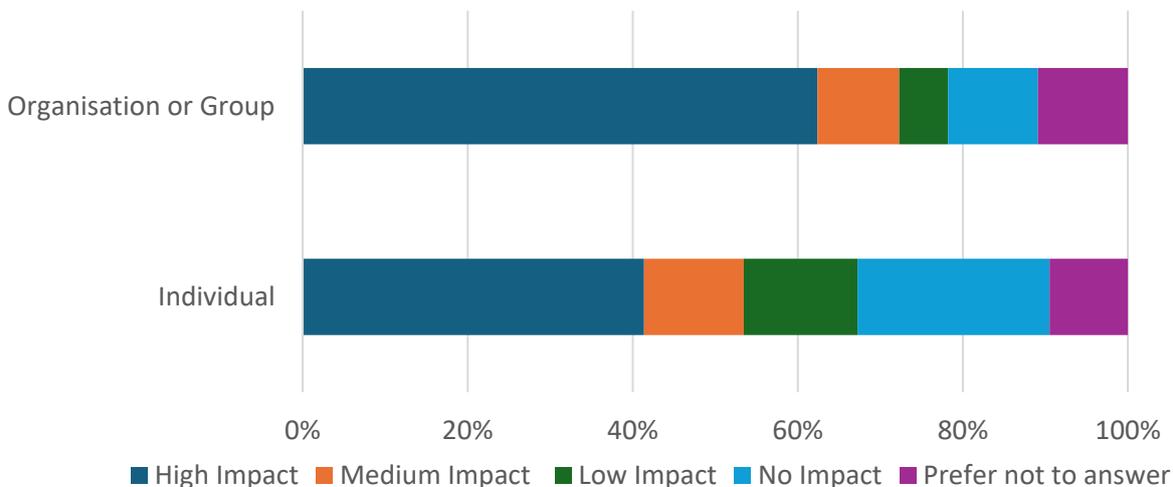
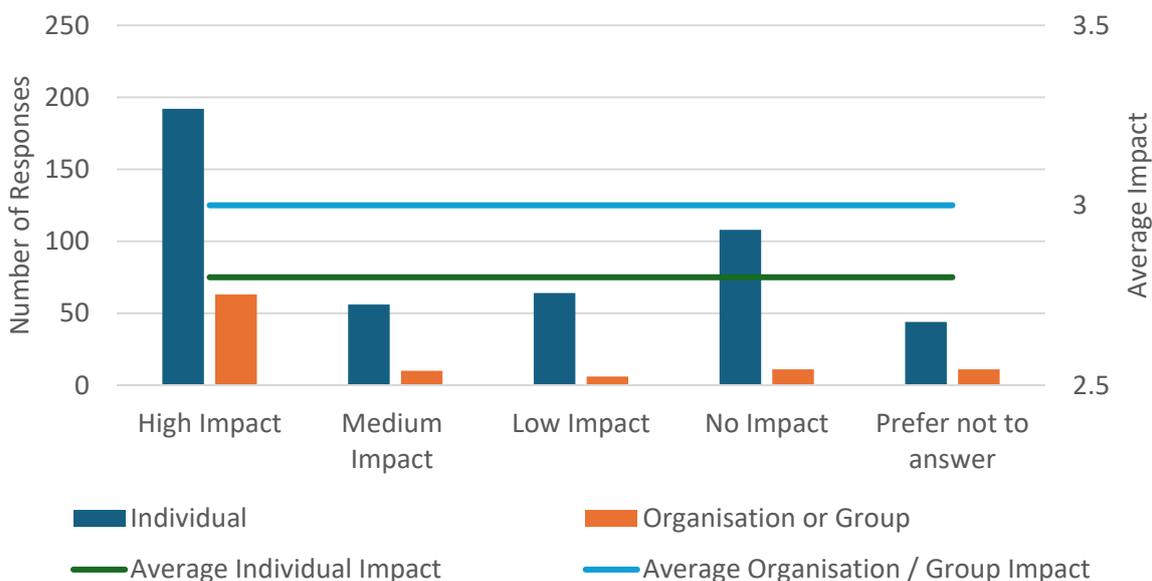


Chart 14: Impact of reducing the amount of funding to Third and Independent Sector by level of impact



262 respondents also provided feedback about the impact this option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts.

- 207 respondents were individual respondents (of which 45 were family members, 59 were service users or their representatives, 74 were member of the public, 105 were unpaid carers and 68 were workforce members)⁸.
- 53 were on behalf of organisations.
- 3 were on behalf of groups.

Key themes from these responses were:

Across the responses, there was a clear and consistent message that the proposed reduction in funding to third and independent sector services would have far reaching consequences, both for people who rely on these services and for the wider health and social care system in Dundee. Many respondents stated that these services are providing critical support to some of the most excluded people, with increasing levels and complexity of need that statutory services cannot effectively support.

Financial Fragility and Sustainability

Many organisations explained that they are already operating in a very fragile financial position, stating that over recent years they have absorbed rising costs (including staffing, national minimum wage increases, energy, rent and other overheads) while funding has remained static or reduced in real terms. Respondents said that there is very little remaining scope to make further efficiency savings without directly cutting staffing and services. Respondents repeatedly stated that a 10% reduction in funding would not result in a simple 10% reduction in activity but would instead lead to a disproportionately larger loss of service, often estimated at 15–20%. This reflects the fact that core costs cannot be reduced easily and savings tend to fall directly on frontline delivery.

The most common practical consequences described by respondents were that fewer people would be supported, there would be reduced hours or session frequency, longer waiting lists, tighter eligibility criteria, and in some cases complete withdrawal of specific services. Several organisations also raised the risk of organisation closure where funding becomes unsustainable. Some respondents highlighted that having a choice of services is important, and reducing third sector funding would significantly limit this. Others stated that there are specific services, including independent advocacy and carers services, who are directly supporting the IJB to meet statutory duties in some aspects of their services and that this needs to be considered when making decisions about any funding reductions.

Shift in Demand to Statutory Services

There was strong agreement amongst respondents that reducing third and independent sector provision would not remove demand but would instead shift it elsewhere. Respondents stressed that many people currently supported by these services would be more likely to reach crisis point, at which stage they would require intervention from

⁸ Respondents could select more than one option therefore the sum may be greater than the total number of individual respondents.

statutory services such as GPs, social work, hospitals, A&E or inpatient care. Many respondents said that whilst third sector services often operate at relatively low cost, statutory alternatives are significantly more expensive and are already under extreme pressure. Respondents repeatedly asked that any savings be considered alongside likely increases in demand, cost and pressure elsewhere in the system. Without this, they said there is a risk that short term financial savings will create greater operational and financial challenges in the future.

Loss of Prevention and Early Intervention

A major theme raised by respondents was the potential loss of preventative and early intervention support. Third sector services were repeatedly described as the part of the system that helps people stay well, stable and independent, often before they meet statutory thresholds. Respondents warned that reducing this support will increase isolation, worsen mental and physical health, and lead to escalation of need. They said that this would then lead to an increase in crisis presentations, hospital admissions, delayed discharges and longer-term dependency on care services.

Workforce Impacts and Risk to Service Quality

Workforce impact was another significant concern raised by respondents. Many organisations said they would have no option but to reduce staff hours, freeze recruitment or make staff redundant. This would increase caseloads and pressure on remaining staff, heighten the risk of burnout and sickness, and make it harder to retain skilled and experienced workers. In specialist services, respondents highlighted risks to safety, quality and continuity of care if experienced staff are lost. Several respondents also highlighted that a significant proportion of the workforce have health and social care needs themselves, so there could be a compound impact of job losses, withdrawal of services that they currently rely on and increased demand for remaining third sector services.

Impacts of Co-ordination, Partnership Working and System Sustainability

Savings within advocacy, coordination, infrastructure and sector support roles were expected to weaken partnership working, reduce communication across the system, and limit the ability of services to engage effectively in planning, commissioning and improvement activity. Respondents felt strongly that this would undermine efforts to deliver integrated, joined up care and could increase system instability at a time when pressures are already high. Specific concerns were also raised about the potential impact on lived experience voice and engagement which informs the development and improvement of services.

Respondents consistently raised concerns that the saving proposal conflicts with strategic priorities around prevention, supporting people to live at home, reducing hospital pressure and protecting the most vulnerable. Many also commented on the significant and long-lasting potential negative impact on the eco-system of collaboration between the public and

third sector built-up over many years in Dundee and the overall economy, community cohesion and safety of the city.

Lived Experience and Personal Impact

Many respondents shared their personal experiences of receiving support from specific third and independent sector services and the very positive impact this had on them, their family members and communities. Several of those respondents explicitly stated the services they had received were filling gaps in support available from statutory services and if these services weren't available there would be a significant negative impact on their health, wellbeing, safety or overall quality of life.

Sector Specific Feedback

Additional sector specific feedback is summarised below:

Mental Health and Wellbeing Services - Respondents emphasised the accessibility and timeliness of these services compared to statutory provision. They highlighted that many third sector mental health services offer earlier intervention, shorter waiting times and more flexible support, particularly for people who do not meet statutory thresholds or who disengage from formal services. A key concern amongst respondents was that reduced funding would limit the ability to provide consistent therapeutic support, such as counselling, arts therapies, group work and community-based interventions. These services were described as relying on continuity to be effective and therefore any reduction in session frequency or staff availability was expected to reduce the benefit people gain from support. Several responses also highlighted the importance of these services for people with long term or fluctuating mental health conditions, who may require ongoing low-level support to remain stable. They said that reduced capacity will likely increase relapse and disengagement, particularly where statutory services cannot offer regular follow up. Mitigation suggestions specific to this area focused on protecting services that provide early intervention and ongoing support outside statutory thresholds.

Support for Unpaid Carers - Respondents focused on the unique role services play in supporting carers themselves, rather than the person being cared for. Carer services were described as providing emotional support, advice, advocacy and respite that carers cannot easily access elsewhere. A key concern raised by respondents was that reduced funding would limit carers' access to short breaks, one to one support and peer groups, which were described as essential to sustaining their caring role. Several responses noted that carers often only seek support when they are already close to breaking point, meaning reductions would remove support at a critical stage. There was also concern about the impact on young carers, where services help identify caring roles early and support education, wellbeing and transition into adulthood. Respondents were concerned that reduced capacity will make these carers less visible and more isolated. Many respondents strongly stated that the support provided by unpaid carers saves the health and social care system large amounts of money every year and that this should be considered when making decisions about funding

reductions. Mitigation suggestions specific to unpaid carers focused on protecting direct support and respite provision, recognising that carers' needs are distinct and cannot be met through services designed for the cared for person.

Services for Older People - Respondents highlighted the importance of practical, community-based support that helps to maintain independence, routine and social connection. These services were described as addressing everyday needs that are not met through statutory care alone. A particular concern noted by some respondents was that reduced funding would limit access to services that often identify early signs of deterioration, such as reduced mobility, poor nutrition or cognitive decline, and provide informal monitoring. Several respondents emphasised that older people may be less able to adapt to service changes or seek alternatives, meaning reductions would disproportionately affect those who are isolated, have sensory impairments or limited digital access. Mitigation suggestions specific to older people's services focused on protecting low level, preventative support that helps people remain independent and engaged in their communities, particularly where there are no comparable alternatives.

Learning Disability and Autism Services - Respondents focused on the role these services play in supporting independence, routine and social inclusion. Many respondents described these services as providing tailored, person centred support that statutory services cannot offer consistently. A key concern raised by respondents was that reduced funding would limit opportunities for people to access structured activities, community participation, employment support and transition services, particularly for young people moving from children to adult services. Respondents noted that loss of routine and support can have a significant impact on wellbeing and day-to-day interactions. There was also concern that reduced provision will increase reliance on families and unpaid carers, particularly where individuals require ongoing support to manage anxiety, communication or daily living skills. Mitigation suggestions specific to this area focused on protecting services that enable participation and independence and avoiding reductions that would lead to increased isolation for people who rely on consistent support.

Drug and Alcohol, Recovery and Crisis Intervention Services – Respondents highlighted the high-risk nature of the work and the consequences of reducing capacity in this area. These services were described as frequently engaging with people at moments of acute vulnerability, including non-fatal overdose, withdrawal, mental health crisis and protection concerns. A key concern raised by respondents was that reductions would limit the ability of services to provide rapid, assertive and flexible responses. Respondents explained that staff were often the first to recognise when a situation is escalating and are trained to intervene before serious harm occurs. They said that reduced staffing or fewer available hours would make it more difficult to respond quickly, increasing the likelihood that warning signs are missed. Several respondents also emphasised the importance of continued follow up in drug and alcohol services to maintain engagement, with reduced capacity expected to lead to

increased disengagement, missed appointments and repeated cycles of crisis. Community based hubs and outreach services were highlighted as particularly important within this service area. Respondents noted that many people do not engage with statutory services, and that loss of accessible, trusted community provision would significantly reduce opportunities for early intervention and harm reduction. In terms of mitigation, respondents stressed the importance of protecting frontline crisis response, outreach and harm reduction activity. If changes are unavoidable, there was a clear request that services supporting people at the highest levels of risk are prioritised and that any reductions are phased to avoid sudden loss of capacity.

Services for People who are Homeless or at risk of Homelessness - Respondents focused on the complexity and intensity of need among people supported many of whom face overlapping challenges, including housing insecurity, trauma, mental ill health, drug and alcohol use and poor physical health. A reduction in funding was expected to affect the ability of homelessness services to provide timely, relationship-based support. Respondents explained that building trust with people who have experienced repeated exclusion or trauma takes time and consistency. Reduced staffing or outreach capacity would make it harder to sustain these relationships, increasing the risk of disengagement and deterioration. There was particular concern about the impact on outreach and early engagement. Respondents note that homelessness services often act as the main point of contact for individuals who do not engage with other services and therefore reduced outreach was expected to result in people remaining unsupported for longer periods, with increased risk to their safety and wellbeing. Some respondents also highlighted the fragility of homelessness provision due to short term funding and high demand. Further reductions were seen as increasing the risk that specialist or smaller services become unsustainable. Mitigation suggestions focused on protecting outreach, crisis intervention and support for people with the most complex needs. Respondents also emphasised the importance of maintaining visible, community-based services and ensuring sufficient notice of any changes so that people are not left without support abruptly.

Independent Advocacy Services – Respondents emphasised the role of advocacy services in supporting rights, voice and participation, particularly for people who may otherwise struggle to be heard. Advocacy was described as distinct from general support services, as it enables individuals to understand their rights, express their views and engage in decisions that affect their lives. A key concern was that reduced funding would limit access to both individual and collective advocacy, reducing opportunities for people to influence decisions about care, services and systems. Respondents noted that advocacy often supports people at points of significant change or risk, such as care reviews, transitions or protection situations. There was also concern that loss of advocacy would reduce independent challenge and accountability, particularly for people with communication difficulties, learning disabilities or mental health conditions. Mitigation suggestions focused on

recognising advocacy as a rights-based function rather than an optional add on and protecting capacity that supports the most marginalised voices.

Infrastructure and Capacity Building Services - Respondents focused on the function of these services in coordinating, supporting and sustaining frontline services, rather than delivering direct support themselves. These roles were described as providing essential functions such as communication, workforce development, governance support, partnership working and representation. A key concern was that reductions in these roles would weaken the ability of services to work together effectively, share information, respond to system pressures and engage in planning and improvement activity. Respondents noted that smaller or specialist organisations are particularly reliant on this support to remain compliant, sustainable and connected. There was also concern that loss of infrastructure capacity would reduce the independent sector's voice in strategic discussions, leading to poorer informed decision making and increased fragmentation. Mitigation suggestions focused on recognising their system wide impact and protecting functions that support coordination, quality and stability across the wider health and social care landscape.

Suggested Mitigations and Alternative Approaches

Although many respondents stated that the most effective mitigation would be not to proceed with the proposed saving, several suggestions were made about how negative impacts could be reduced if savings are unavoidable:

- Respondents stated that blanket, across the board reductions should be avoided. They argued strongly for an approach that is based on understanding impact rather than applying uniform cuts. Services that play a preventative role, support people with the highest levels of need, or demonstrably reduce pressure on statutory services were seen as particularly important to protect.
- Phasing was also suggested by many respondents. They stressed that introducing any changes gradually, with sufficient notice, would allow organisations time to plan, consult staff, work with Boards, and explore whether any alternative funding or service redesign is realistically possible. Phasing was also seen as essential to avoid abrupt loss of support for people who rely on services.
- There is a strong call for meaningful involvement of service users, carers and providers in decisions about where savings fall. Many respondents felt that the consultation language does not clearly explain what services do, limiting genuine public understanding and engagement. Clearer communication, transparency about impacts, and co production with those most affected were viewed as critical to making informed and ethical decisions.
- Respondents emphasised that any mitigation via sourcing alternative funding or income must be realistic. They said that funding opportunities are already extremely

limited (both in terms of scale and scope) and highly competitive, particularly for core services. Organisations stated they would need effective practical support and sufficient lead in time if they are expected to pursue alternative funding.

- Some respondents suggested greater flexibility in commissioning and contracting arrangements to allow services to work more collaboratively, test new approaches and protect core support. Longer term funding commitments, where possible, were also seen as a way to improve stability, workforce retention and planning.
- Some respondents felt that a comprehensive review of all funding to the third and independent sector should be undertaken to inform any future decisions about funding investment and reductions.

Question 29 - If the IJB were to reduce the level of funding for third sector organisations working in the following areas, what level of reduction would you support?

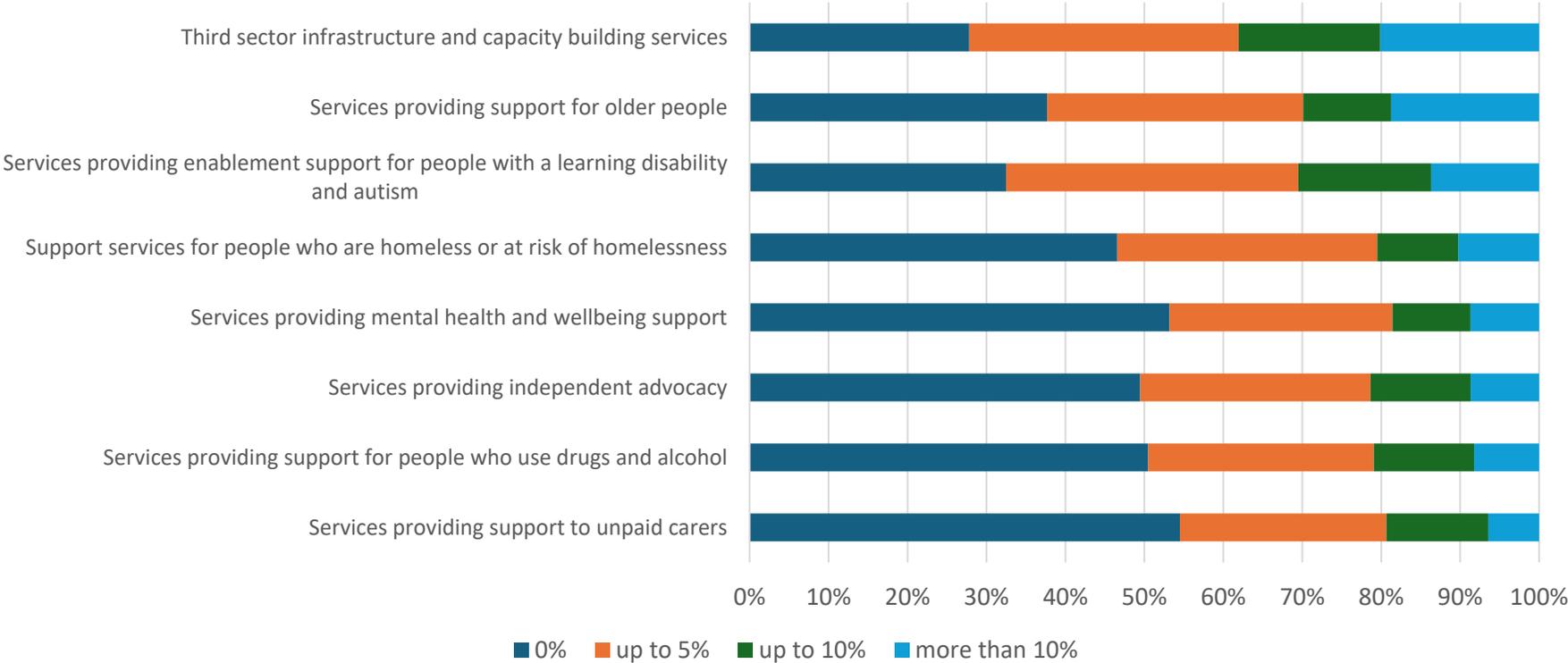
There were 513 responses to this question.

For services providing support to unpaid carers, services providing support for people who use drugs and alcohol, services providing independent advocacy, support services for people who are homeless or at risk of homelessness, services providing support for older people and services providing mental health and wellbeing support the highest individual response rates were a 0% reduction.

Services providing enablement support for people with a learning disability and autism and third sector infrastructure and capacity building services had highest response rates for up to 5% reduction.

For all categories, with the exceptions of support to unpaid carers, support for people who use drugs and alcohol and services providing mental health and wellbeing support, the majority of respondents indicated that they would support some level of reduction in funding, with the highest response rate being for up to a 5% reduction. However, for independent advocacy and services for people who are homeless the majority was only slight.

Chart 15: % level of funding reduction respondents supported



Key Themes from Consultation Sessions and Other Submissions

Concerns about Flat Rate Reduction

People who attended public consultation sessions clearly stated that a flat 10% cut across all services would be harmful because it removes the ability to protect the services that matter most to people. They felt that instead of focusing on prevention and early support, this approach risks spreading limited resources too thinly and reducing overall impact. Several individual services made representations at consultation sessions and within written submissions about the benefits of their service, including for both service users and volunteers. Assertive outreach services for the most vulnerable and excluded people and services for unpaid carers were highlighted as being essential, with a strong message that they save the wider system money in the long-term and support people who either do not have alternative services available or would not access these alternatives.

Preventative Value of Services

Across the discussion in public sessions, people stressed that many third and independent sector services are preventative and help people stay independent, reduce isolation, support mental health and avoid crisis situations. If these services are reduced or lost, people felt this would lead to greater demand on hospitals, social care and emergency services later. There was a strong message that community and third sector services help reduce pressure across the whole system, protect people's quality of life and avoid greater costs in the future. There was also frustration that decisions can look reasonable "on paper" but fail to reflect what services do day to day. Participants felt that the real value of relationship based, person focused support is often underestimated.

At service provider consultation session, there was a strong and consistent message that reductions to preventative and specialist services are likely to store up bigger problems later. Preventative support was described as helping people stay well, avoid crisis, and reduce pressure on hospitals, social work and the justice system. If these services are reduced or lost, providers expected higher costs elsewhere, including more hospital admissions, delayed discharges, increased mental health crises, drug deaths, and repeat offending. There was particular concern about specialist services being replaced with more general provision, which was seen as less effective for people with complex or specific needs. Written submissions strongly highlighted that third sector services are dealing with large, and increasing, numbers of referrals from statutory services who cannot meet their needs due to lack of capacity or long waiting lists. Research evidence suggesting returns on investment of between £10-£12.50 for every £1 invested in their sector services was also highlighted.

Impact on Vulnerable People and Service Capacity

A recurring theme raised by providers was the impact on vulnerable people, especially those with complex, long term or multiple needs. Providers described a risk of people being passed between services, facing longer waiting lists, or losing support altogether. This was

linked to concerns about safety, wellbeing and protection, including adult and child protection. Written submissions highlighted the potential scale of impact across lifeline services for those at the greatest need, suggesting that in some individual services a 10% funding reduction could result in between 300 and 450 fewer people being supported.

Workforce and Volunteer Pressures

The impact on the third and independent sector workforce was also an area of focus within consultation sessions and additional written submissions. Providers described how funding reductions, combined with uncertainty around paying the living wage, make it difficult to retain staff or plan ahead. There were concerns about staff leaving, increased workloads for those who remain, rising sickness levels, and declining wellbeing. In turn, this was seen as directly affecting service quality and continuity of care. Volunteers were also mentioned as being under pressure, particularly in services that rely heavily on them.

Financial Fragility and Long-Term Sustainability Risks

Many provider representatives highlighted the fragility of the third sector, noting that years of previous cuts, standstill budgets and rising costs have already reduced financial resilience. Some organisations reported using up reserves to stay afloat, meaning there is little capacity left to absorb further reductions. Providers were clear that a blanket cut does not reflect the different roles, pressures and value of individual services, and could undermine services that statutory partners rely on. These points were reinforced through a written submission made on behalf of the sector by the Third Sector Interface (DVVA), which further highlighted risks to both workforce sustainability and service viability. It was stated that in real terms a standstill budget would equate to an effective 24% reduction in funding before any additional savings are applied. The submission set this against rising demand and complexity of need driven by poverty, poor mental health and reductions in statutory services.

Rather than blanket cuts, people who attend public sessions felt funding decisions should be more targeted, based on impact, vulnerability and prevention. Services that support carers, prevent crisis and reach the most marginalised were prioritised for protection by those in attendance. There were calls for more joined up funding, particularly for services that support shared outcomes across health, social care and policing. Participants questioned whether organisations could work more collaboratively instead of competing for short term funding each year.

Members of the workforce identified that managing funding reductions to commissioned services is complex, as different providers are affected in different ways and smaller organisations are not always able to absorb reductions. They also highlighted that costs might increase elsewhere, such as through agency use or spot purchasing, and it is difficult to reduce spending without damaging essential service infrastructure. Greater collaboration was seen as essential to reduce duplication and make better use of limited funding and some workforce members gave examples of ongoing work to support providers explore options like sharing office space or forming cooperative models.

Alternative Mitigations

In terms of mitigations, providers repeatedly pointed to the importance of protecting preventative and specialist services, as these were seen as cost effective in the long term and critical to good outcomes. There was a strong call, including within written submissions, for a more strategic, transparent and targeted approach, rather than across the board cuts, taking account of risk, demand, agreed strategic priorities and knock on effects across the system. The written submission of behalf of the sector specifically called for a strategic funding review to be progressed, suggesting specific approaches that would support collaboration, communication and transparency. Contributors, in sessions and via written submissions, also emphasised the need for early, transparent and ongoing engagement with providers, so changes can be planned collaboratively rather than reactively. Other suggested mitigations included greater joint working across councils and partners, and making better use of digital tools and new ways of working where appropriate to improve efficiency without reducing frontline support.

4.3 Tayside Nutrition and Dietetics Service

Question 30 - How would this impact on you?

There were 86 responses on behalf of organisations, of which 16 selected 'prefer not to answer'. The average impact rating was 2.2 (medium impact).

There were 15 responses on behalf of groups, of which 5 selected 'prefer not to answer'. The average impact rating was 1.6 (low impact).

There were 464 responses from individuals, of which 46 people selected 'prefer not to answer'. The average impact rating was 1.9 (low impact). A further breakdown of individual response is available in Appendix 2.

Chart 16: Impact of reducing funding for the Tayside Nutrition and Dietetics Service by respondent type

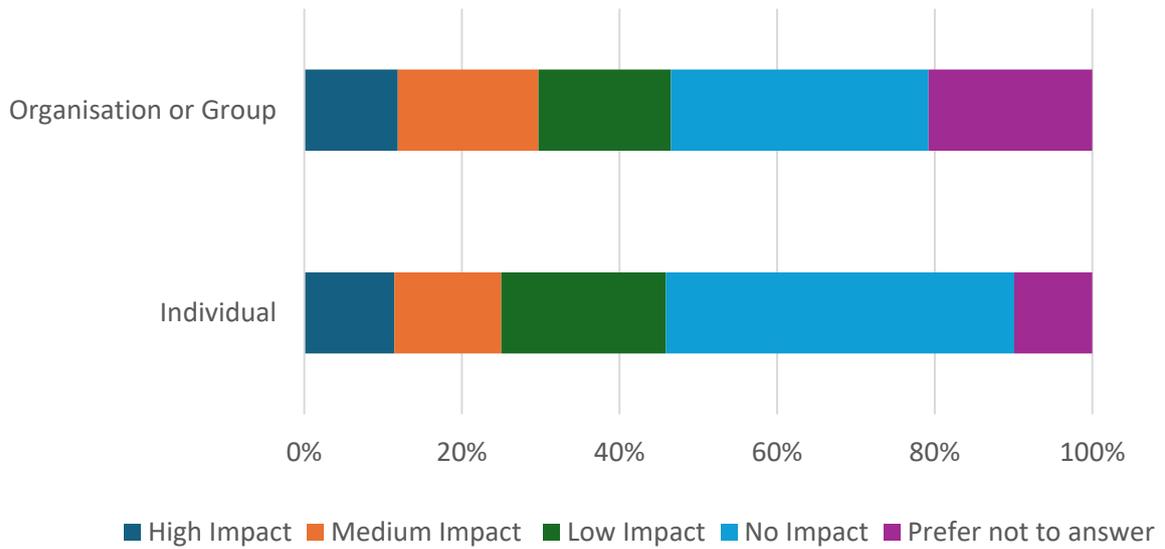
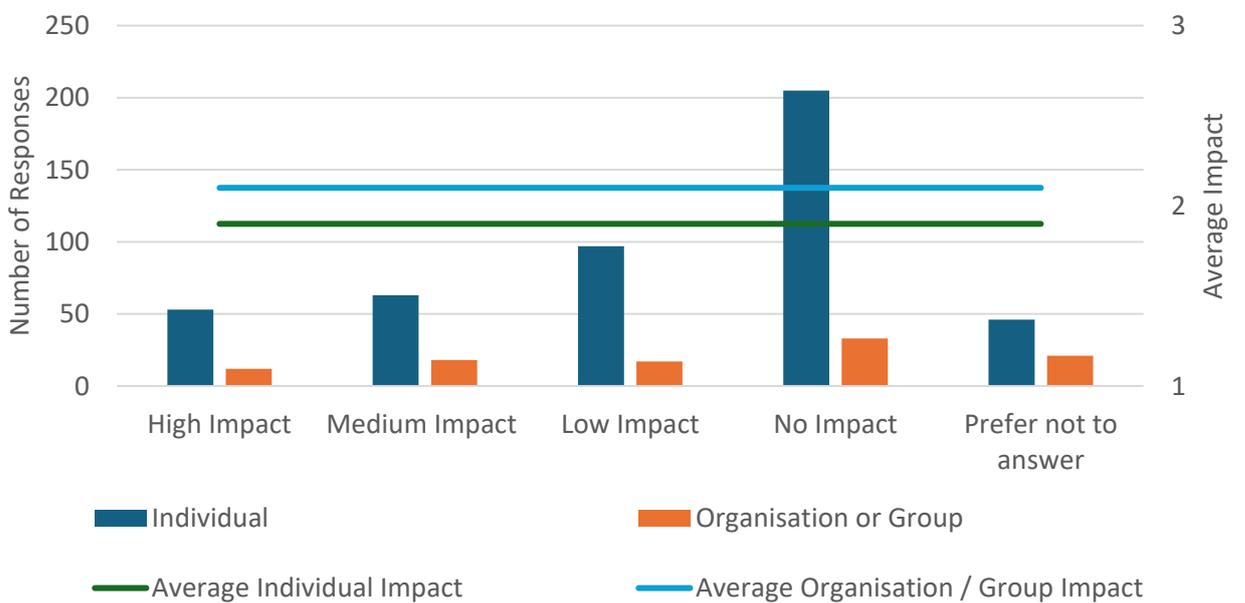


Chart 17: Impact of funding for the Tayside Nutrition and Dietetics Service by level of impact



130 respondents also provided feedback about the impact this option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts.

- 100 respondents were individual respondents (of which 17 were family members, 23 were service users or their representatives, 36 were member of the public, 40 were unpaid carers and 51 were workforce members)⁹.
- 29 were on behalf of organisations.
- 1 were on behalf of groups.

Key themes from these responses were:

Many respondents described nutrition and dietetics services (NDS) as essential preventative care, not something optional, and which are vital in helping individuals stay well and live independently for longer. The proposed saving was widely viewed as carrying clinical, financial and equality risks. Respondents felt that the suggested mitigations would only be effective if they are clearly targeted to protect vulnerable groups.

Risk of Reduced Capacity and Delayed Access

Many respondents were concerned that reducing capacity in NDS would significantly increase waiting times leading to delayed access to care, worsening nutritional health, and avoidable clinical decline. There was strong concern about rising levels of malnutrition, frailty, falls, obesity and the deterioration of long-term conditions. These risks were seen as particularly serious for older adults and people with frailty, children (including issues such as failure to thrive and paediatric weight management), and people with learning disabilities or long-term health conditions such as neurological conditions, renal disease, COPD, diabetes and gastrointestinal conditions.

Undermining Prevention

Respondents challenged the idea that prevention could be maintained while reducing the number of appointments. They felt that restricting access until someone meets a “complex” or “crisis” threshold undermines prevention and leads to poorer outcomes and higher costs further down the line. Several respondents highlighted the risk of increased mortality for highly vulnerable people who rely on specialist dietetic support.

Prioritisation and Risk of Narrowing Access

While there was some agreement that services should prioritise people with the most urgent and complex needs, respondents cautioned that reductions of the proposed scale risks narrowing access too early. Organisational responses stressed that services for people with the most complex needs should be protected, including those with conditions such as MS and MND. For people with progressive or fluctuating conditions, delays in support were seen as leading to preventable decline, increased reliance on health and social care, and poorer long-term outcomes.

⁹ Respondents could select more than one option therefore the sum may be greater than the total number of individual respondents.

Some respondents shared personal experiences of difficulties meeting current service criteria. Others noted that nutritional support within social care and independent sector services has already declined and is often inadequate.

Impact Across the Wider Health and Social Care System

A further strong theme was that any savings in NDS would likely increase demand elsewhere in the system. Respondents expected this to lead to more hospital admissions and longer stays, delayed discharge, and greater pressure on care at home services, residential care, GP practices, community nursing, allied health professionals, social care, supported accommodation providers and acute services, as well as increased strain on unpaid carers. Several respondents described the proposals as short sighted, warning that any financial savings would likely be outweighed by higher medium- and long-term costs for the NHS and social care system. Some respondents also raised concerns about the combined impact of reducing dietetics services alongside the proposal to reduce funding for The Food Train.

Digital Barriers and Risk of Widening Inequalities

Many respondents emphasised that digital and self-management approaches are not accessible to everyone. Groups highlighted as particularly affected included people experiencing deprivation, older adults, people with cognitive impairment or low literacy, those with limited digital access, and people without wider family or informal support. There was concern that the proposal would widen existing health inequalities in Dundee, where levels of deprivation, malnutrition risk and poorer life expectancy are already high. Respondents felt that digital resources cannot fully replace personalised assessment or meaningful involvement of patients and unpaid carers in decisions about their care. However, some service users did report positive experiences of and a preference for online resources and said they would welcome these as part of future provision.

Workforce Impacts and Service Sustainability

Respondents also raised concerns about the potential impact on workforce wellbeing and service sustainability. Staff highlighted risks to morale and retention due to increased caseloads, reduced capacity for service development, innovation, training and prevention work, and the loss of junior posts, which could undermine future workforce sustainability. Some were also concerned that the proposal could lead to increased levels of sickness absence.

Suggested Mitigations to Reduce Negative Impacts

While many respondents felt the most effective mitigation would be to reconsider or reduce the scale of the savings, several practical suggestions were made to reduce negative impacts if changes go ahead.

- Respondents felt strongly that access to NDS should be protected for people most at risk, including older adults, children, people with disabilities, and those with progressive or life limiting conditions. Clear and transparent prioritisation criteria were seen as essential, so that vulnerable people do not miss out on support. Some

respondents emphasised that any reductions should be introduced gradually, to avoid sudden increases in waiting times and disruption to services.

- Many respondents also felt that efforts should focus on addressing inefficiencies in processes and systems, rather than reducing staffing levels. Respondents highlighted the importance of reducing missed appointments, for example through opt in or “choose and book” systems, alongside better appointment systems and administrative support.
- Some suggested that group sessions could be used where this is clinically appropriate, and that appointment numbers could be capped for certain referral types, with review processes streamlined where it is safe to do so. Others felt that, in some cases, nutritional supplements could continue without routine review, provided this remains clinically appropriate. Respondents also suggested making better use of community-based weight management programmes where these are clinically suitable.
- Respondents were generally supportive of expanding digital tools, online programmes and self-management resources, if these are used to support face to face care rather than replace it. Investment in support to help both staff and service users improve digital skills was seen as important, while also acknowledging that some people will continue to need non digital options.
- Respondents suggested improving nutritional knowledge across the health and social care workforce, and strengthening education around healthy lifestyles and nutrition within schools and further education settings.

Key Themes from Consultation Sessions and Other Submissions

During consultation sessions some members of the public highlighted concerns that waiting times for NDS services already appear to be long and that reduced funding would make this worse. Members of the workforce highlighted that reducing NDS staffing levels would have a negative impact on clinical services, slow service delivery, and make it more difficult to achieve national population health priorities, including healthy weight. Concerns were raised about how workforce and appointment reductions could affect planned changes to outpatient services in NDS, and whether services would be able to continue meeting their strategic objectives. Examples from other settings, such as using lower cost nutritional alternatives in care homes instead of prescribed supplements, were identified as potential alternative ways to save money. However, there was concern that savings made within dietetics could result in costs being shifted to other parts of the system, such as primary care, rather than delivering overall efficiencies.

4.4 Review of Physiotherapy (PT) and Occupational Therapy (OT)

Question 32 - How would this impact on you?

There were 86 responses on behalf of organisations, of which 13 selected 'prefer not to answer'. The average impact rating was 2.8 (medium impact).

There were 15 responses on behalf of groups, of which 2 selected 'prefer not to answer'. The average impact rating was 3.9 (high impact).

There were 464 responses from individuals, of which 34 people selected 'prefer not to answer'. The average impact rating was 2.8 (medium impact). A further breakdown of individual response is available in Appendix 2.

Chart 18: Impact of review of Physiotherapy and Occupational Therapy by respondent type

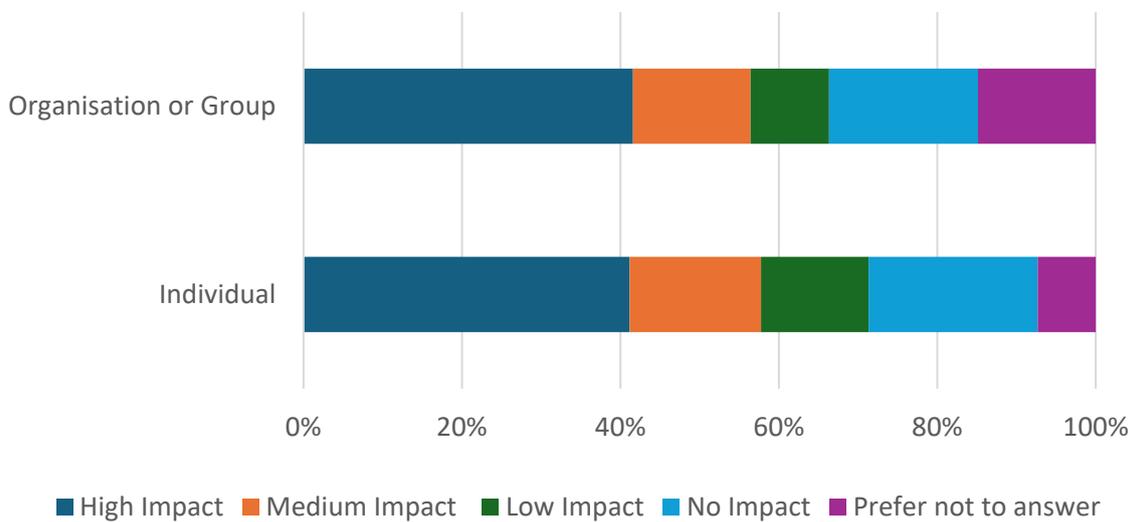
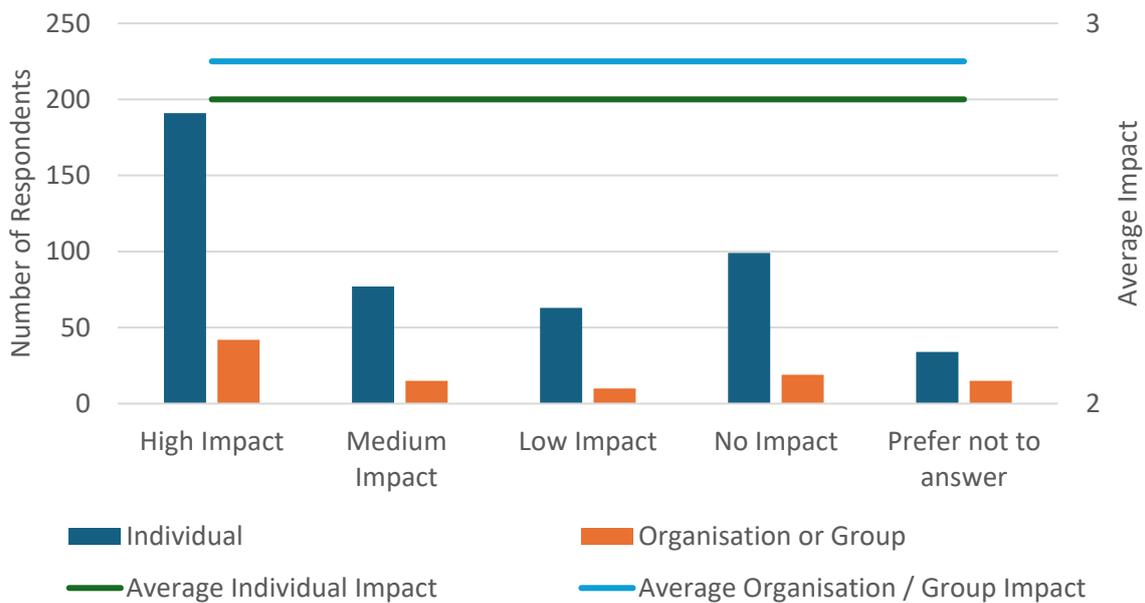


Chart 19: Impact of review of Physiotherapy and Occupational Therapy by level of impact

269 respondents also provided feedback about the impact this option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts.

- 224 respondents were individual respondents (of which 40 were family members, 60 were service users or their representatives, 79 were member of the public, 84 were unpaid carers and 85 were workforce members)¹⁰.
- 35 were on behalf of organisations.
- 9 were on behalf of groups.

Key themes from these responses were:

A significant proportion of responses to this proposal anticipated what the outcomes of the proposed review of the service would be if it went ahead, rather than on the principle of undertaking a review. In the interests of transparency all views are reflected in the summary below.

Lived Experience and Personal Impact

Many respondents provided information about the value of the areas of service proposed to be included in the review, including sharing very positive personal experiences of using the service and the impact it had on their health, wellbeing and recovery. Many people described how early and ongoing rehabilitation had allowed them, or their family members, to recover after illness or injury, return to work, care for family members, and take part in everyday life. The proposed savings were expected to slow recovery or stop it altogether for

¹⁰ *Respondents could select more than one option therefore the sum may be greater than the total number of individual respondents.

some people, leading to long term disability that might otherwise have been prevented. Many respondents expressed concern about how any changes to PT and OT services would impact on their lives and the care that they receive.

Reduced Access and Loss of Independence

Many respondents felt that any changes made to the service after a service review would have a significant negative impact, both for individuals who use services and for the wider health and social care system. They explained that these services are essential to help people stay independent, safe and active in their own homes. Some respondents, both from the workforce and public, stated that waiting times are already high making access to the service difficult. Respondents anticipated that reducing or removing any aspect of the service would lead to a loss of independence, particularly for older people, people with disabilities, stroke survivors and people with long term neurological conditions such as Multiple Sclerosis, Parkinson's disease, Motor Neurone Disease and acquired brain injury. Some respondents anticipated that any change in the service could potentially conflict with relevant clinical guidance and standards.

Many respondents highlighted that any service reductions would disproportionately affect people who cannot afford private physiotherapy or equipment. They raised concerns about the potential for widening health inequalities, where people with financial means can access care while others cannot. Some respondents also raised concerns about people with communication difficulties, cognitive impairment or severe disability being disadvantaged, both in accessing services and in being able to engage with consultation processes. Several respondents described any changes made to these services following a review as potentially discriminatory in practice, even if unintentionally so.

Risk of Physical Deterioration, Increased Falls and Mental Wellbeing Impacts

Respondents stated that without timely PT and OT, people are more likely to deteriorate physically. This includes experiencing increased pain, reduced mobility, worsening balance and strength, and a higher risk of falls. Falls were repeatedly highlighted as a major concern, with respondents expecting more fractures, injuries and emergency hospital admissions if the specialist falls service or the community rehabilitation capacity are reduced following a review of the service. Respondents said that more people are likely to attend A&E, require hospital admission, or stay in hospital longer because they cannot be safely discharged.

Mental health impacts were also raised frequently by respondents. Reduced access to rehabilitation was expected to increase anxiety, depression, loss of confidence and social isolation, especially for people already living with long term conditions or disabilities. Some respondents also highlighted the wider economic benefits of PT and OT interventions that support people to maintain or return to employment.

Importance of Specialist Neurological Rehabilitation

There was particularly strong opposition to the loss or dilution of specialist neurological rehabilitation, which was described as a fundamental component of holistic care for a very

vulnerable patient group. Respondents were clear that neurological conditions require highly trained specialists and cannot be safely or effectively managed by generalist services alone. Losing specialist neuro input was expected to disrupt continuity of care, lead to poorer outcomes, inappropriate treatment, longer waits, and irreversible loss of function for some individuals. It was also expected to significantly impact on increased hospital admissions, length of stay and delayed discharge, and potentially conflict with relevant clinical guidelines. A few respondents also noted concerns regarding the potential for significant increased strain on unpaid carers.

False Economy and Systems Impact (including on unpaid carers)

Many respondents said that the proposed savings would be a false economy. They stated that changes to save money in community and outpatient services would simply move or increase costs elsewhere in the health and social care system. Many contributors explained that current PT and OT services play a key role in enabling early discharge and preventing readmission. They said that reducing these services would slow patient flow, increase delayed discharges and add pressure to already stretched hospital wards. Some respondents also expected that GP services would come under increased pressure, with people more likely to return repeatedly to their GP for pain, mobility problems, fit notes and referrals if PT and OT services are not available. This was seen as particularly concerning given existing pressures on primary care.

Some respondents expected that any changes to the PT and OT service following a review would lead to increased demand for care at home packages, residential care and increased strain on unpaid carers. They felt this would happen as more a greater number of people who might have regained independence with rehabilitation may instead become long term users of social care, increasing costs for both the NHS and the council. Several respondents highlighted the potential consequences for the health and wellbeing of unpaid carers should they be left to cope without adequate input for the cared for person.

Workforce Pressures and Loss of Specialist Skills

Workforce respondents highlighted serious concerns about the potential workforce impact. They anticipated that any efficiency savings or service reductions recommend following a review of the service would lead to increased workloads for remaining staff, causing burnout, sickness absence and lower morale. There was strong concern about the potential loss of specialist skills built up over many years, particularly in neurological rehabilitation and falls prevention. Respondents noted that if specialist teams are broken up or absorbed into generalist services, those skills are difficult to replace. There were also concerns that reduced opportunities for professional development, progression and specialisation will make services less attractive, worsening recruitment and retention problems.

Value of Community AHP Services

Several workforce respondents also highlighted the significant impact that community PT and OT services have had on demand for inpatient services. They argued that resource

should be transferred to community teams to help to maintain early intervention and prevention aspects of the service that have been reducing demand and cost within acute services for several years. A few respondents highlighted that Allied Health Professions should be invested in as they provide relatively low cost but high value care with a positive impact on the wider health and social care system.

Approach to the Review Process

Some respondents provided feedback on the approach that should be used if the proposal is approved and a review of the service is undertaken. Several respondents said that decisions made must be clearly evidence based, aligned with national clinical guidelines and informed by local data on falls, admissions, length of stay and outcomes. Some also mentioned ensuring alignment with the IJB's strategic priorities and ensuring that people who use the services are involved appropriately in the review process. There was a strong call for transparency and for long term impacts to be considered alongside short-term financial savings.

Alternative Mitigations

Although most respondents opposed the saving proposal outright, some suggestions were made about how negative impacts could be reduced if changes are unavoidable. There was a strong message within responses that specialist services should be protected, particularly neurological rehabilitation and the specialist falls service. Respondents argued that these should be seen as core, preventative services rather than optional extras, because they prevent deterioration, admissions and long-term dependency. A few respondents stated that the review should focus on reducing non-patient facing staff, such as managers and administrative or support staff.

There was support amongst several respondents for identifying ways to improve efficiency without cutting capacity. This included suggestions about better use of group-based rehabilitation, such as stroke or MSK exercise classes, which allow clinicians to support more people safely. A few respondents supported the consideration of merging of teams that offer similar interventions or reducing self-referral opportunities. Some respondents suggested greater use of education, written information and digital resources to support self-management, provided this is used alongside, not instead of, face to face care. Several respondents suggested reviewing duplication, for example where people receive both NHS and private physiotherapy, and improving caseload management and pathways.

Maintaining early access was repeatedly emphasised by respondents as an aspect of the service that should be protected in the future. Respondents warned against restricting services only to the most complex cases, as this removes early intervention and allows problems to escalate, ultimately increasing demand and cost.

Key Themes from Consultation Sessions and Other Submissions

Reduced Access

Participants at public sessions (members of the public and of the workforce) expressed concern that reducing or de-prioritising PT and OT services, particularly specialist neuro services, would lead to longer waiting times and slower assessments. They said this would mean people are more likely to deteriorate while waiting for help, particularly older people and those with long term or complex conditions. Any reductions to falls services and community appointments were seen as being especially risky, as these are preventative and help people stay independent. There was significant concern that any change in specialist neuro services would worsen outcomes for stroke survivors and people with neurological conditions. Participants highlighted that this specialist care helps people leave hospital safely, prevents avoidable admissions, and supports recovery over time. There was strong concern that without this expertise, people may end up back in hospital, need more care at home, or lose independence they have worked hard to regain. Participants said that highly specialist care cannot be replaced by general provision without losing quality and effectiveness. These concerns were reinforced in several written submissions.

Members of the public living in areas with fewer local services, such as Muirhead, said they would be particularly affected as they already rely on services in Dundee. They were also concerned about the compound impact of reducing access to OT equipment and specialist OT/PT input, anticipating that this could increase falls, delay recovery and place more pressure on unpaid carers. People said that families would become more vulnerable, especially as informal support such as practical support services have already reduced. One written submission highlighted potential impacts for unpaid carers in relation to mental health and employment instability. This submission also raised concerns that many patients without financial means would not be able to afford to secure alternative private physio services, and that this was most likely to be the case for people who have a disability, a long-term health condition or are living in poverty.

Mental Health and Emotional Impacts

Some participants in public sessions highlighted the potential emotional and mental health impacts of the proposal. They stated that targeted community groups for stroke survivors provide confidence, social contact and psychological support and any reduction in professional input to these groups risks weakening them and could leave people feeling isolated. They said that patients and unpaid carers are already anxious about possible service reductions, adding to stress and uncertainty. Some participants said it is critical to involve service users, carers and specialist staff earlier and more meaningfully in decision making to help ensure changes do not unintentionally harm the most vulnerable people. Several people shared their personal experiences of being supported by the service and the impact this had on their ability to live independently and have a good quality of life, both within the consultation sessions and in other written submissions.

Suggested Mitigations

Participants at public sessions said that a key mitigation would be to protect early intervention and preventative services, particularly community physio, OT and falls prevention. Maintaining specialist neuro physio roles, rather than merging them into generic teams was also strongly argued for. Some participants suggested that there could be stronger links between statutory services and community organisations, such as the Dundee Stroke Exercise Club, which operate at a low cost to the health and social care system. Some people also said that better coordination between teams would also help to reduce duplication and delays.

Reductions to Specialist Neurological Rehabilitation, Community and MSK

During workforce sessions, strong concerns were raised about the impact of any reductions to specialist neuro rehabilitation teams. It was emphasised that maintaining specialist provision is critical to meeting national clinical guidelines, particularly for stroke and other complex conditions. Participants warned that reducing specialist input could undermine service quality, increase acute admissions and negatively affect hospital bed usage and system flow. More broadly, participants questioned why the ongoing shift towards community-based care has not been matched by a corresponding shift in resources from acute services.

Similar issues were also highlighted by members of the workforce in relation to community and musculoskeletal (MSK) services. These services were described as playing a vital preventative role, particularly in chronic pain management, and in reducing pressure on secondary care. Community based interventions and group programmes were highlighted as effective in preventing conditions from escalating and in limiting unsustainable referral rates to hospital services. It was argued that reducing these preventative services would be short sighted, likely leading to increased demand on secondary care, poorer long-term outcomes for service users and higher costs elsewhere in the system.

Managing Demand

Participants in workforce sessions requested more support and guidance on how to manage demand and capacity conversations as waiting lists increase. Some workforce members expressed concern that as demand increases, services may feel pressured to prioritise new patients to manage waiting times, which risks reducing capacity for follow up and review appointments that are required to maintain compliance with clinical protocols. Workforce members anticipated a risk of increased complaint activity both for those waiting to access services and for those whose ongoing care may be reduced, highlighting the need for organisational support to manage any changes to services in the future.

4.5 Provision of Equipment – Occupational Therapy

Question 34 - How would this impact on you?

There were 86 responses on behalf of organisations, of which 13 selected 'prefer not to answer'. The average impact rating was 2.6 (medium impact).

There were 15 responses on behalf of groups, of which 4 selected 'prefer not to answer'. The average impact rating was 3.5 (medium impact).

There were 464 responses from individuals, of which 39 people selected 'prefer not to answer'. The average impact rating was 2.5 (medium impact). A further breakdown of individual response is available in Appendix 2.

Chart 20: Impact of reducing provision of equipment by respondent type

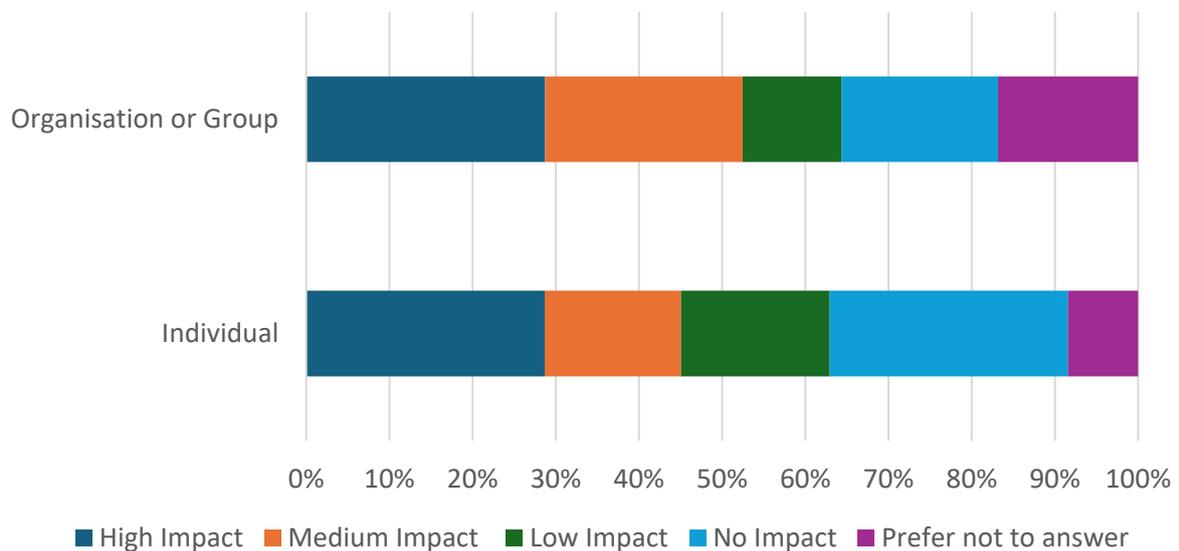
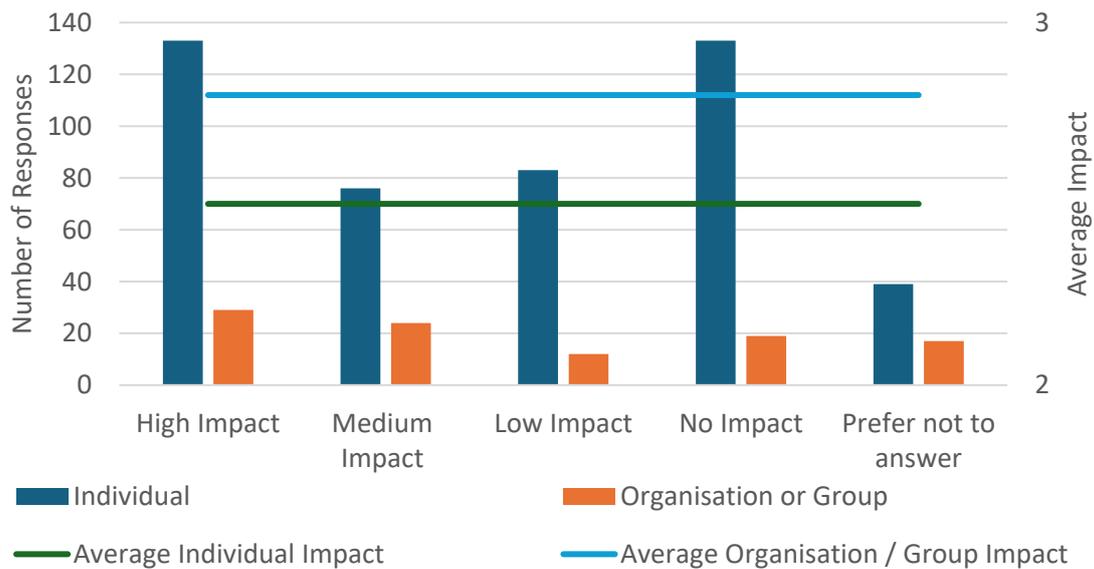


Chart 21: Impact of reducing provision of equipment by level of impact

213 respondents also provided feedback about the impact this option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts.

- 173 respondents were individual respondents (of which 33 were family members, 59 were service users or their representatives, 51 were member of the public, 71 were unpaid carers and 63 were workforce members)¹¹.
- 35 were on behalf of organisations.
- 5 were on behalf of groups.

Key themes from these responses were:

Overall, respondents felt strongly that the proposed saving option is likely to lead to worse outcomes for individuals, greater pressure on services and higher long-term costs. Many stated that removing relatively low cost, preventative OT equipment risks undermining independence, delaying hospital discharge and increasing demand for more intensive and expensive support. Respondents overwhelmingly favour approaches that focus on fair contribution, improved efficiency through reuse, and protecting access for those most in need, rather than withdrawing provision altogether.

Risks to Safety, Rehabilitation and Hospital Flow

Feedback from respondents emphasised that reducing or removing access to basic OT equipment would create risks for individuals and for the wider health and social care system. Respondents stated that this is essential equipment and critical to safe and timely

¹¹ Respondents could select more than one option therefore the sum may be greater than the total number of individual respondents.

discharge from hospital, as well as to effective rehabilitation following illness, injury, surgery, stroke or neurological conditions. Respondents believed that reduced access to equipment would lead to a higher risk of falls, injuries and accidents, which would in turn be likely to increase hospital admissions, length of stay and delayed discharge. This included concern regarding delays caused by the additional time required to source, order and receive delivery of equipment on a private basis. Respondents also felt that reduced access to equipment would weaken rehabilitation outcomes and undermine preventative and early intervention approaches that help people remain at home and avoid more intensive support or residential care. For these reasons, several respondents called for the provision of a core range of low level, preventative equipment to be protected.

Impact on Independence, Dignity and Daily Living

Many respondents stressed that this equipment plays a vital role in helping people maintain their independence and dignity, supporting everyday activities such as washing/showering, dressing, using the toilet and preparing food. One respondent asserted that the provision of relevant equipment necessary for personal care should be part of the Free Personal Care policy. People stated that if this support is removed, people would be more likely to become housebound, increasingly reliant on carers (social care and unpaid carers), and less able to live independently. Many respondents shared positive personal experiences of the impact of having OT equipment provided to them on their independence and quality of life. Some respondents described the proposal as inconsistent with national and local strategies that focus on prevention, independence and supporting people to live at home.

System-Wide Pressures and Increased Demand

There was also strong concern about the potential impact for health and social care services. Respondents predicted delays to hospital discharge, increased pressure on care at home services, and greater reliance on unpaid carers, many of whom they felt are already under strain. They also anticipated increased demand for GP services, A&E, community nursing, the community meals service and social work. The proposed saving was often described as small when compared with the additional costs that could arise elsewhere in the wider system as a result.

Health Inequalities

A further recurring concern was the potential impact on health inequalities. Respondents highlighted that Dundee experiences high levels of deprivation, and many people would not be able to self-fund essential equipment. There was a strong consensus that this would create a two-tier system, where people with financial means remain safe and independent, while those without them are placed at greater risk. A few respondents noted concerns regarding dignity, human rights and the risk of discrimination against disabled people, people with fluctuating and progressive health conditions and older people.

Alternative Approaches

Rather than a complete withdrawal of provision of certain equipment, many respondents suggest alternative approaches that they believed would be fairer, more equitable and less harmful. A commonly suggested option was to introduce means tested or sliding scale contribution to the cost of equipment. It was suggested that this could include free provision for people on low incomes or benefits, with partial or capped charges for those who can afford to contribute. Many respondents were strongly supportive of the principle that those who can afford to pay for equipment should be required to do so. Several people stated that that if given guidance on items and specifications they would be willing to pay for equipment themselves, or for family members, if the need ever arose. Some respondents proposed introducing or expanding low-cost hire or loan charges, potentially on a means tested basis, to maintain access while also generating some income and encouraging returns. A few emphasised the need for service users and families to be supported to understand how to use equipment appropriately to prevent damage and support the potential for reuse. Others suggest allowing people to purchase equipment through the council or partnership at bulk purchase or cost price, ensuring that equipment is safe, appropriate and affordable compared with private alternatives.

There was also strong support for improving the recovery, reuse and recycling of equipment. Many respondents felt that significant savings could be achieved by strengthening systems to collect unused equipment, clean and repair it, and return it to use. Suggestions include amnesty or return schemes, local drop off points such as GP practices, and involvement from community or third sector organisations. Supporting the return of equipment from care homes was also suggested by a few respondents. This was viewed as a more sustainable way to reduce costs without increasing risk to service users.

Alternative Funding Routes and Safety Risks

Where alternative funding routes to support service users to meet equipment costs are suggested, respondents stressed that these would need to be clear, accessible and timely information to support this. There were specific concerns regarding the potential for people to inadvertently purchase poor quality equipment, or equipment that did not meet the necessary specifications. Delays in accessing funding, ordering equipment and receiving delivery were seen as creating potential for immediate safety risks, and advice alone was viewed as insufficient if people cannot afford equipment or navigate complex processes. Several respondents expressed scepticism that viable alternatives are currently in place.

Key Themes from Consultation Sessions and Other Submissions

Affordability and Charging Models

Some members of the public reflected on their knowledge and experience of charging levels for OT equipment in other HSCP areas and stated that any level of charging makes it very difficult for many people to afford and access the necessary equipment. Concerns were also raised that not providing equipment or introducing charging would essentially result in

means-tested care, with those that can afford to pay doing so and everyone else ending up in hospital. People also highlighted that equipment is a small thing that can make a big difference to not just the service user but also to unpaid carers and wider family members. Some members of the public suggested that there can be issues with new staff ordering duplicate equipment that the service user already has and that stopping this from happening might be an alternative way to make savings.

Safety, Inequalities and System Impact

Members of the workforce strongly stated their concerns that vulnerable service users without the financial means or ability (for example, due to cognitive impairments) to purchase equipment independently would experience safety risks and this would ultimately result in increased referrals to other services and higher long-term costs associated with unpaid carer support and the need for more complex adaptations. They also highlighted concerns that inability to provide equipment could hinder the assessment process, limit preventative interventions, and potentially lead to over-prescription of more expensive items. From an inpatient perspective, concerns were raised that any delay in access to equipment can result in increased length of hospital stay and delayed discharge, with a higher overall cost to the health and social care system.

Staff Wellbeing and Complaints

Workforce members also noted the potential for rising complaints levels should equipment not be provided, with a knock-on impact in terms of workloads and staff wellbeing. It was suggested that as an alternative, the option to introduce homeowner contributions towards minor adaptations could provide equivalent savings with a lesser impact on health inequalities. Staff also suggested further work should be done to raise public awareness about equipment recovery, including media campaigns and improved labelling of equipment, as well as to improve tracking systems for some items of equipment to improve recovery and reuse.

4.6 Older People's Mental Health Services – Weekend Services

Question 36 - How would this impact on you?

There were 86 responses on behalf of organisations, of which 18 selected 'prefer not to answer'. The average impact rating was 2.1 (medium impact).

There were 15 responses on behalf of groups, of which 4 selected 'prefer not to answer'. The average impact rating was 2.8 (medium impact).

There were 464 responses from individuals, of which 39 people selected 'prefer not to answer'. The average impact rating was 1.9 (low impact). A further breakdown of individual response is available in Appendix 2.

Chart 22: Impact of reducing weekend services by respondent type

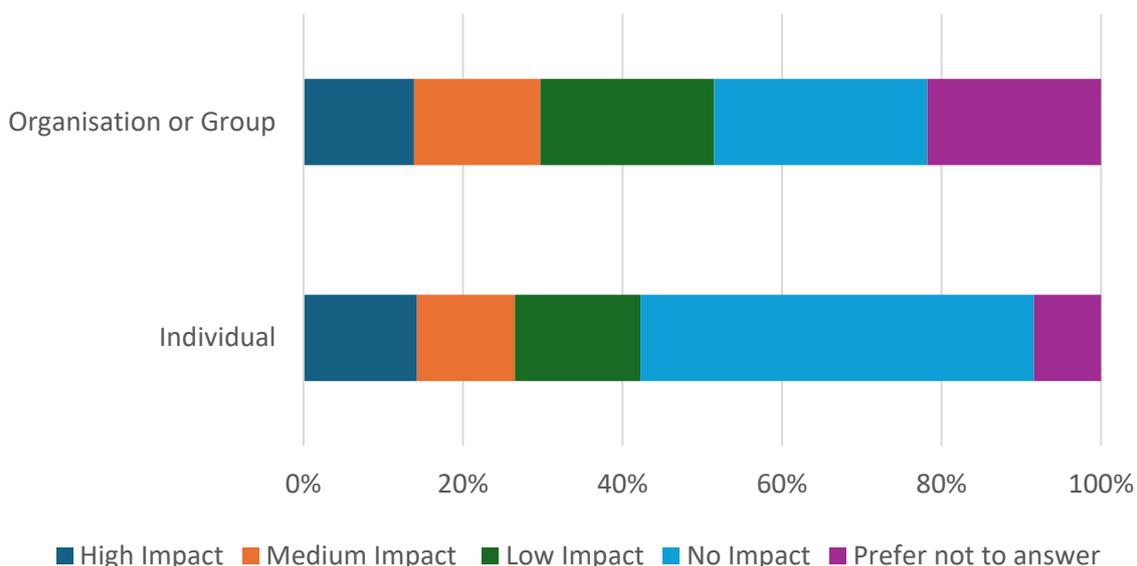
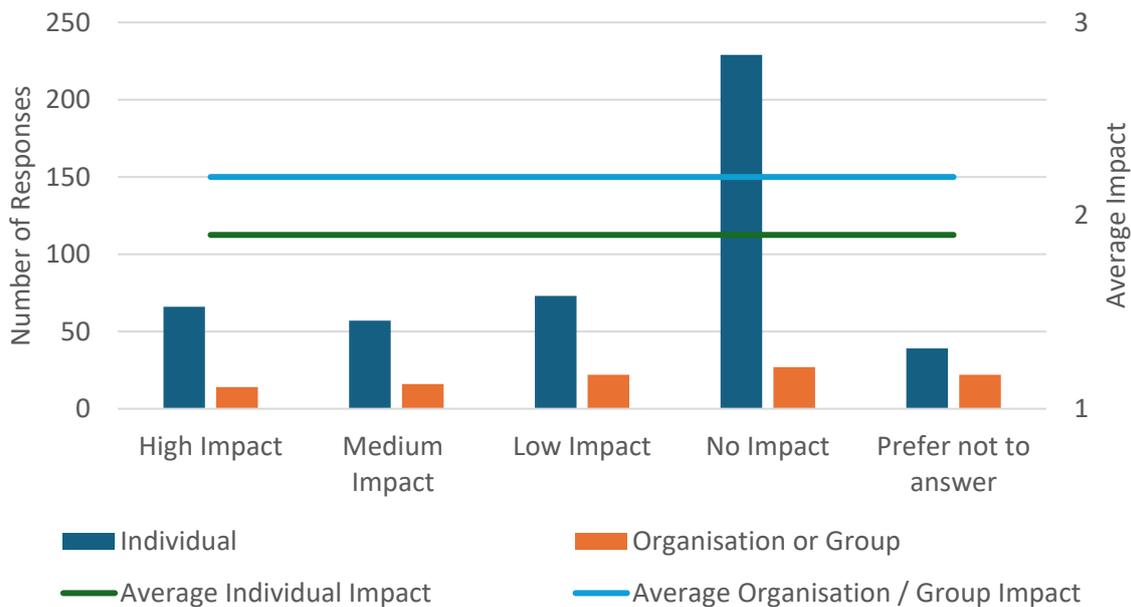


Chart 23: Impact of reducing weekend services by level of impact

102 respondents also provided feedback about the impact this option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts.

- 82 respondents were individual respondents (of which 12 were family members, 22 were service users or their representatives, 33 were member of the public, 34 were unpaid carers and 33 were workforce members)¹².
- 18 were on behalf of organisations.
- 2 were on behalf of groups

Key themes from these responses were:

It should be noted that many responses referred to concerns regarding reductions to weekend working across community mental health services generally, rather than on the specific services (Older People’s Community Mental Health Teams and Care Home Teams) within the scope of the proposal. In the interests of transparency all views are reflected in the summary below.

Reduced Weekend Cover

Many people who responded were clear that mental health needs do not stop at weekends and were concerned that reducing weekend cover would delay assessments and support for people in crisis. This was seen as particularly risky for older people, people living with dementia, and those in care homes or living alone with limited support. There was a strong view that this could lead to worsening mental health, increased distress, and a higher risk of

¹² Respondents could select more than one option therefore the sum may be greater than the total number of individual respondents.

harm to individuals and, in some cases, to others. Some respondents expressed concern that the proposal could weaken community based and preventative approaches. However, other respondents were supportive of the proposal given that data demonstrates a lower level of demand at the weekend and a perception this would allow services to focus on weekday provision.

Displacement of Demand

Respondents consistently stated that removing specialist mental health cover at weekends would not remove demand, but simply displace it elsewhere, including to A&E, NHS 24, out of hours GP services, the ambulance service, or Police Scotland. Several people suggested that any savings made could easily be outweighed by the costs of emergency responses, hospital admissions, and longer inpatient stays. Some respondents felt that reducing weekend services sits uneasily with national and local mental health strategies, which emphasise early intervention, prevention, and timely access to support.

Hospital Flow and Discharge Planning

Some respondents expressed concern that services may avoid Friday or weekend discharges if specialist mental health input is not available at the weekend. Respondents highlighted the risk of increased delayed discharges and additional pressure on inpatient wards and care homes, which could affect overall system performance.

Specialist Mental Health Expertise

Mental Health Nurses were described as providing highly specialist skills, including assessment, medication management, and risk management. Many respondents stressed that this expertise cannot simply be replaced by other services or professionals who may not have the same level of clinical knowledge, continuity, or access to relevant information, making it harder to manage complex mental health situations safely. Care homes were also highlighted as being under strain, operating with limited staffing and training. Respondents questioned whether they could safely manage mental health crises without specialist weekend support.

Impact on Families and Unpaid Carers

Families and unpaid carers who responded described already feeling under significant pressure, particularly at weekends. They expressed their concern that reduced support would increase stress and risk, both for them and for the people they care for. Some respondents shared positive experiences of the support they, or their family members, have received from a range of community-based mental health services (rather than from the specific services impacted by the proposal).

Alternative Mitigations

Many responses questioned whether the proposed saving is proportionate to the potential impact. The saving was often described as relatively small when compared with the possible human, clinical, and financial consequences. Rather than removing weekend provision entirely, many respondents suggested keeping some level of specialist mental health cover

at weekends. They suggested this could include reduced or targeted cover for higher risk situations, or an on-call specialist presence to manage the most complex cases. Some respondents encouraged exploring alternative models of support, including greater use of third sector organisations, remote or digital support options, and reviewing weekday staffing patterns, rather than focusing savings on weekend provision alone.

There was also strong emphasis on the need to strengthen alternative pathways, such as NHS 24, out of hours GP services, social work emergency teams, and third sector support. Respondents stressed that these services must be reliable, properly resourced, and clearly communicated to service users, carers and professionals. Improving discharge planning was another recurring theme raised by respondents. The importance of avoiding unsafe Friday or weekend discharges and ensuring better coordination across hospital and community services was stressed by several respondents.

Several people suggested closely monitoring what happens at weekends if services are reduced, including tracking incidents, crisis presentations, and call outs. They felt this would be essential to understanding risks and unintended consequences, with clear reporting and feedback arrangements in place.

Key Themes from Consultation Sessions and Other Submissions

There were no further contributions made regarding this saving proposal at consultation sessions or within additional written submissions.

4.7 Review of The Corner

Question 38 - How would this impact on you?

There were 86 responses on behalf of organisations, of which 16 selected 'prefer not to answer'. The average impact rating was 1.7 (low impact).

There were 15 responses on behalf of groups, of which 5 selected 'prefer not to answer'. The average impact rating was 1.8 (low impact).

There were 464 responses from individuals, of which 51 people selected 'prefer not to answer'. The average impact rating was 1.7 (low impact). A further breakdown of individual response is available in Appendix 2.

Chart 24: Impact of review of The Corner by respondent type

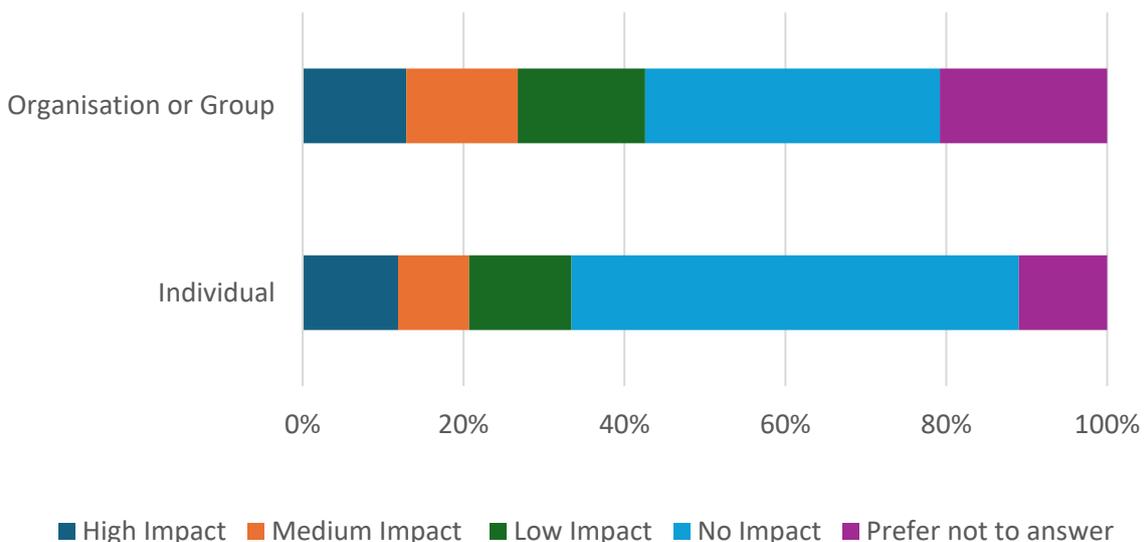
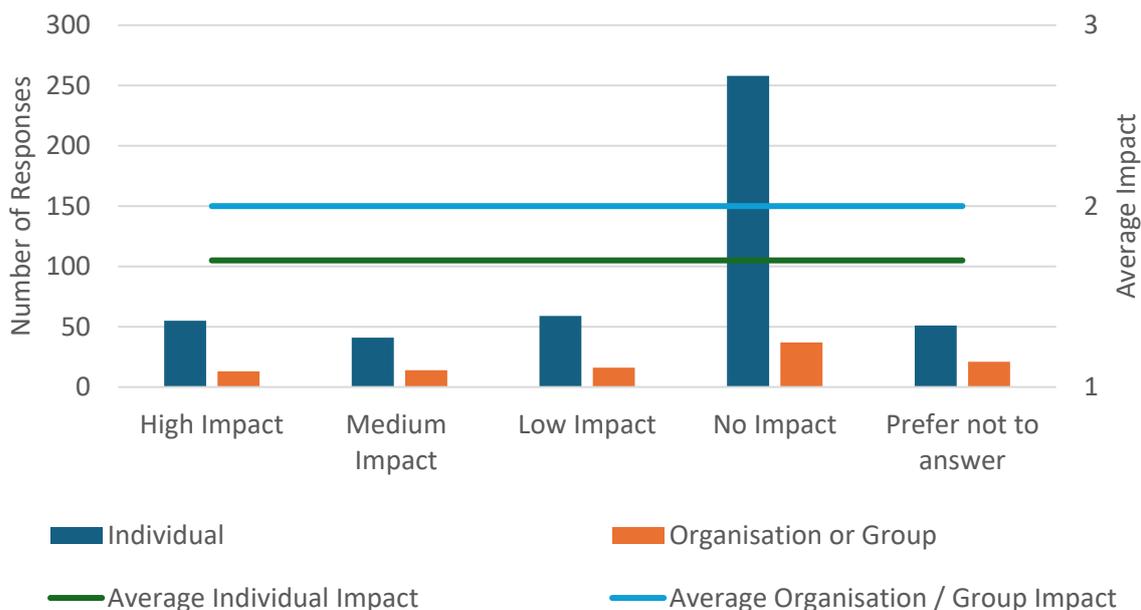


Chart 25: Impact of review of The Corner by level of impact



91 respondents also provided feedback about the impact this option would have on them (or the person / people they represent) and things that could be done to minimise negative impacts.

- 70 respondents were individual respondents (of which 14 were family members, 17 were service users or their representatives, 34 were member of the public, 34 were unpaid carers and 24 were workforce members)¹³.

¹³ *Respondents could select more than one option therefore the sum may be greater than the total number of individual respondents.

- 21 were on behalf of organisations.
- 0 were on behalf of groups.

Key themes from these responses were:

Early Help and Preventative Support

Overall, respondents expressed strong concern about the proposed saving option and the effect it could have on young people and wider services. Many respondents felt that reducing funding to The Corner would limit access to early help and preventative support, particularly for mental health, sexual health, drug and alcohol use, emotional wellbeing and for young carers. Respondents stated that The Corner is widely seen as a confidential, trusted place where young people can get support through a one-stop-shop model without long waiting times. Several respondents expressed concern that, if this access is reduced, young people's difficulties will worsen before they receive help elsewhere.

Displacement of Demand

Several respondents state that any reduction in provision at The Corner would not remove demand but instead push it onto other services. Respondents frequently mentioned CAMHS, GP practices, A&E and specialist mental health, trauma, sexual violence and drug and alcohol services as likely to experience increased pressure. Several respondents felt this could lead to higher long-term costs, as young people present later and in greater crisis, meaning the proposed savings may be outweighed by future spending. Some respondents expressed concern that wider services for young people, including community and school-based supports have been reduced in recent years, limiting the availability and effectiveness of alternative sources of support. Others highlighted the potential cumulative impact of proposals to reduce funding to the third sector that could impact on drug and alcohol and violence against women services that might provide alternative sources of support for older young people (those aged over 18 years).

Impact on Young People's Outcomes

Many responses highlight the potential impact on young people's outcomes. Concerns include worsening mental health, increased drug and alcohol related harm, higher rates of teenage pregnancy and sexually transmitted infections, and greater protection and trauma related needs. The Corner was often described as the only realistic option for young people who are waiting for assessments, cannot cope with long waits, or feel unable to access more formal services. Removing or reducing this support is seen as risking harm to individuals at a critical stage in their lives. Many people emphasised that young people trust the service and have built relationships with staff over time. There is concern that disrupting this model could deter young people from seeking help in the future, particularly those who already struggle to engage with statutory services. Many respondents described positive experiences of using the service themselves or of their children using the service.

Vulnerable and Marginalised Groups

Concern was expressed about the impact on vulnerable and marginalised groups, including care experienced young people, young carers, neurodivergent young people and those living just outside Dundee who attend school or receive other services in the city. While some respondents acknowledged that the numbers of older young adults or out of area users may be relatively small, they stressed that restricting access or reducing funding could still undermine the overall service and its ability to support Dundee's young people effectively.

Reviewing or Refocusing the Service

Alongside these concerns, several respondents were supportive of reviewing the service to identify any opportunities for change and improvement. Others suggested ways the impact of savings could be reduced. Many respondents stated that frontline, face to face support should be protected as far as possible, especially drop in access and confidential early intervention. There were also calls for increased partnership working and collaboration. Suggestions included closer joint working with third-sector organisations and statutory services, better coordination of youth provision, better use of digital and online resources and reducing duplication rather than withdrawing support. Other respondents suggested that, if changes are required, the focus should be on refocusing provision rather than removing it. This could include prioritising younger or more disadvantaged young people while still ensuring that vulnerable older or out of area young people are not excluded from support where risks are high.

Several respondents suggested exploring alternative funding options including tapering funding over time, supporting The Corner to develop a simple and realistic funding strategy, and seeking external funding from grants, trusts or health partners. Some also suggested exploring shared funding across the wider Tayside area, recognising that young people from neighbouring areas access the service.

Finally, respondents stressed the importance of involving young people themselves in any decisions about change. They felt that young people's experiences and views should shape how services develop, to maintain trust and ensure that support remains accessible and relevant. There was also concern amongst some respondents about a lack of clarity around how a review would lead to savings; people asked for clearer explanations of what changes are proposed, what would be protected, and how any savings would be achieved.

Key Themes from Consultation Sessions and Other Submissions

During workforce consultation sessions participants highlighted that any reductions in funding for The Corner would have a direct impact on staffing levels and therefore service delivery. The importance of maintaining holistic assessments and effective transition support between children's and adult services was also emphasised. Opportunities to work collaboratively with neighbouring areas to develop a regional young people's support

service were suggested, and it was stated that there is willingness to consider different ways of working in the future. Ongoing involvement in the review process from the workforce and continued oversight of wider changes in services for those in the transition age group from children's to adults' services were identified as important considerations.

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

5.1 Question 40 – Alternative ways to save money

Respondents were invited to provide suggestions about other ways in which the IJB could save money. 229 provided further feedback and suggestions.

Many respondents felt that there are too many senior, middle and non-frontline management roles. These posts were seen as costly and not always regularly reviewed in terms of necessity. A common view was that any savings should start at senior levels, rather than affecting frontline or preventative services.

There was strong opposition to cuts that could increase hospital admissions or reduce people's independence and that will lead to higher costs in the long run. Respondents frequently highlighted duplication across services, teams, assessments, management roles, IT systems and care pathways. There was strong support for better integration, shared systems and closer joint working between health, social care and partner organisations. There were also some concerns shared about high agency staffing costs, sickness absence and poor workforce planning. Many respondents highlighted the need to better support staff wellbeing to reduce costs over the longer term.

Many respondents highlighted outdated, fragmented or paper based systems that waste staff time. People expressed strong support for shared digital records, improved IT, automation and sensible use of AI to reduce administrative work. Respondents also raised concerns about everyday waste, including procurement costs, unused or expired stock, single use items, unreturned equipment, travel costs, conferences, consumables, buildings and under used assets. Many people suggested having fewer buildings, sharing premises, co locating teams, and using hybrid or remote working where appropriate. Better use of community spaces was also seen as a way to reduce building and travel costs.

Some respondents suggested means testing, small charges, fines for missed appointments, equipment deposits or contributions where appropriate. At the same time, they stressed the importance of protecting people who are least able to pay.

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

- Reviewing internal staffing, roles and costs across all services. This included non-clinical, project and improvement roles.
- Reducing expenditure on media, communications and non-priority projects.
- Reducing the number of senior, middle and integrated management posts. This included flattening management hierarchies and removing duplicate leadership roles.
- Reducing reliance on agency, bank and supplementary staffing.

- Improving sickness management and return to work supports.
- Using administrative and reception staff more effectively to reduce the workload of clinicians and other professional staff.
- Investing in upskilling staff and service users in digital skills to support introduction of digital innovations and service delivery.
- Reviewing efficiency of current domestic staffing arrangements, particularly in non-clinical areas.
- Improving medium to long-term financial planning to reduce reliance on short-term cuts to services.
- Developing longer-term savings proposals that protect investment in early intervention and prevention supporting future cost avoidance rather than immediate financial savings.
- Removing restrictions associated with individual service budgets, to allow pooling of resources to support sustainable services.
- Removing barriers to implementation of changes, particularly those that would allow more innovative, effective and efficient ways of working.
- Identifying and applying best practice from other partnerships.
- Merging services delivering similar functions (e.g. overlapping rehabilitation services) and creating single, integrated pathways and waiting lists where possible.
- Reducing duplication of assessments and paperwork across teams.
- Streamlining assessment processes, particularly those associated with changes to social care packages.
- Focusing investment on prevention and early intervention, including supported self-management, to avoid higher future costs.
- Reducing paper-based processes, printing and postage.
- Reducing over ordering and stockpiling of medicines and consumables.
- Reducing attendance at conferences and associated travel costs.
- Improving tracking, return and re use of equipment (e.g. OT/physio aids).
- Reducing single use items where safe reuse is possible.
- Co locating teams and sharing premises with partners.
- Reducing travel costs through car sharing and providing services from office bases (rather than people's homes).

- Using community venues instead of dedicated offices where feasible.
- Reducing building opening hours.
- Increasing use of opt in referrals to reduce unnecessary demand.
- Reviewing management of prescribing / medication budgets.
- Improving the quality of hospital discharge, including communication and collaboration with families and community services, to prevent subsequent readmissions.
- Reviewing performance and duplication across commissioned services to make sure contracts are aligned more closely to outcomes and value for money.

Some suggestions were made that cannot be considered or implemented by the IJB alone, as they do not have authority in all of the relevant areas. However, these will be shared with NHS Tayside and Dundee City Council for further joint consideration:

- Capping, freezing or reducing senior management salaries and pay awards.
- Considering voluntary redundancy for senior posts.
- Offering slightly reduced contracted working hours (e.g. 37 → 35 hours) to save salary costs.
- Introducing shared, integrated health and social care record systems.
- Using digital booking, text reminders and online appointment systems.
- Applying AI selectively to reduce administration and documentation time.
- Reviewing procurement systems and high-cost suppliers.
- Charging for lost, damaged or unreturned equipment where appropriate.
- Reducing the number of buildings and selling under used assets.
- Increasing appropriate remote or hybrid working.
- Reducing remote working to increase productivity and opportunities for skill sharing.
- Introducing or expanding means tested charging for some non-statutory services.
- Applying small charges to reduce non-attendance at appointments.
- Issuing fines for repeated missed appointments.
- Reviewing charging for equipment loans and adaptations.
- Increasing collaboration across local authorities and NHS partners.

- Considering further investment of major trauma funding to support relevant community-based health and social care service activity.
- Enhancing the focus on healthy lifestyles and self-care within schools.
- Further considering opportunities to deliver services on a Tayside wide basis and / or in collaborative models alongside the third sector.
- Increasing the funding allocated to social care, and distributing this more equally between public, third and independent sector providers.

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

Key Themes from Consultation Sessions and Other Submissions

In addition to the suggestions made within survey responses, the following alternatives were raised during consultation sessions:

- Further investment in digital tools, such as Magic Notes¹⁴, to improve efficiency and release resources to focus on direct service delivery. This could include extending software licenses to include third-sector services.
- Removing barriers to staff signposting service users to alternative services and sources of support in the private sector (such as practical support for cleaning, meals, equipment purchases etc).
- Having an ongoing mechanism for the workforce to submit ideas for cost savings and an effective mechanism to consider and respond to these.
- Allowing people from outwith Dundee to access services such as respite and the Mackinnon Centre on a paid for basis to make sure all capacity is fully used and maximise income.
- Ensuring that any unspent budget from Self-Directed Support direct payments is recovered on a timely way.
- Investing in additional capacity to support service reviews and transformation work that would support a more strategic and long-term approach to financial sustainability.

¹⁴ Magic Notes is an AI-powered tool that records meetings and generates structured, editable summaries to streamline administrative work and improve efficiency for frontline professionals.

5.2 Question 41 – Any other feedback

Respondents were invited to provide any other feedback about the savings options put forward by officers and the impact they would have. 187 gave further feedback.

Overall, respondents reflected strong opposition to the proposed savings. Many respondents said the changes would cause serious harm to vulnerable people, carers, families, members of the workforce and communities, and would likely increase costs in the long term rather than save money. Concerns were also expressed by several respondents that proposed savings would impact on services ability to meet national guidance and standards in their specific area of work (including health, social care and social work).

Importance of Prevention and Early Intervention

The importance of prevention and early intervention was restated by many respondents. People repeatedly explained that services such as specialist physiotherapy and occupational therapy, neurological rehabilitation, nutrition and dietetics, carers' support, mental health services, and third sector organisations help people stay independent, avoid crisis, and remain at home. Respondents argued that cutting these services will lead to longer waiting times for services, more hospital admissions, longer hospital stays, delayed discharges, higher demand for social care, and greater pressure on unpaid carers and frontline staff. The shift of costs from community-based health and social care services to other parts of the public sector was also highlighted as an important risk.

Some respondents stated that Dundee had developed a positive reputation for investment in preventative services and early intervention and therefore savings proposals were a backwards step. Several respondents argued for a focus on improving health outcomes and reducing health inequalities. However, some felt that people should take greater responsibility for looking after their own health and leading a healthy lifestyle rather than relying on support from services.

Reductions to Community-Based AHP-Led Services

Several respondents restated concerns in relation to proposed savings for Allied Health Professional led services (Nutrition and Dietetics, Occupational Therapy and Physiotherapy). There was particularly strong concern about the need to maintain specialist services (for stroke, MS, MND and other conditions) alongside more general services for lower levels of need. Potential negative impacts of service user outcomes and on the workforce were described, alongside likely impacts on wider health and social care services. Several respondents highlighted the potential cumulative impact of these savings, which could increase falls, malnutrition and functional decline leading to avoidable hospital admissions.

Impact on Unpaid Carers

Support for unpaid carers was another recurring theme. Many carers stated that carers' services and respite services are the only thing keeping them coping. Respondents warned

that reducing this support would lead to carer burnout, breakdown of care at home, poorer mental health (including suicide risk), and increased use of paid care or residential care, shifting costs back onto the health and social care system. Others highlighted that the impact on carers would be further compounded by savings impacting the person they care for and the potential for greater expectations to provide care and support where services are no longer available. A few respondents highlighted specific concerns about impacts on young carers, particularly on their ability to attend and achieve at school and to participate in their community.

Role and Vulnerability of Third Sector Services

Respondents repeatedly described third sector services as essential, not optional. Organisations and individuals explained that charities and community groups provide preventative, trusted, locally based support that statutory services cannot replace. Several respondents also felt that these services are already filling gaps left by overstretched public services. Cuts to third sector funding were described as short sighted and destabilising. Several organisations explained that IJB funding allows them to attract additional external funding, meaning cuts would result in a much larger financial loss overall. A few respondents felt that charitable organisations should not be prioritised for funding but instead should focus on fundraising.

Many respondents shared personal experiences of the value and impact of individual services on their health, wellbeing, safety and quality of life. Support from the third sector, services for unpaid carers and for stroke survivors and people with other neurological conditions were seen as particularly valuable.

Workforce Pressures, Morale and Sustainability

Many comments from workforce members highlighted concerns about workforce strain and morale. People described services as already operating at or beyond capacity, with rising demand, vacancies, sickness absence and burnout. They anticipated that further savings are likely to worsen stress, reduce opportunities for training and development, reduce service quality, increase grievances, make it more difficult to attract new staff and drive experienced staff out of health and social care altogether. Some respondents also raised the potential of job losses and a reduction in volunteering opportunities, particularly across third sector services, with a knock-on impact on the local economy. A small number of respondents highlighted the significant mental wellbeing impacts for the third sector workforce of service funding and job security being regularly and repeatedly under threat.

Fairness and Equality

There was also strong concern about fairness and equality. Respondents said the people most affected by the cuts are often least able to respond to consultations due to disability, illness, caring responsibilities, digital exclusion or literacy barriers. Several respondents

raised concerns about discrimination if essential equipment, therapies or supports become chargeable or unavailable. Specific concerns were also restated regarding the impact of proposals on people who have progressive and fluctuating long-term health conditions and on older people. Several respondents highlighted that savings targeted at third sector services will have a distinctly high impact on vulnerable people and health inequalities, as it is these services who are working with the hardest to reach, excluded, at risk and unwell people within the city (rather than public services).

Transparency and Decision-Making

Several respondents expressed the view that decisions have already been made, with consultation seen by some as tokenistic. People asked for clearer communication, honest language (calling cuts “cuts” rather than “efficiency savings”), and genuine consideration of cumulative impacts rather than viewing each saving in isolation. While a small number of respondents acknowledged the need for difficult financial decisions, most argued that savings should be sought elsewhere, such as management structures, non-frontline costs, or through better system coordination, rather than by cutting preventative and community-based services. The importance of communication and explanation of alternative sources of support for service users impacted by any changes was emphasised. Some respondents suggested that funding for anything that is not a statutory duty should be withdrawn and that those people who can afford to pay for services should do so.

Funding and Investment in Health and Social Care

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

Key Themes from Consultation Sessions and Other Submissions

Frustration about Wider Investment Priorities

Several members of the public expressed frustration that significant investment is being directed towards projects such as the V&A, the Eden Project and the refurbishment of Union Street at the same time as funding for health and social care and other frontline public services is being reduced. They felt that greater priority should be given to funding services for people with the greatest need, rather than protecting projects because they are supported through specific ring-fenced funding streams. Many respondents emphasised the need for increased, not reduced, community services, particularly for older people given Dundee’s ageing population. While some reflected positively on improvements in health and social care over the past 20 years, the current financial position and proposed savings

were widely described as a backward step. Concerns were also raised about the potential impact of savings on hospital admissions, delayed discharge and waiting times.

Lack of Resource Shift to Community Services

Many workforce members expressed significant frustration that positive progress made in shifting the balance of care from hospital to community settings has not resulted in an equivalent transfer of financial or other resources to help maintain and expand community-based health and social care services. Some provider and workforce participants also called for a different approach to be taken to financial planning with commissioned services to move away from single year planning and reduce anxiety amongst providers, their workforce and service users.

Staffing Levels, Workloads and Career Progression

Members of the workforce highlighted that reductions in staffing levels in recent years have limited career progression, with staff taking on increased workloads and responsibilities without adequate recognition or compensation.

Charging and Means-Testing in Current Economic Conditions

Some members of the workforce noted that changing expectations of public services, alongside rising living costs, have made approaches such as means testing and charging for services more difficult to consider. They highlighted that welfare benefits intended to help meet the additional costs associated with disability or ill health (such as Pension Age Disability Payment) are increasingly being used to cover basic living expenses due to inflation, including heating and food costs.

Future Consultations

Both members of the public and the workforce also made constructive suggestions for improving future consultations, including better support for people with additional communication needs, clearer processes for notifying affected service providers and profession specific consultation sessions.

6 Impacts for Specific Groups of Areas

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

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

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

- 0 - 1 represent no impact¹⁵
- 1.1 - 2 represent low impact
- 2.1 – 3 represent medium impact
- 3.1 – 4 represent high impact.

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

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

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

¹⁵ Please note that “no impact” response may include people who use the service and consider the proposal will have no impact and people who do not use the service (and therefore the option has no impact on them).

6.1 Summary of Highest Ranked Impacts for Specific Groups

Chart 26: Summary of highest ranked impacts for specific groups

Key:	Highest ranked by average impact		
	High Impact	Medium Impact	Low Impact
Equality or Fairness Group	Rank 1	Rank 2	Rank 3
TOTAL INDIVIDUAL SAMPLE	Third Sector Funding Review of PT and OT	OT Equipment	Tayside Nutrition & Dietetics Service Older People Mental Health
Disability	Review of PT and OT	OT Equipment	Older People Mental Health
Sex – female	Review of PT and OT Third Sector Funding	OT Equipment	Tayside Nutrition & Dietetics Service Older People Mental Health
Sex – male	Third Sector Funding	OT Equipment	OT Equipment
Pregnancy and maternity	Not available due to small numbers		
Gender reassignment	Not available due to small numbers		
Religion or belief – with religion or belief	Review of PT and OT	OT Equipment	Third Sector Funding
Religion or belief – no religion or belief	Review of PT and OT Third Sector Funding	OT Equipment	Tayside Nutrition & Dietetics Service
Religion or belief – Christian, Church of Scotland or Roman Catholic	Review of PT and OT	Third Sector Funding	OT Equipment
Religion or belief – other religion or belief	Third Sector Funding	Review of PT and OT	The Corner
Married or civil partnership	Review of PT and OT	Third Sector Funding	OT Equipment
Age – under 25	Third Sector Funding The Corner	Review of PT and OT	OT Equipment
Age 25-64	Third Sector Funding	Review of PT and OT	OT Equipment
Age 65+	Review of PT and OT	Third Sector Funding	OT Equipment

Key:	Highest ranked by average impact		
	High Impact	Medium Impact	Low Impact
Equality or Fairness Group	Rank 1	Rank 2	Rank 3
TOTAL INDIVIDUAL SAMPLE	Third Sector Funding Review of PT and OT	OT Equipment	Tayside Nutrition & Dietetics Service Older People Mental Health
Sexual Orientation – straight / heterosexual	Review of PT and OT Third Sector Funding	OT Equipment	Tayside Nutrition & Dietetics Service Older People Mental Health
Sexual Orientation – gay or lesbian	Third Sector Funding	Review of PT and OT	OT Equipment Tayside Nutrition & Dietetics Service
Sexual Orientation – bisexual or other	Review of PT and OT	Third Sector Funding	OT Equipment
Race – White Scottish / Other British / Irish	Review of PT and OT Third Sector Funding	OT Equipment	Tayside Nutrition & Dietetics Service Older People Mental Health
Race – White Eastern European / White Other	Review of PT and OT	OT Equipment Third Sector Funding	Older People Mental Health
Race – Black and Minority Ethnic Groups	The Corner	Older People Mental Health OT Equipment	Review of PT and OT
Unpaid care	Third Sector Funding	Review of PT and OT	OT Equipment
Resident in Dundee	Third Sector Funding	Review of PT and OT	OT Equipment
SIMD ¹⁶ 1 and 2	Third Sector Funding	Review of PT and OT	OT Equipment
SIMD 4 and 5	Review of PT and OT Third Sector Funding	OT Equipment	Tayside Nutrition & Dietetics Service Older People Mental Health
LCPP ¹⁷ - Coldside	Third Sector Funding	Review of PT and OT	OT Equipment
LCPP – East End	Third Sector Funding	Review of PT and	OT Equipment

¹⁶ Scottish Index of Multiple Deprivation

¹⁷ Local Community Planning Partnership

	Highest ranked by average impact		
Key:	High Impact	Medium Impact	Low Impact
Equality or Fairness Group	Rank 1	Rank 2	Rank 3
TOTAL INDIVIDUAL SAMPLE	Third Sector Funding Review of PT and OT	OT Equipment	Tayside Nutrition & Dietetics Service Older People Mental Health
		OT	
LCPP – Lochee	Third Sector Funding	Review of PT and OT	OT Equipment
LCPP – Maryfield	Third Sector Funding	Review of PT and OT	OT Equipment
LCPP – North East	Third Sector Funding	OT Equipment	Review of PT and OT
LCPP - Strathmartine	Third Sector Funding	Review of PT and OT	OT Equipment
LCPP – The Ferry	Review of PT and OT	Third Sector Funding	OT Equipment
LCPP – West End	Third Sector Funding	Review of PT and OT	OT Equipment

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

6.2 Summary of Variation from Average Impact for Specific Groups

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

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

Only one instance of potentially significant variation was identified: A significant negative impact (1 or more point higher than the average) was identified for people who reported that they were Bisexual or Other (17 people) responding to the proposal to Review The Corner. The impact of this group was 2.7 which is 1.0 greater than the average of 1.7. This should however be treated with caution due to the low number of respondents (17).

Although not further instances of significant variation were identified the full analysis of impact scoring by equality and fairness groups is provided below.

Chart 27: Summary of variation between average impact for specific groups and that of the whole sample of individual respondents

Equality or Fairness Group	Sample Size	Food Train & Bharatiya Ashram Lunch Club	Tayside Nutrition & Dietetics Service	The Corner	Older People Mental Health	OT Equipment	Review of Physiotherapy & Occupational Therapy	Third & Independent Sector Services
1.0 or more than 1.0 less than average		0.5 – 0.9 less than average			0.5 – 0.9 greater than average		1.0 or more than 1.0 greater than average	
TOTAL INDIVIDUAL SAMPLE	464	1.7	1.9	1.7	1.9	2.5	2.8	2.8
Disability	440	0.1	-0.1	0.1	0.0	0.2	0.1	0.2
Sex - female	355	0.0	0.0	0.1	0.0	0.0	0.0	0.0
Sex - male	94	0.0	0.0	0.1	-0.1	0.0	-0.2	0.1
Pregnancy and maternity	6	Not available due to small numbers						
Gender reassignment	2	Not available due to small numbers						

Equality or Fairness Group	Sample Size	Food Train & Bharatiya Ashram Lunch Club	Tayside Nutrition & Dietetics Service	The Corner	Older People Mental Health	OT Equipment	Review of Physiotherapy & Occupational Therapy	Third & Independent Sector Services
1.0 or more than 1.0 less than average		0.5 – 0.9 less than average			0.5 – 0.9 greater than average		1.0 or more than 1.0 greater than average	
TOTAL INDIVIDUAL SAMPLE	464	1.7	1.9	1.7	1.9	2.5	2.8	2.8
Religion or belief - with religion or belief	180	0.0	-0.1	0.0	0.0	-0.1	-0.1	-0.6
Religion or belief - no religion or belief	253	0.0	0.1	0.1	0.0	0.1	0.1	0.1
Religion or belief - Christian, Church of Scotland or	157	0.0	-0.1	-0.1	0.0	0.0	-0.1	-0.2

Equality or Fairness Group	Sample Size	Food Train & Bharatiya Ashram Lunch Club	Tayside Nutrition & Dietetics Service	The Corner	Older People Mental Health	OT Equipment	Review of Physiotherapy & Occupational Therapy	Third & Independent Sector Services
1.0 or more than 1.0 less than average		0.5 – 0.9 less than average			0.5 – 0.9 greater than average		1.0 or more than 1.0 greater than average	
TOTAL INDIVIDUAL SAMPLE	464	1.7	1.9	1.7	1.9	2.5	2.8	2.8
Roman Catholic								
Religion or belief – other religion or belief	23	-0.1	-0.3	0.5	0.0	-0.4	-0.3	0.1
Married or Civil Partnership	430	-0.1	0.0	0.0	-0.1	0.0	0.1	-0.2
Under 25	9	Not available due to small numbers						

Equality or Fairness Group	Sample Size	Food Train & Bharatiya Ashram Lunch Club	Tayside Nutrition & Dietetics Service	The Corner	Older People Mental Health	OT Equipment	Review of Physiotherapy & Occupational Therapy	Third & Independent Sector Services
1.0 or more than 1.0 less than average		0.5 – 0.9 less than average			0.5 – 0.9 greater than average		1.0 or more than 1.0 greater than average	
TOTAL INDIVIDUAL SAMPLE	464	1.7	1.9	1.7	1.9	2.5	2.8	2.8
25-64	367	0.0	0.1	0.1	0.1	0.0	0.0	0.1
65+	86	0.2	-0.2	-0.2	-0.2	-0.2	0.2	-0.3
Straight / Heterosexual	388	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Gay or Lesbian	10	-0.3	0.1	-0.3	-0.2	-0.5	-0.5	0.0
Bisexual or Other	17	0.6	0.0	1.0	0.1	0.3	0.5	0.3
White Scot / Other Brit / Irish	421	0.0	0.0	0.1	0.0	0.0	0.0	0.0

Equality or Fairness Group	Sample Size	Food Train & Bharatiya Ashram Lunch Club	Tayside Nutrition & Dietetics Service	The Corner	Older People Mental Health	OT Equipment	Review of Physiotherapy & Occupational Therapy	Third & Independent Sector Services
1.0 or more than 1.0 less than average		0.5 – 0.9 less than average			0.5 – 0.9 greater than average		1.0 or more than 1.0 greater than average	
TOTAL INDIVIDUAL SAMPLE	464	1.7	1.9	1.7	1.9	2.5	2.8	2.8
White Eastern European / White Other	5	Not available due to small numbers						
Black Minority Ethnic groups	21	-0.3	-0.1	0.5	0.0	-0.3	0.3	0.0
Unpaid care	441	-0.1	-0.2	0.0	-0.1	-0.1	-0.1	0.2
Resident in Dundee	349	0.1	0.0	0.1	0.0	-0.1	-0.1	0.1
SIMD¹⁸ 1 & 2	131	0.2	0.0	0.2	0.1	-0.1	-0.2	0.4

¹⁸ Scottish Index of Multiple Deprivation

Equality or Fairness Group	Sample Size	Food Train & Bharatiya Ashram Lunch Club	Tayside Nutrition & Dietetics Service	The Corner	Older People Mental Health	OT Equipment	Review of Physiotherapy & Occupational Therapy	Third & Independent Sector Services
1.0 or more than average		0.5 – 0.9 less than average			0.5 – 0.9 greater than average		1.0 or more than 1.0 greater than average	
TOTAL INDIVIDUAL SAMPLE	464	1.7	1.9	1.7	1.9	2.5	2.8	2.8
SIMD 4 and 5	121	0.1	0.0	0.1	0.0	0.1	0.0	0.0
LCPP¹⁹ - Coldside	29	0.3	0.3	0.2	0.3	0.4	0.2	0.5
LCPP - East End	24	0.4	0.2	0.1	0.0	0.1	0.0	0.2
LCPP - Lochee	39	-0.2	0.0	0.1	-0.1	-0.1	-0.2	0.2
LCPP - Maryfield	29	0.0	0.0	0.2	-0.2	-0.4	-0.3	0.0

¹⁹ Local Community Planning Partnership (electoral ward)

Equality or Fairness Group	Sample Size	Food Train & Bharatiya Ashram Lunch Club	Tayside Nutrition & Dietetics Service	The Corner	Older People Mental Health	OT Equipment	Review of Physiotherapy & Occupational Therapy	Third & Independent Sector Services
1.0 or more than 1.0 less than average		0.5 – 0.9 less than average			0.5 – 0.9 greater than average		1.0 or more than 1.0 greater than average	
TOTAL INDIVIDUAL SAMPLE	464	1.7	1.9	1.7	1.9	2.5	2.8	2.8
LCPP - North East	32	0.3	0.1	0.3	0.1	0.1	-0.2	0.6
LCPP - Strathmartine	56	0.3	0.1	-0.1	-0.1	0.0	-0.2	0.1
LCPP - The Ferry	51	-0.3	-0.4	0.0	-0.2	-0.1	-0.1	-0.1
LCPP - West End	53	0.3	0.0	0.2	0.1	-0.3	0.0	0.1

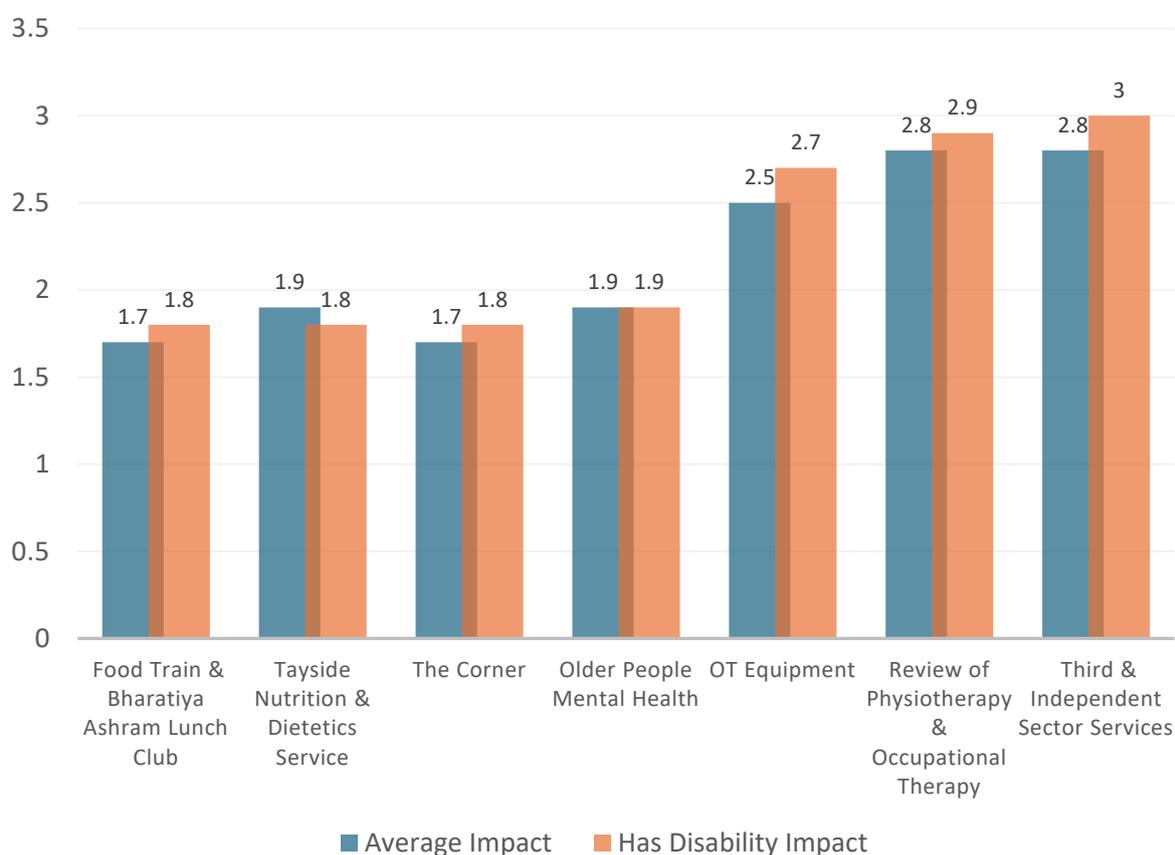
More information on saving options with a variation of 0.5 or more can be found in the sections below.

6.3 Protected Characteristics

6.3.1 Disability

(Sample: 135 (29%) respondents consider themselves to have a disability.)

Chart 28: Average impact for respondents who selected that they have a disability



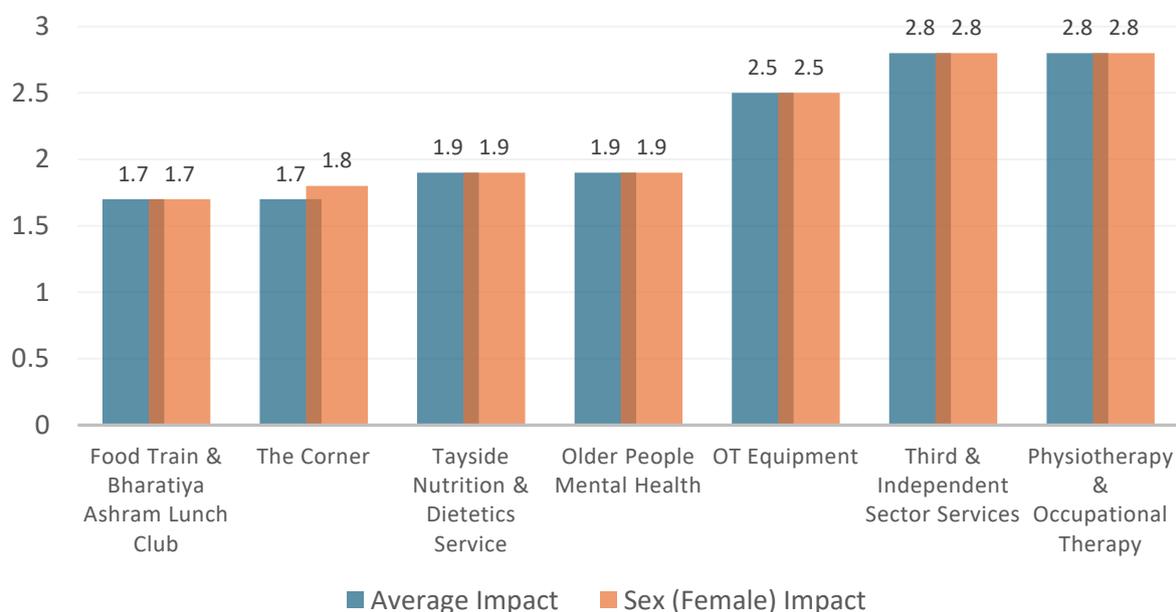
The saving options with the highest average impact rating for people who stated that they have a disability were:

- Reducing funding of services delivered by the Third and Independent Sector (3.0 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.9 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.7 – medium).

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

6.3.2 Sex

(Sample: 355 (77%) of respondents were female and 94 (20%) were male.)

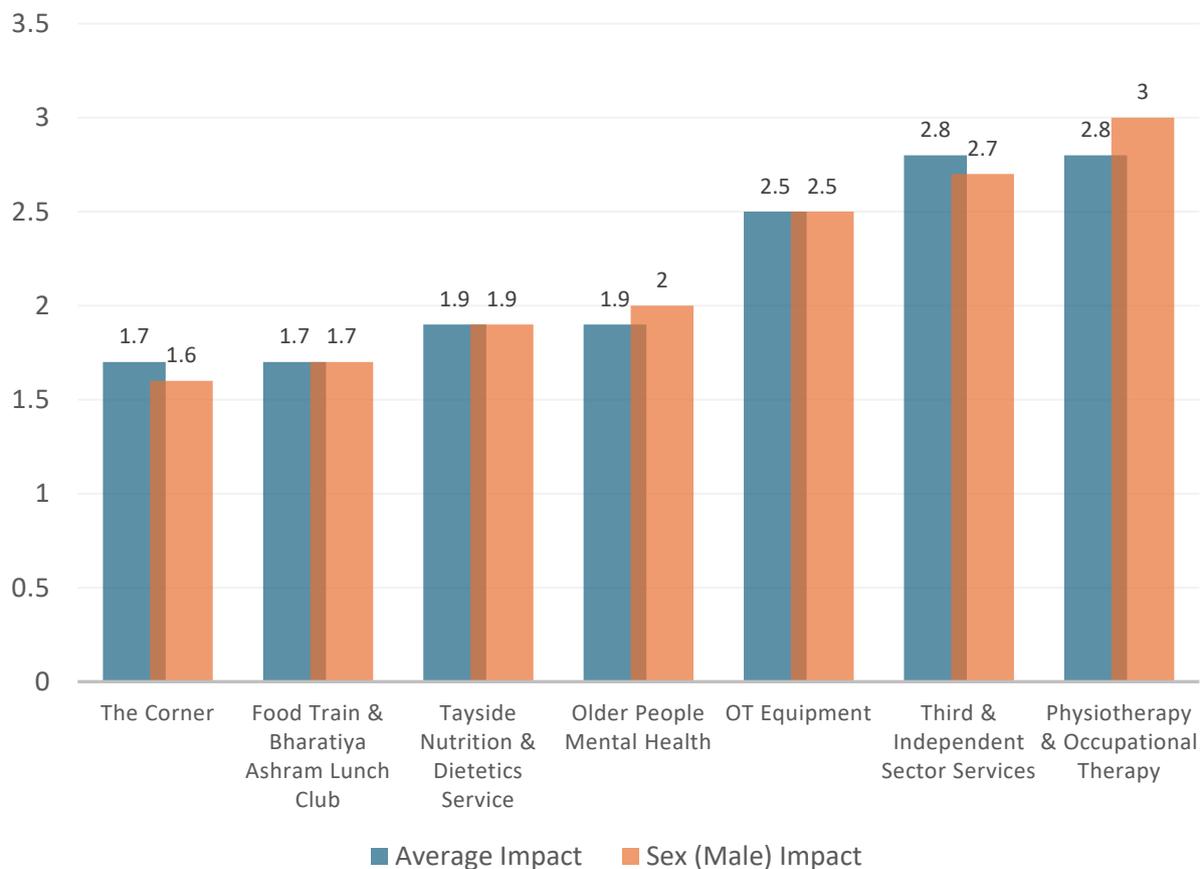
*Females***Chart 29:** Average impact for female respondents

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

- Reviewing the Physiotherapy and Occupational Therapy Service (2.8 – medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.8 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.5 – medium).

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

Males

Chart 30: Average impact for male respondents

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

- Reviewing the Physiotherapy and Occupational Therapy Service (3.0 – medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.7 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.5 – medium).

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

6.3.3 Gender Reassignment

Unable to further analyse due to small numbers.

Sample: 2 (0.4%) respondents considered themselves to be trans or to have a trans history.

6.3.4 Being pregnant or on maternity leave

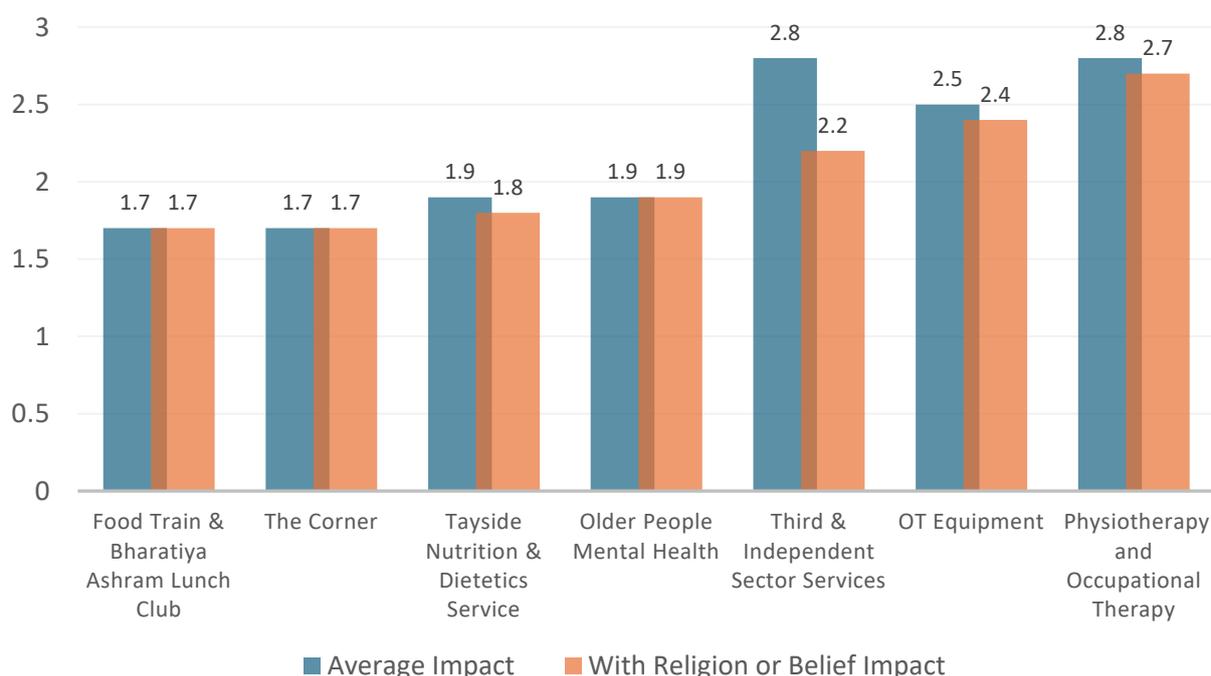
Unable to further analyse due to small numbers.

Sample: 6 (2%) respondents were pregnant or on maternity leave.

6.3.5 Religion of Belief

(Sample: 180 (39%) respondents consider themselves to have a religion or belief; 253 (55%) to have no religion or belief; 157 (26%) to be Christian, Church of Scotland or Roman Catholic, and 23 (5%) to have a religion or belief other than Christian, Church of Scotland or Roman Catholic.)

Chart 31: Average impact for respondents with religion or belief



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

- Reviewing the Physiotherapy and Occupational Therapy Service (2.7 – medium).

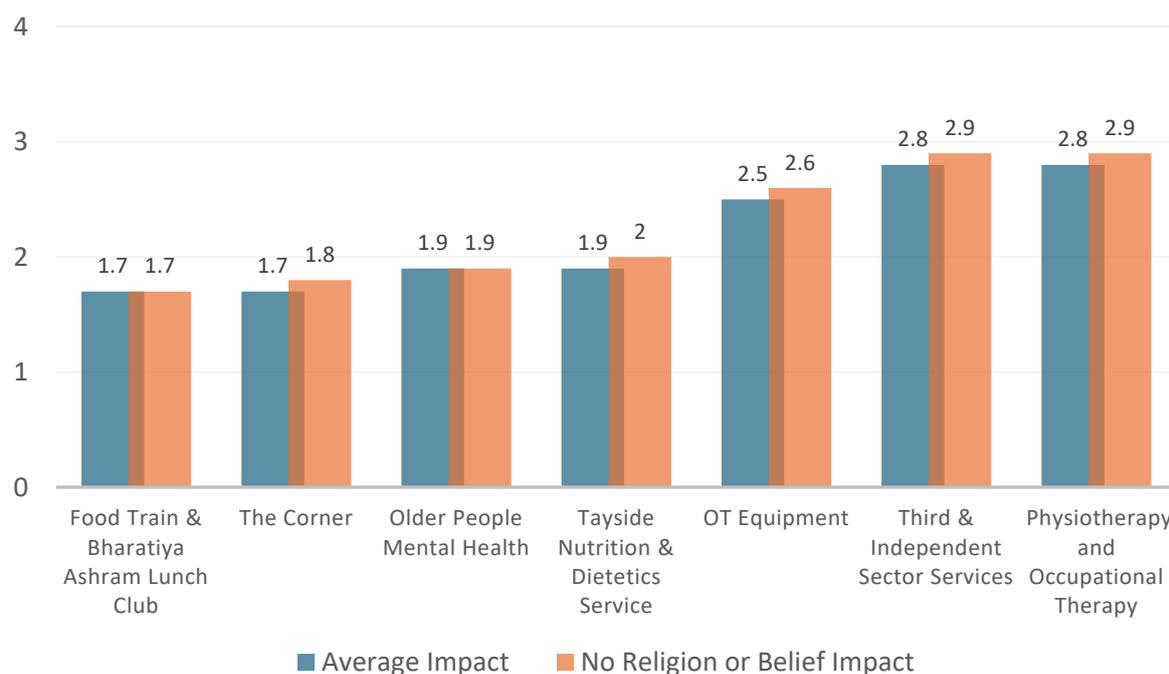
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.4 – medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.2 – medium).

The saving options with differences in average impact rating between people who consider themselves to have religion or belief and the overall individual survey sample average of 0.5 or more were:

- Reducing funding of services delivered by the Third and Independent Sector (-0.6 difference).

This difference is not considered to be significant.

Chart 32: Average impact for respondents with no religion or belief



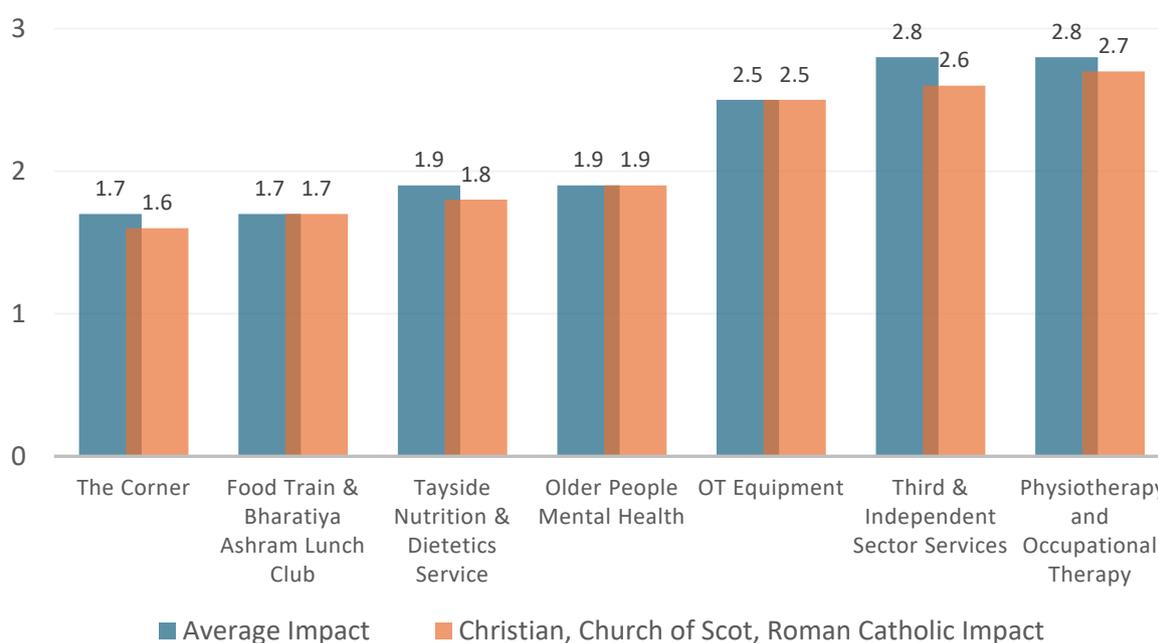
The saving options with the highest average impact rating for people who stated they have no religion or belief were:

- Reviewing the Physiotherapy and Occupational Therapy Service (2.9 – medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.9 – medium).

- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.6 – medium).

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

Chart 33: Average impact for respondents with Christian, Church of Scotland or Roman Catholic religion

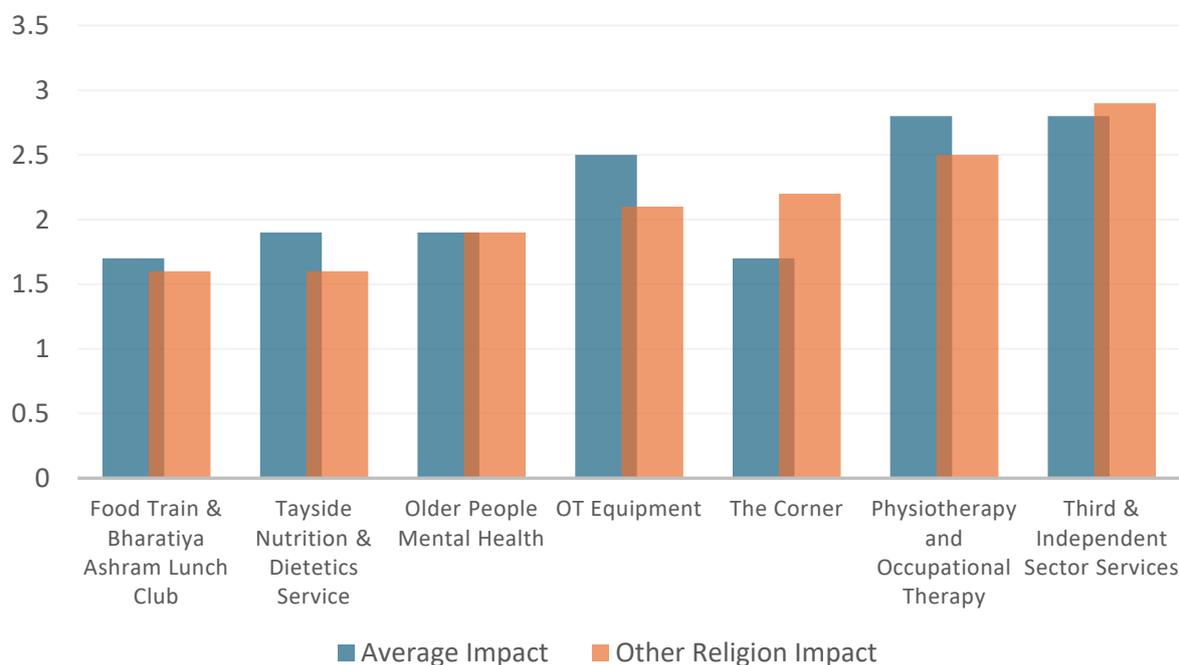


The saving options with the highest average impact rating for people who consider themselves to be Christian, Church of Scotland or Roman Catholic were:

- Reviewing the Physiotherapy and Occupational Therapy Service (2.7 – medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.6 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.5 – medium).

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

Chart 34: Average impact for respondents with religion or belief other than Christian, Church of Scotland or Roman Catholic



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

- Reducing funding of services delivered by the Third and Independent Sector (2.9 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.5 – medium).
- Review of The Corner (2.2 – medium).

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

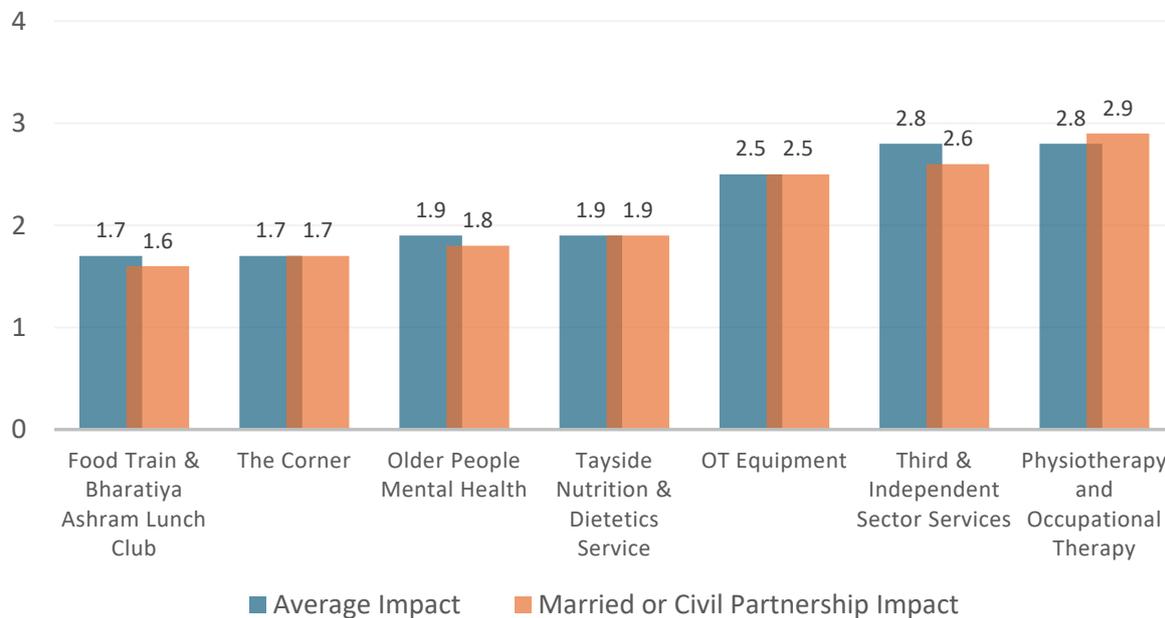
- Review of The Corner (+0.5 difference).

This difference is not considered to be significant.

6.3.6 Being married or in a civil partnership

(Sample: 219 (47%) respondents were married or in a civil partnership.)

Chart 35: Average impact for respondents who are married or in a civil partnership



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

- Reviewing the Physiotherapy and Occupational Therapy Service (2.9 – medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.6 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.5 – medium).

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

6.3.7 Age

These have been split into three groups which reflect the age bandings used by National Records for Scotland (NRS) when reporting the annual mid-year estimates. (Sample: 358 (77%) respondents were aged 25 to 64 years and 86 (19%) aged 65 years and over.)

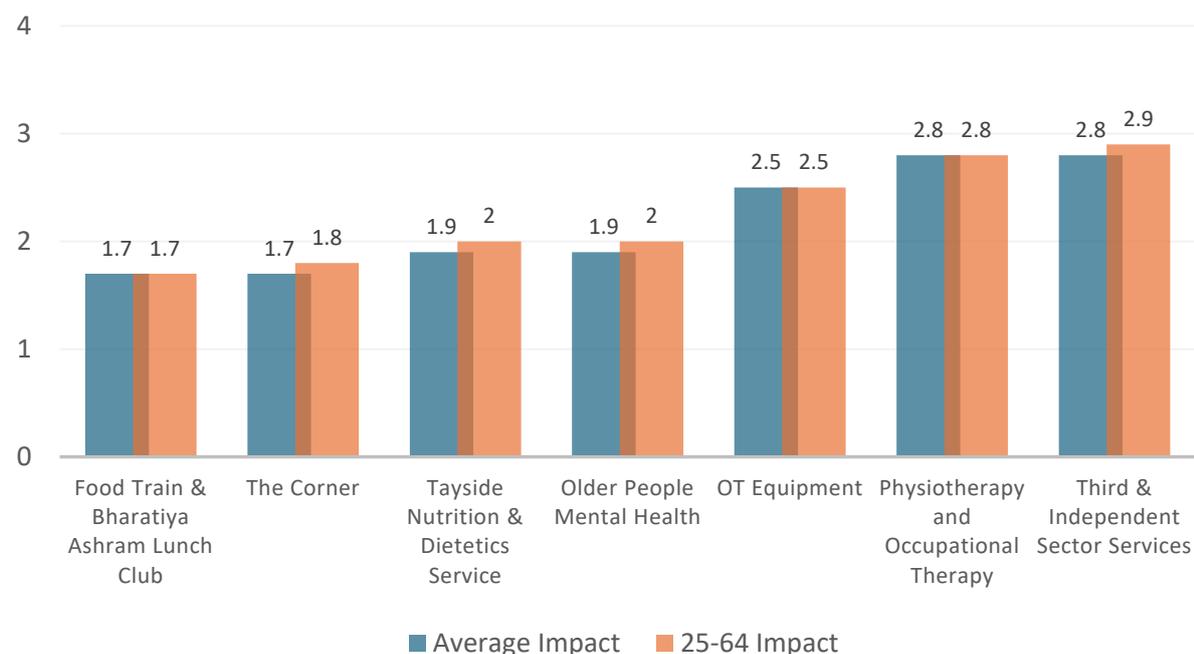
Age Under 25

Unable to further analyse due to small numbers.

Sample: 9 (2%) respondents were aged under 25 years.

Age 25 - 64

Chart 36: Average impact for respondents aged 25-64 years

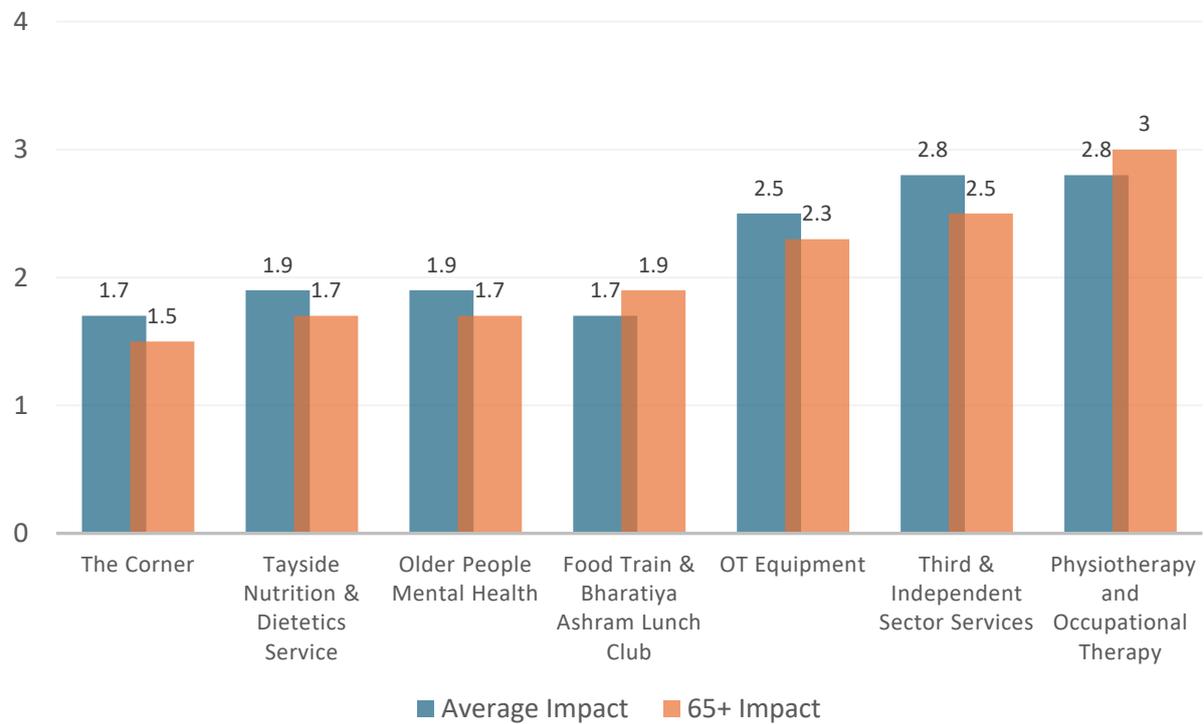


The saving options with the highest average impact rating for people aged 25 – 64 were:

- Reducing funding of services delivered by the Third and Independent Sector (2.9 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.8 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.5 – medium).

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

Age 65+

Chart 37: Average impact for respondents aged 65+ years

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

- Reviewing the Physiotherapy and Occupational Therapy Service (3.0 – medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.5 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.3 – medium).

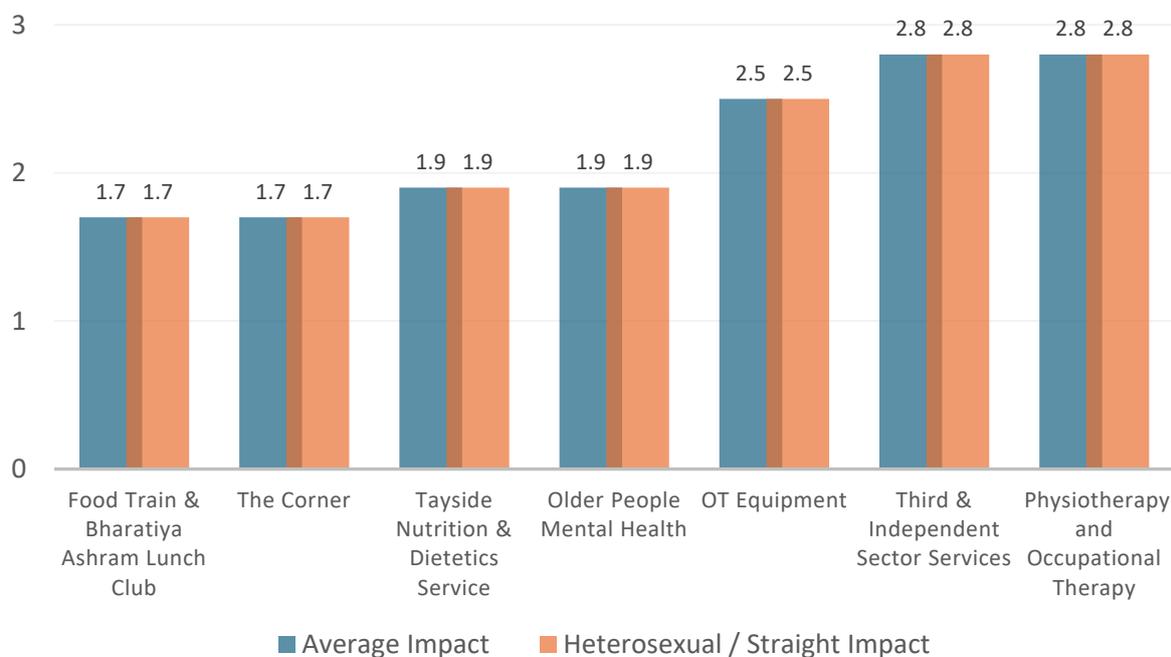
There were no saving options with differences in average impact rating between people who stated they are age 65+ and the overall individual survey sample average of 0.5 or more.

6.3.8 Sexual Orientation

(Sample: 388 (84%) respondents were heterosexual / straight; 10 (2%) gay or lesbian; 18 (4%) bisexual or queer)

Heterosexual / Straight

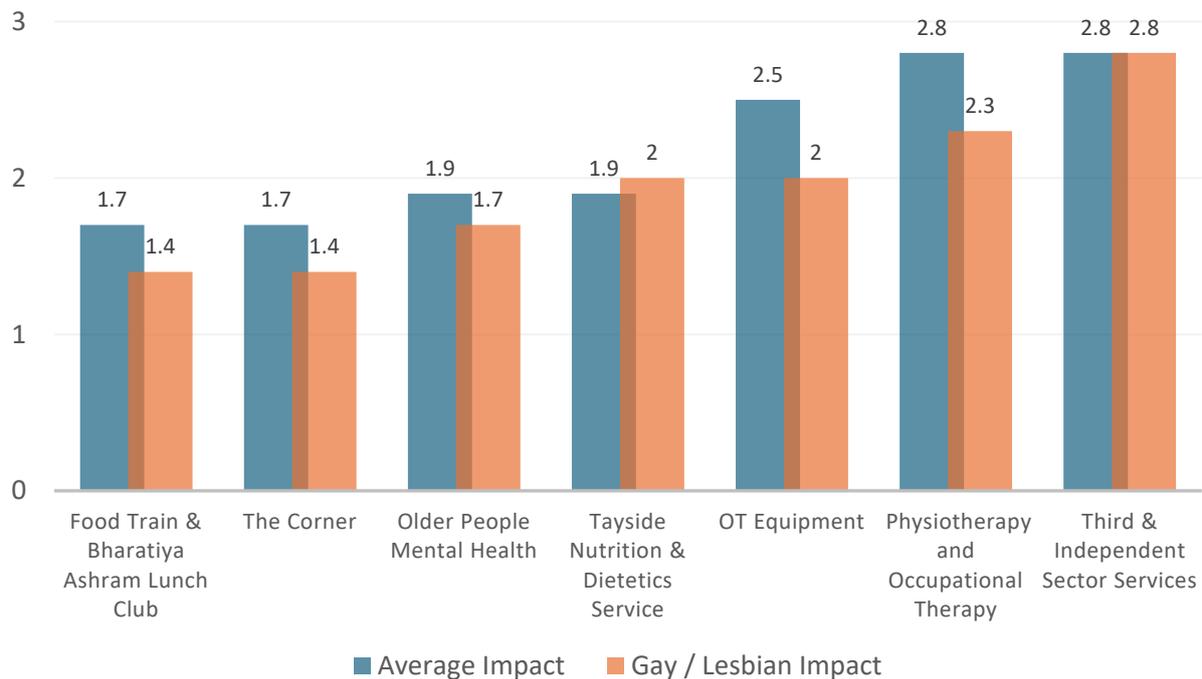
Chart 38: Average impact for respondents who are heterosexual or straight



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

- Reviewing the Physiotherapy and Occupational Therapy Service (2.8 – medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.8 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.5 – medium).

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

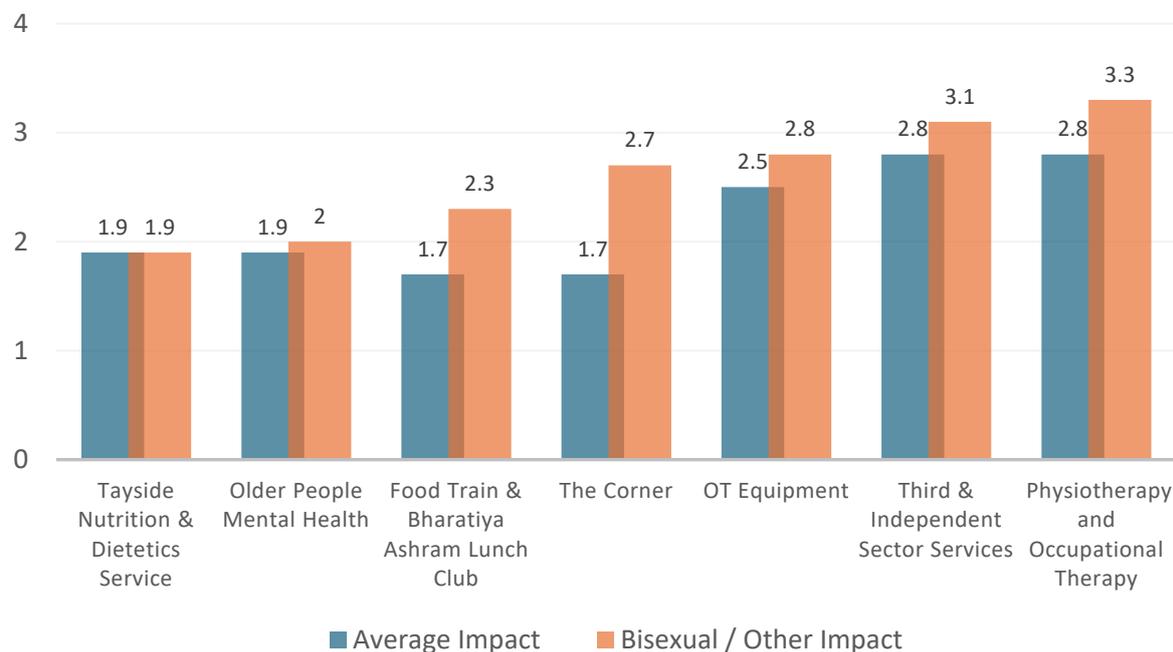
*Gay or Lesbian***Chart 39:** Average impact for respondents who are gay or lesbian

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

- Reducing funding of services delivered by the Third and Independent Sector (2.3 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.3 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.0 – low).
- Reduce funding for the Tayside Nutrition and Dietetics Service (2.0 – low).

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

- Reviewing the Physiotherapy and Occupational Therapy Service (-0.5 difference).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys (-0.5 difference).

*Bisexual / Other***Chart 40:** Average impact for respondents who are bisexual or other

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

- Reviewing the Physiotherapy and Occupational Therapy Service (3.3 – high).
- Reducing funding of services delivered by the Third and Independent Sector (3.1 – high).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.8 – medium).

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

- Review of The Corner (+1.0 difference).
- Reviewing the Physiotherapy and Occupational Therapy Service (+0.5 difference).
- Stop funding Food Train and Bharatiya Ashram Lunch Club (-0.7 difference).

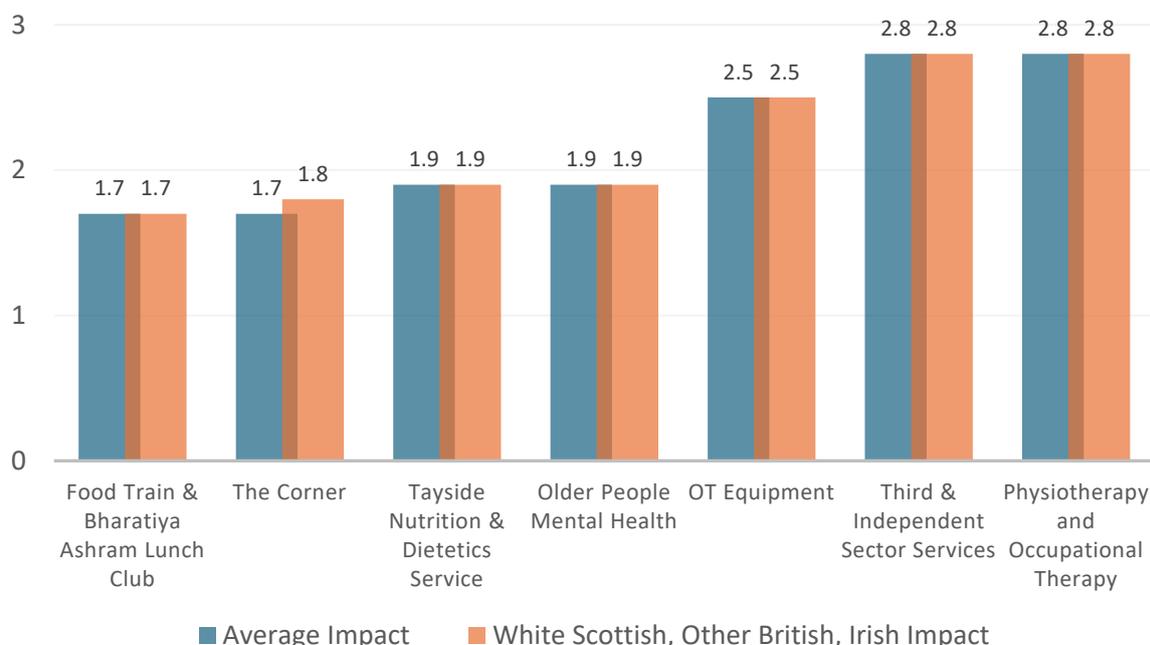
The 1-point difference between the average impact rating for reviewing The Corner is considered to be significant, however caution should be applied due to the low number (17) in the sample of people who consider themselves to be bisexual or other.

6.3.9 Race

(Sample: 421 (91%) respondents were white Scottish / Other British / Irish; 5 (1%) white Eastern European / white other; 21 (5%) from Black and minority ethnic groups.)

White Scottish / Other British / Irish

Chart 41: Average impact for respondents with white Scottish, other British or Irish ethnicity



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

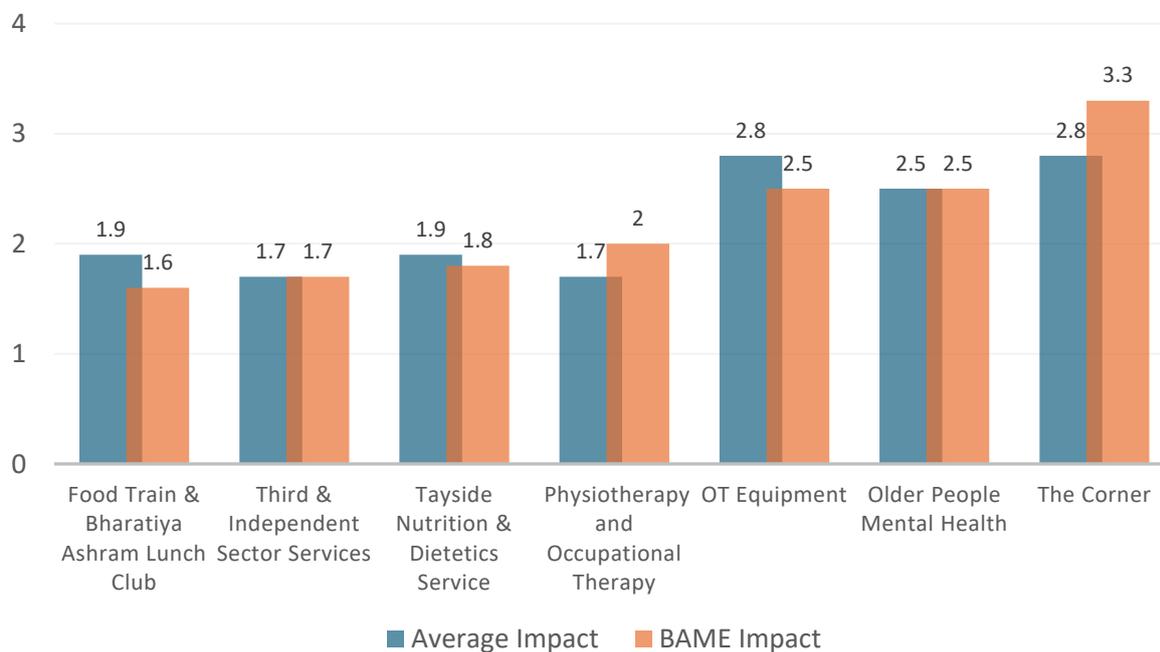
- Reviewing the Physiotherapy and Occupational Therapy Service (2.8 – medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.8 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.5 – medium).

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

White Eastern European / White Other

Unable to further analyse due to small numbers.

Sample: 5 (1%) of respondents were White European / White Other

*Black and Minority Ethnic***Chart 42:** Average impact for respondents who are black or from a minority ethnic group

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

- Review of The Corner (3.3 – high).
- Older People's Mental Health Services - Weekend Services (2.5 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.5 – medium).

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

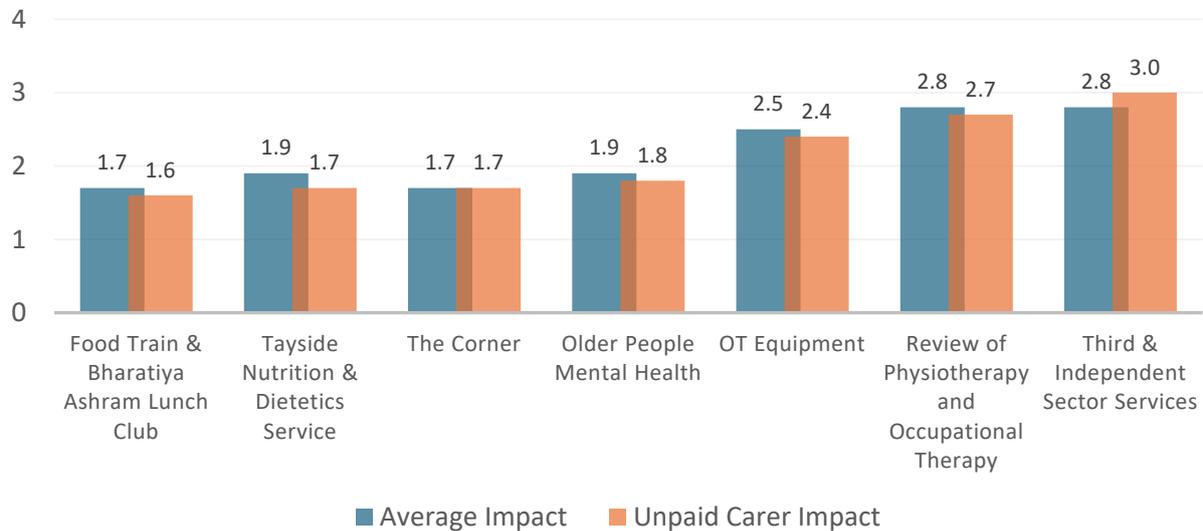
- Review of The Corner (+0.5 difference).

None of these differences are considered to be significant.

6.3.10 Providing Unpaid Care

(Sample: 187 (40%) respondents considered themselves to be unpaid carers.)

Chart 43: Average impact for respondents who provide unpaid care



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

- Reducing funding of services delivered by the Third and Independent Sector (2.8 - medium. (3.0 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.7 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.4 – medium).

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

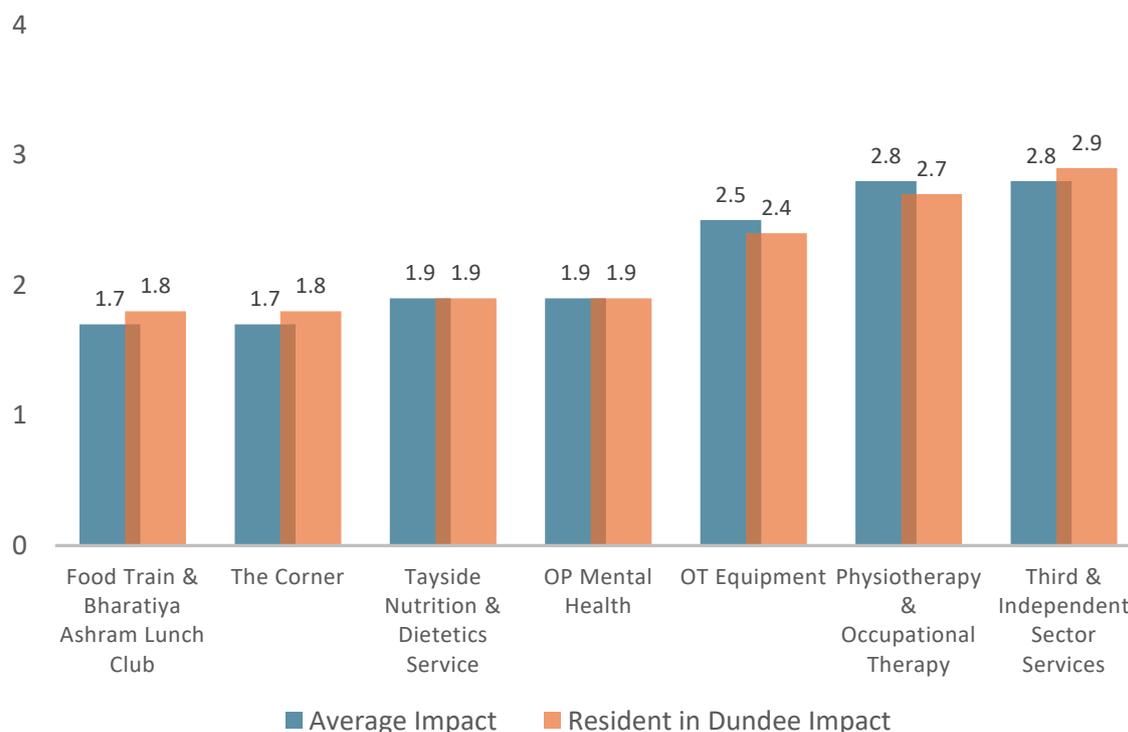
6.4 Socio-Economic Groups

6.4.1 Geographic

Resident in Dundee

(Sample: 349 (79%) respondents were resident in Dundee.)

Chart 44: Average impact for respondents who reside in Dundee



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

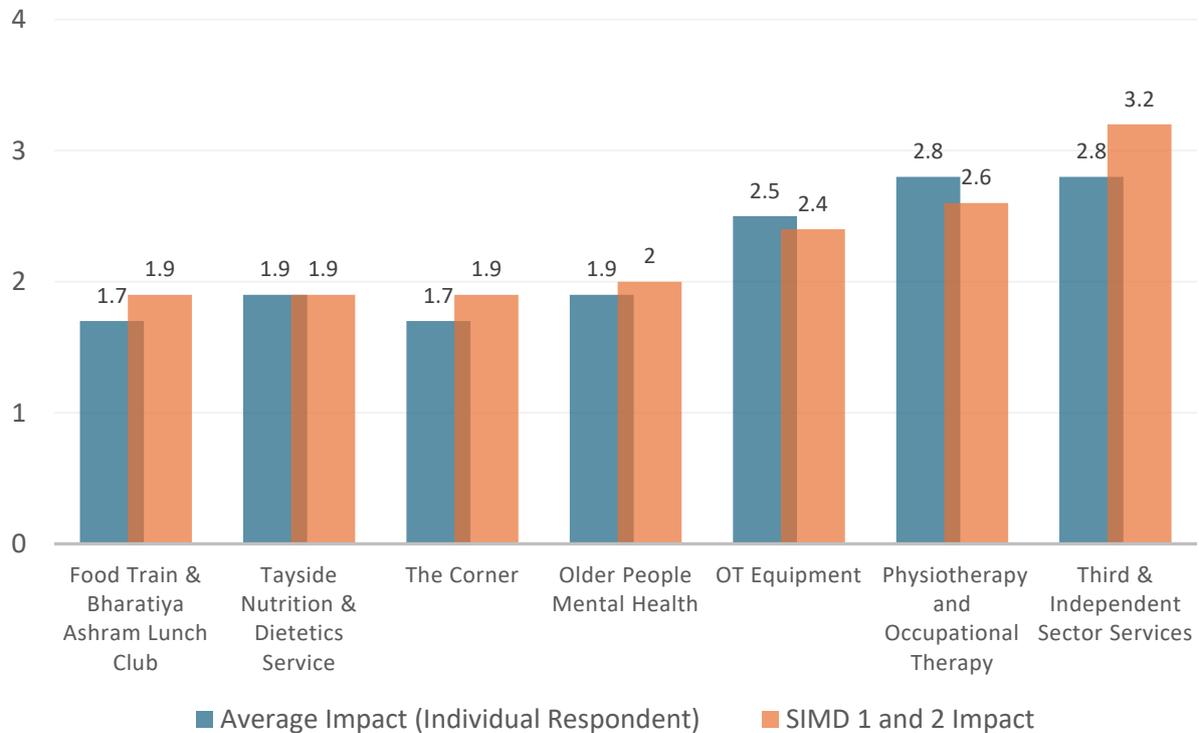
- Reducing funding of services delivered by the Third and Independent Sector (2.8 - medium. (2.9 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.7 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.4 – medium).

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

6.4.2 Scottish Index of Multiple Deprivation²⁰

(Sample: 131 respondents' postcodes were used to derive SIMD 1 and 2; 121 postcodes were used to derive SIMD 4 and 5)

Chart 45: Average impact for respondents who reside in SIMD 1 or 2 areas

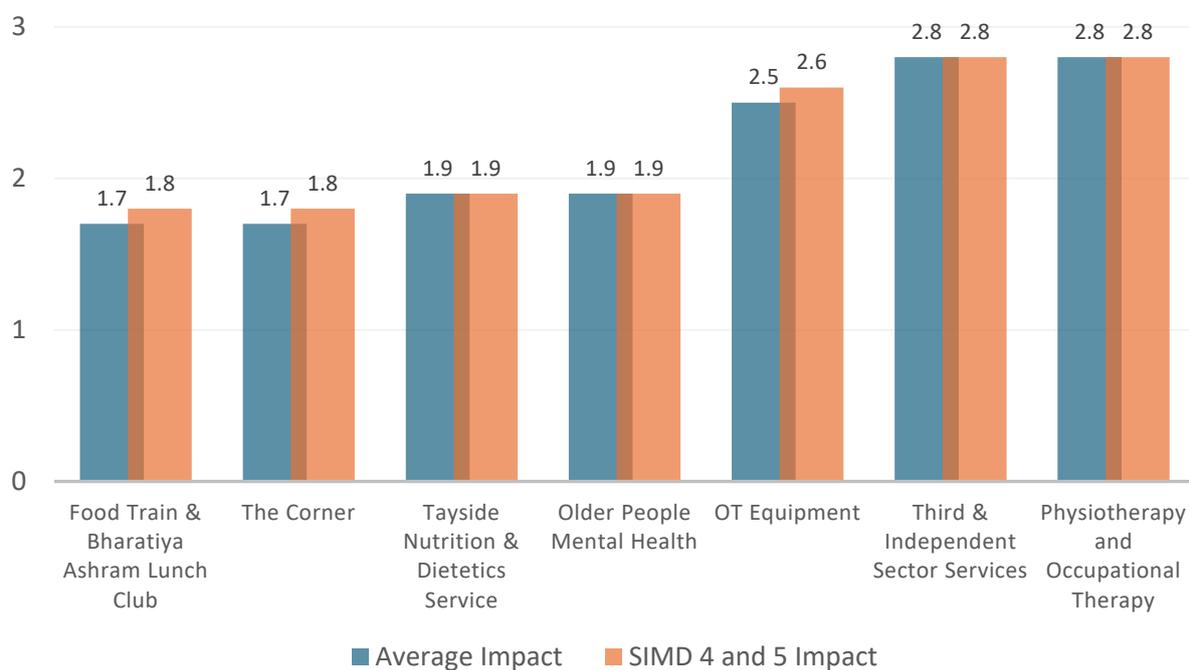


The saving options with the highest average impact rating for people who reside in SIMD 1 or 2 areas were:

- Reducing funding of services delivered by the Third and Independent Sector (3.2 – high).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.6 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.4 – medium).

There were no saving options with differences in average impact rating between people who stated that they reside in SIMD 1 and 2, and the overall individual survey sample average of 0.5 or more.

²⁰ Postcodes in SIMD 1 and 2 are in the 40% most deprived datazones in Scotland. Postcodes in SIMD 4 and 5 are in the 40% least deprived datazones in Scotland.

Chart 46: Average impact for respondents who reside in SIMD 4 or 5 areas

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

- Reviewing the Physiotherapy and Occupational Therapy Service (2.8 - medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.8 – high).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.6 – medium).

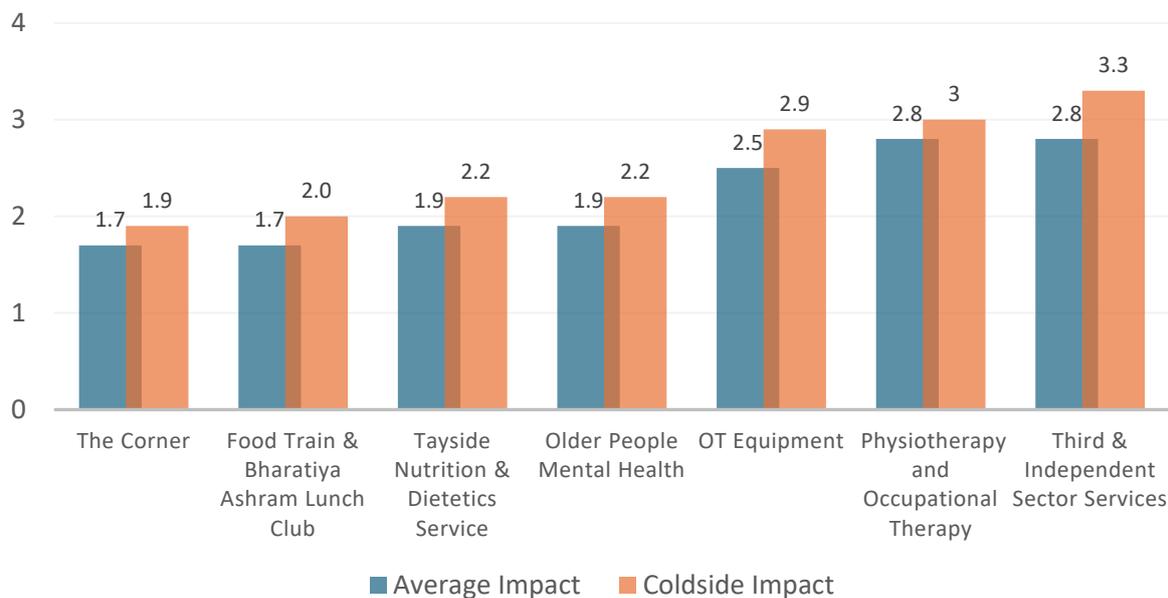
There were no saving options with differences in average impact rating between people who stated that they reside in SIMD 4 and 5, and the overall individual survey sample average of 0.5 or more.

6.4.3 Local Community Planning Partnership (LCPP)

The LCPP information is based on those who supplied a postcode within that LCPP area. (Sample: 29 (9%) respondents live in Coldside; 24 (8%) respondents live in the East End; 39 (13%) in Lochee; 29 (9%) in Maryfield; 32 (10%) in the North East; 56 (18%) in Strathmartine; 51 (16%) in The Ferry; 53 (17%) in the West End.)

Coldside

Chart 47: Average impact for respondents who reside in Coldside



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

- Reducing funding of services delivered by the Third and Independent Sector (3.3 – high).
- Reviewing the Physiotherapy and Occupational Therapy Service (3.0 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.9 – medium).

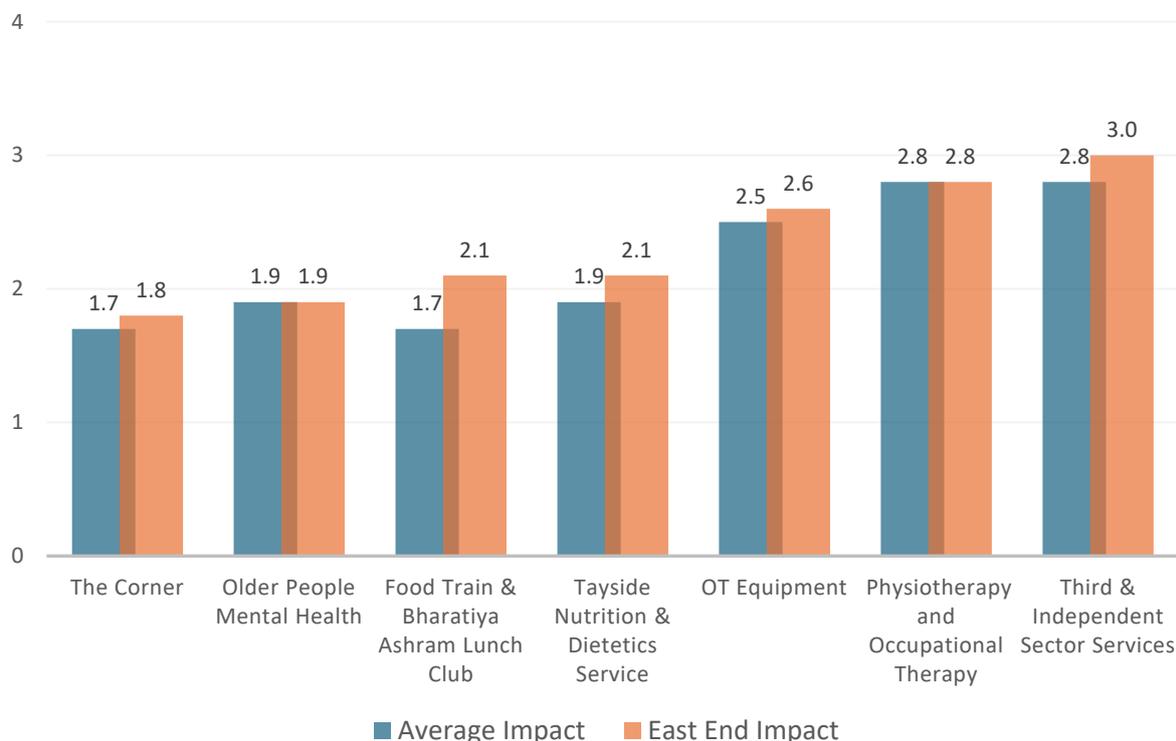
The saving options with differences in average impact rating between people who reside in Coldside and the overall survey sample average of 0.5 or more were:

- Reducing funding of services delivered by the Third and Independent Sector (+0.5 difference).

This difference is not considered to be significant.

East End

Chart 48: Average impact for respondents who reside in East End

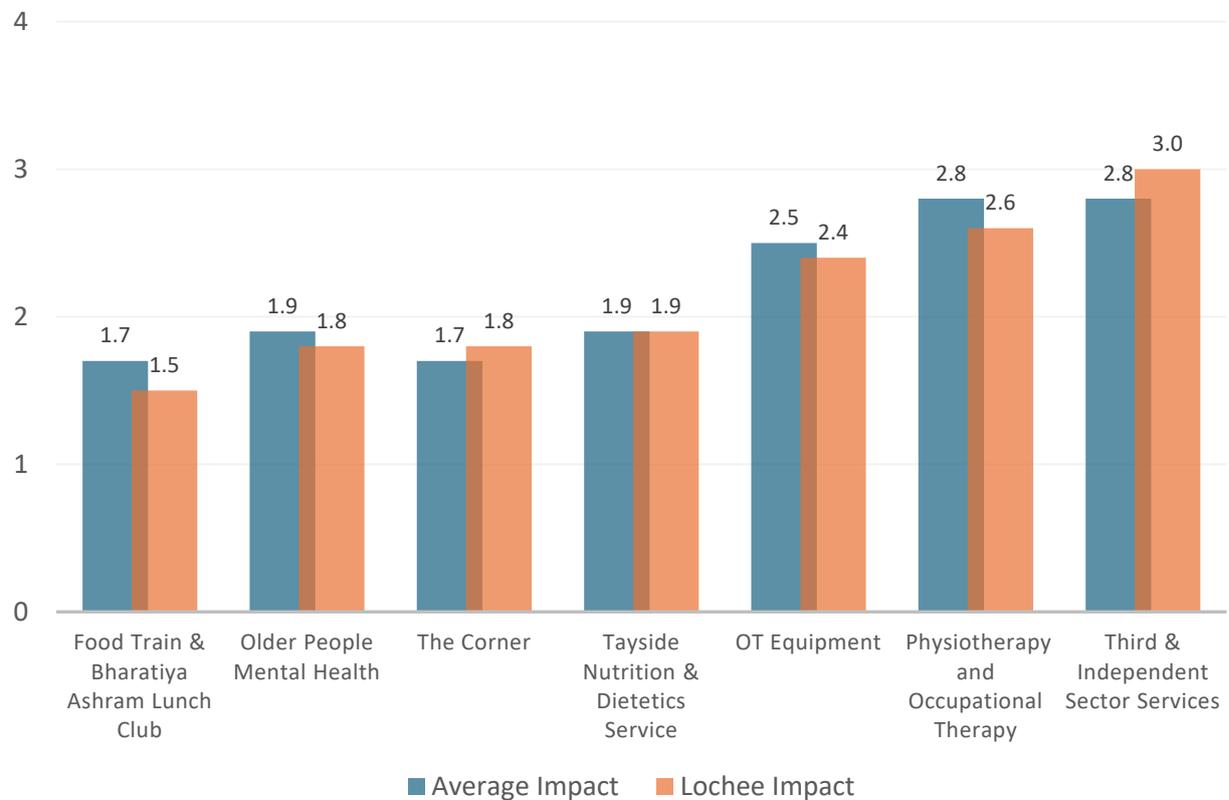


The saving options with the highest average impact rating for people who reside in the East End were:

- Reducing funding of services delivered by the Third and Independent Sector (3.0 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.8 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.6 – medium).

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

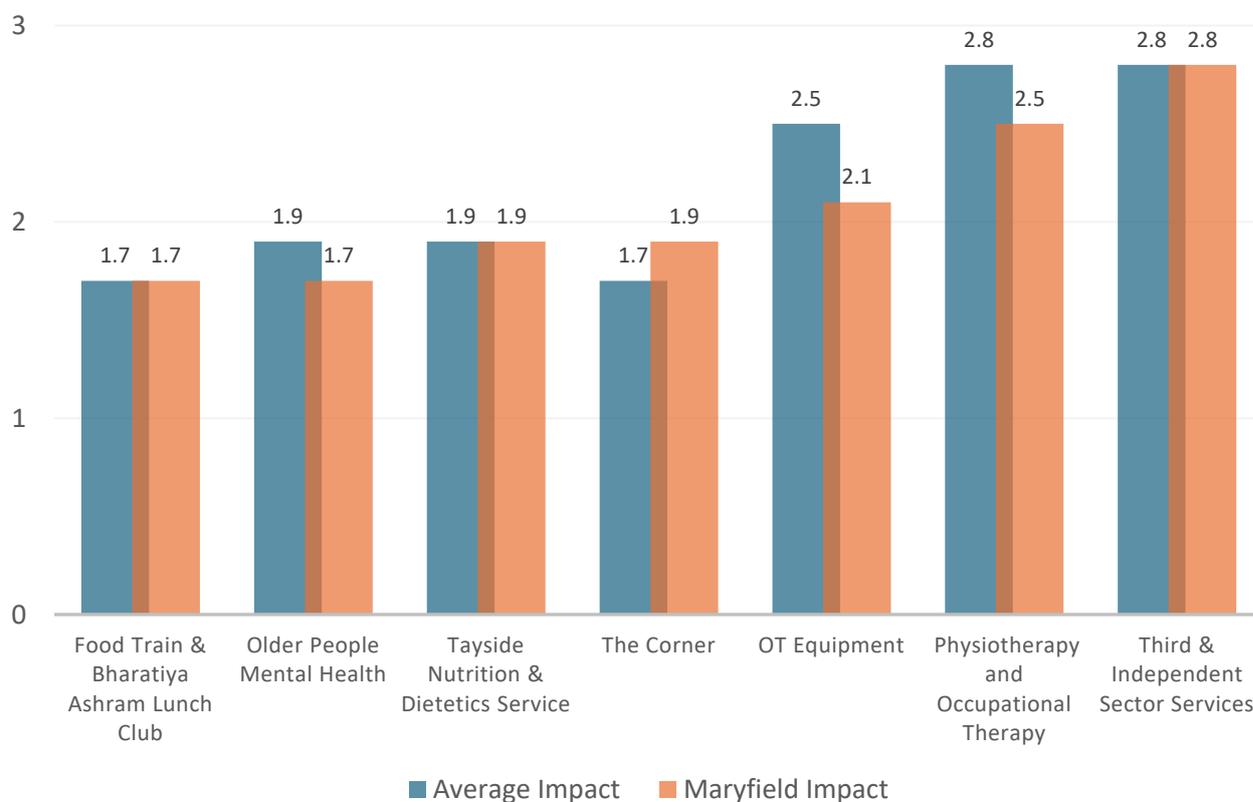
Lochee

Chart 49: Average impact for respondents who reside in Lochee

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

- Reducing funding of services delivered by the Third and Independent Sector (3.0 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.6 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.4 – medium).

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

*Maryfield***Chart 50:** Average impact for respondents who reside in Maryfield

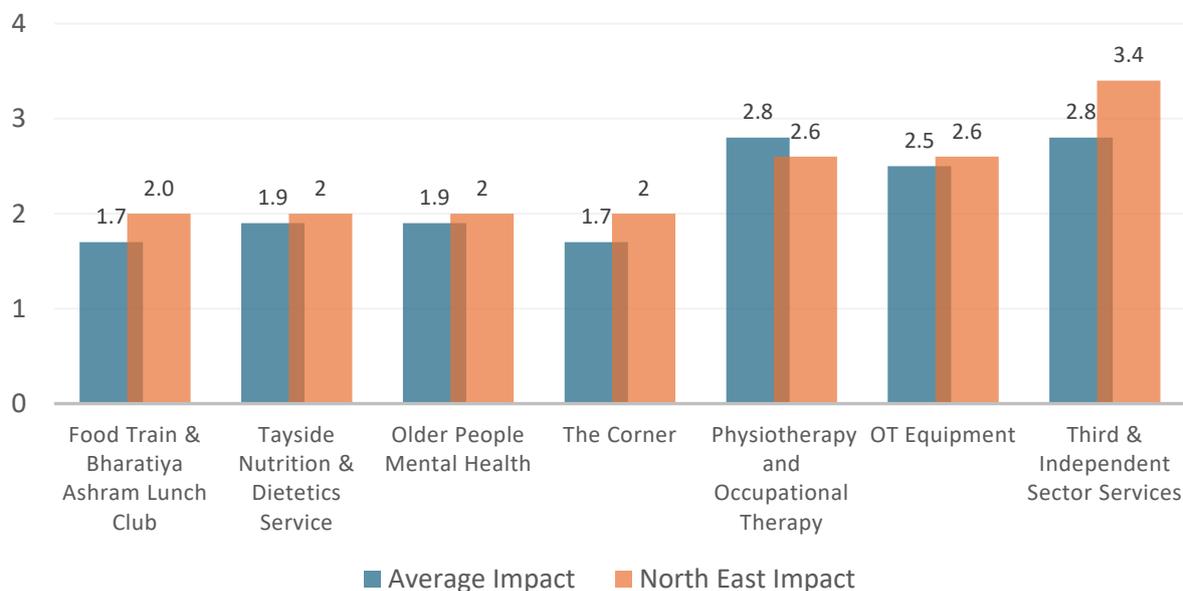
The saving options with the highest average impact rating for people who reside in Maryfield were:

- Reducing funding of services delivered by the Third and Independent Sector (2.8 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.5 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.1 – medium).

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

North East

Chart 51: Average impact for respondents who reside in North East



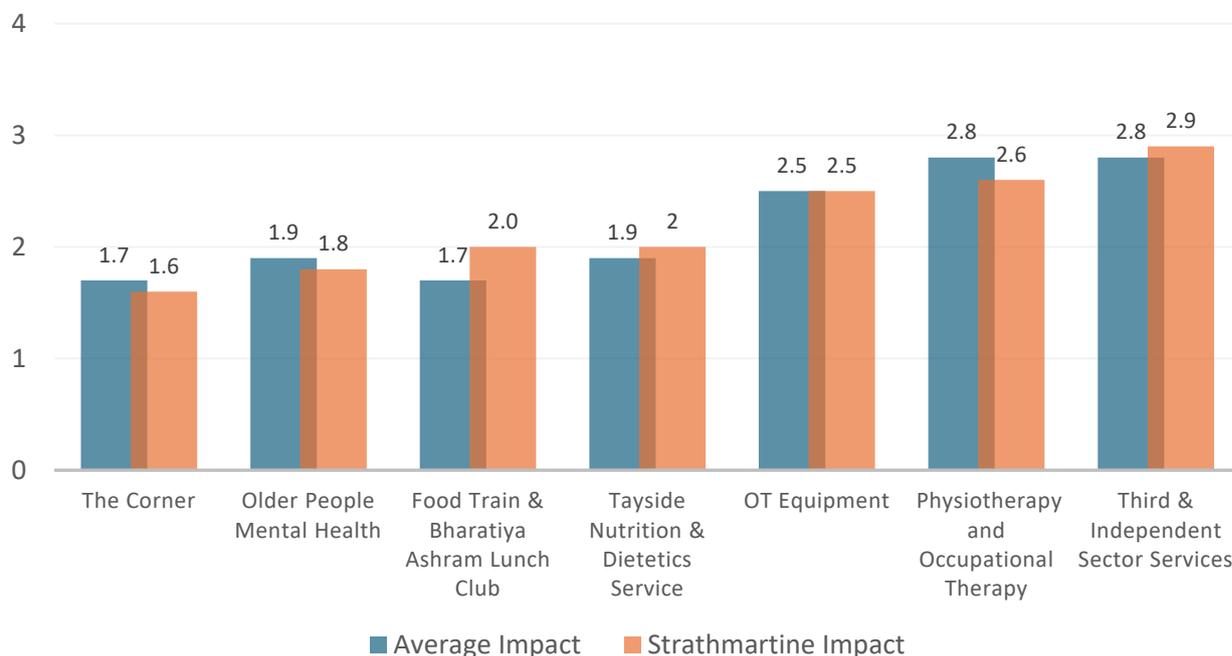
The saving options with the highest average impact rating for people who reside in the North East were:

- Reducing funding of services delivered by the Third and Independent Sector (3.4 – high).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.6 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.6 - medium).

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

- Reducing funding of services delivered by the Third and Independent Sector (+0.6 difference)

This difference is not considered to be significant

*Strathmartine***Chart 52:** Average impact for respondents who reside in Strathmartine

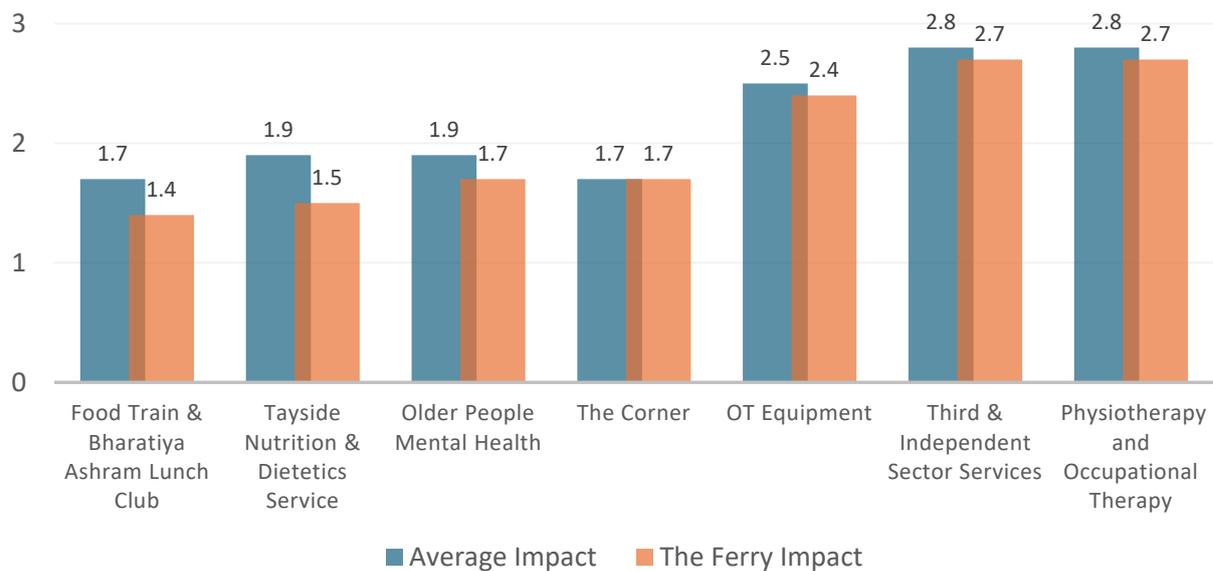
The saving options with the highest average impact rating for people who reside in Strathmartine were:

- Reducing funding of services delivered by the Third and Independent Sector (2.9 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.6 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.5 – medium).

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

The Ferry

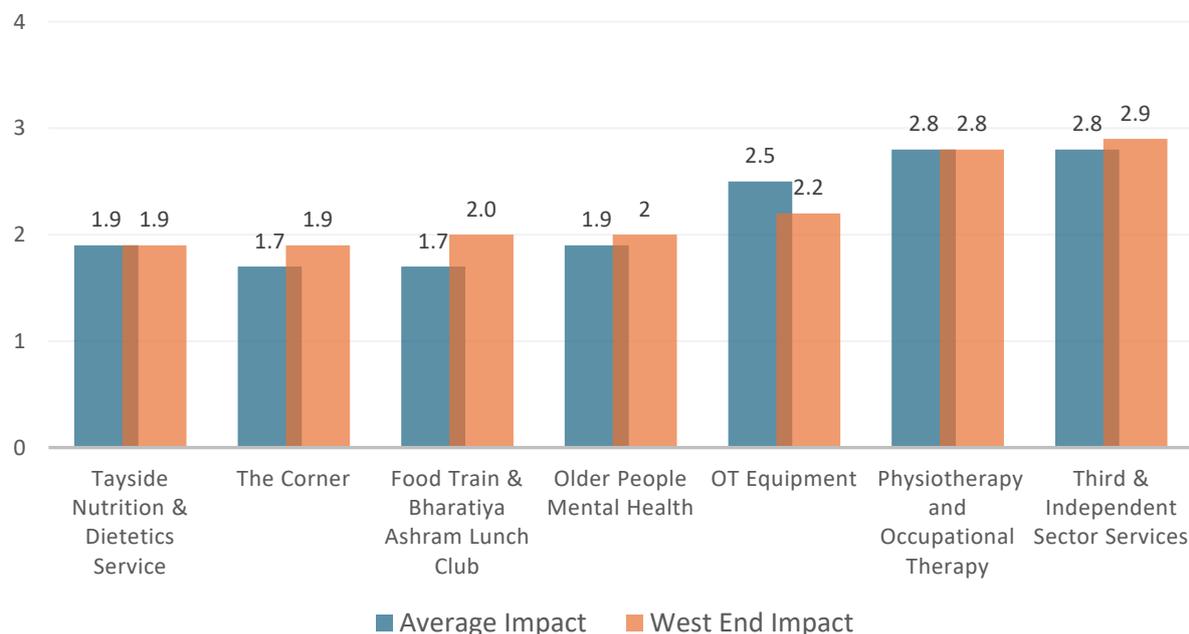
Chart 53: Average impact for respondents who reside in The Ferry



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

- Reviewing the Physiotherapy and Occupational Therapy Service (2.7 - medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.7 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.4 – medium).

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

*West End***Chart 54:** Average impact for respondents who reside in West End

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

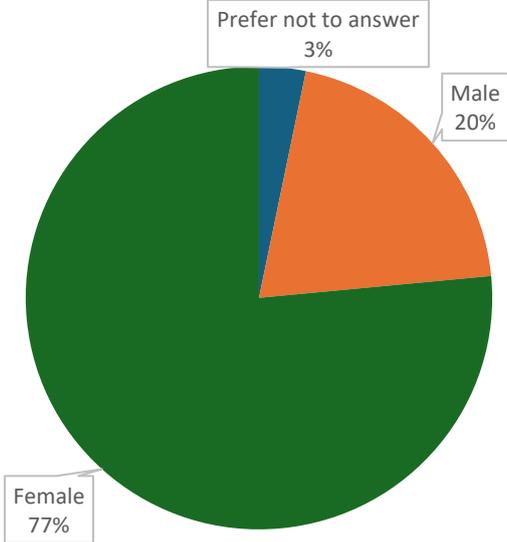
- Reducing funding of services delivered by the Third and Independent Sector (2.9 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.8 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.2 – medium).

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

Appendix 1 – Demographics

Sex

Chart 55: Breakdown of respondents by gender (449 respondents)

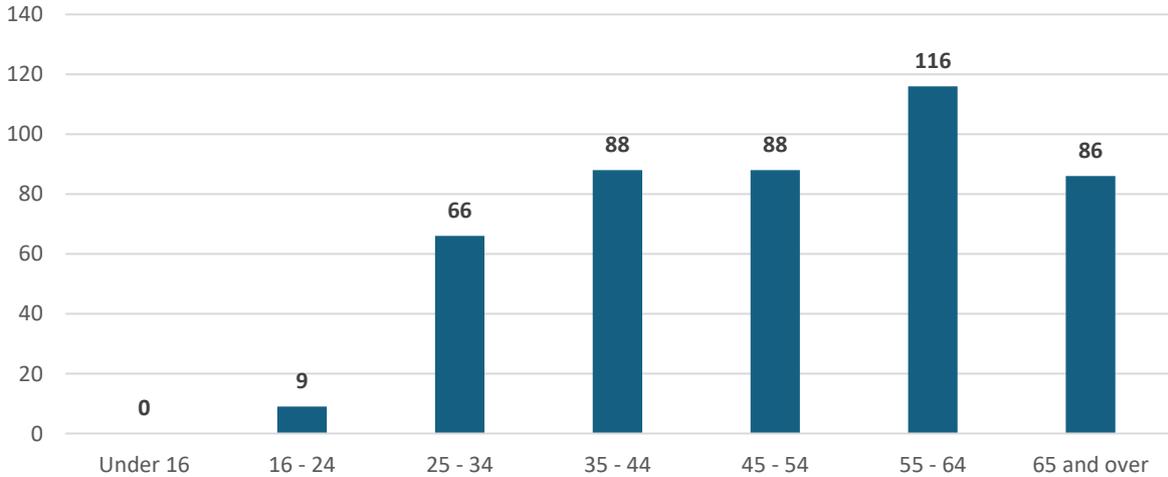


Most respondents (77%) were female and 20% were male. 15 respondents (3%) chose not to answer this question.

Age

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

Chart 56: Age groups of respondents (453 respondents)

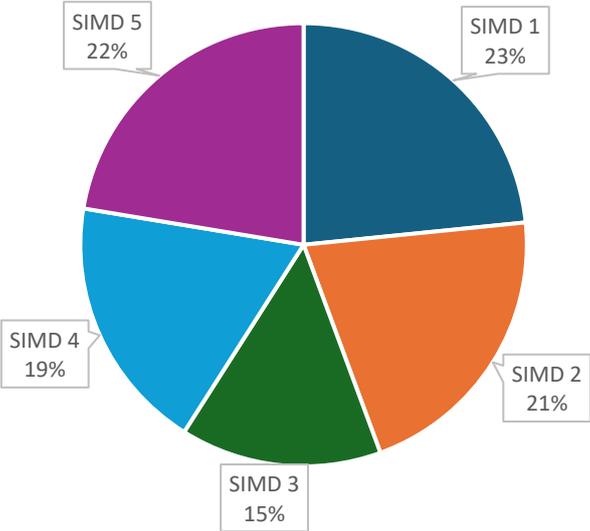


Most respondents were aged 45-64.

Deprivation

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

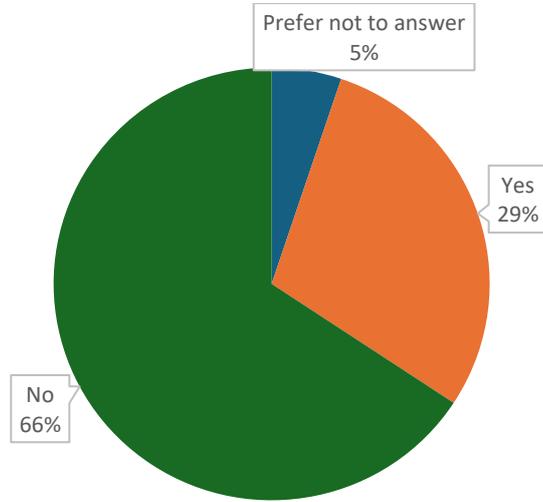
Chart 57: Scottish Index of Multiple Deprivation (SIMD) derived from postcodes (295 respondents)



It was possible to determine the SIMD for 295 respondents. There was a fairly equal spread of respondents from the poorest (SIMD 1 and 2) and most affluent (SIMD 4 and 5), with the lowest representation from SIMD 3.

Disability

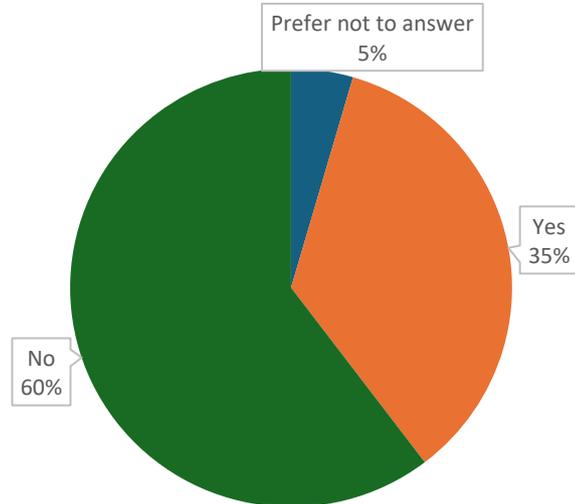
Chart 58: Disability reported by respondents (440 respondents)



Most respondents (66%) did not live with a disability and 29% did live with a disability.

Long-term health condition

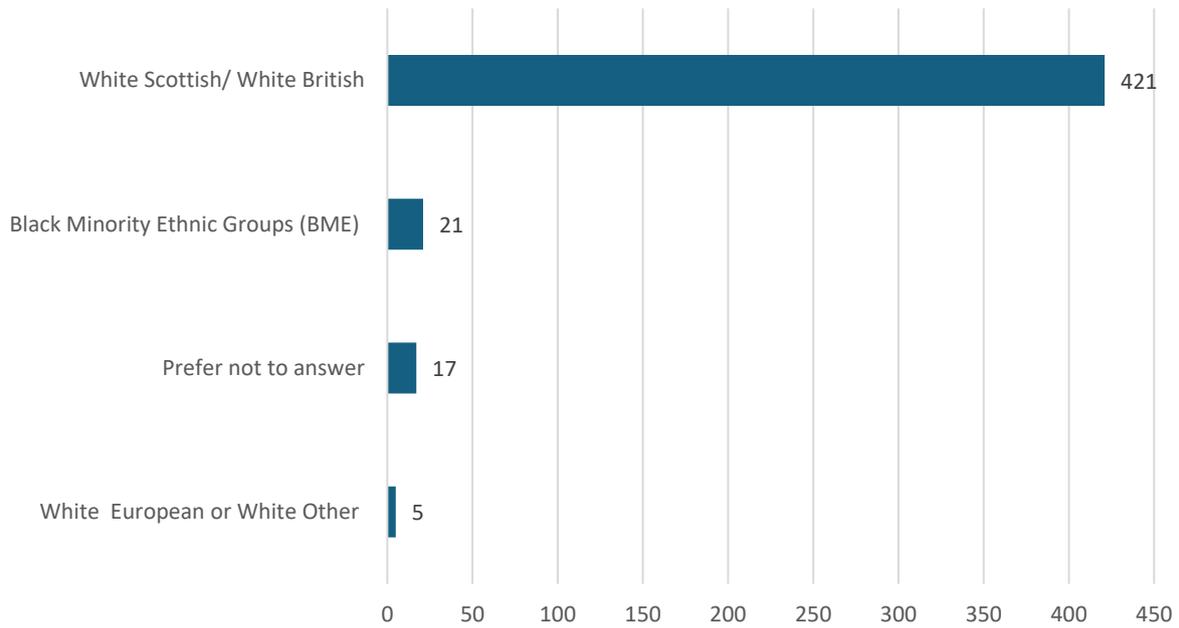
Chart 59: Respondents who reported if their day to day activities were limited because of a health problem or disability (443 respondents).



Approximately 1 in 3 respondents reported that their day-to-day activities are limited because of a health problem or disability which is expected to last longer than 12 months. This includes conditions related to ageing.

Ethnicity

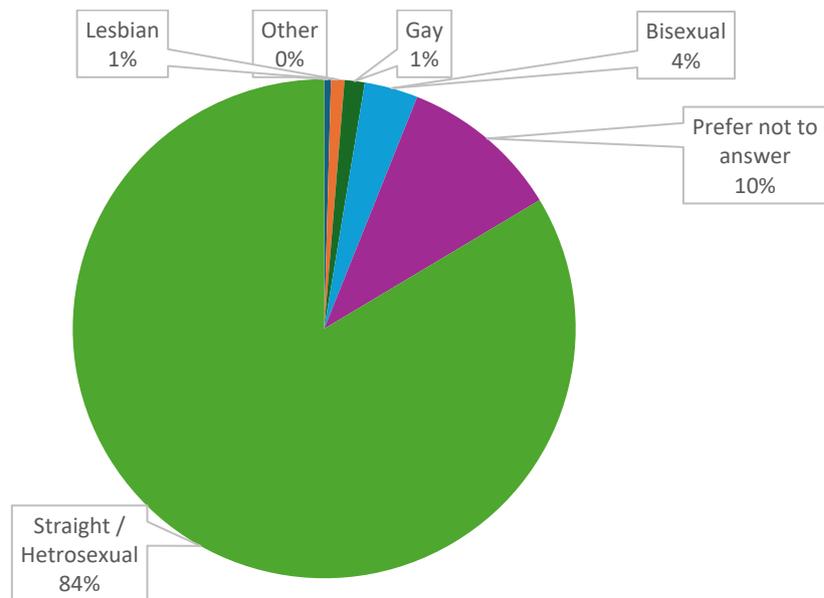
Chart 60: Ethnicity of respondents (447 respondents)



5% (21) of respondents are from minority ethnic groups.

Sexual orientation

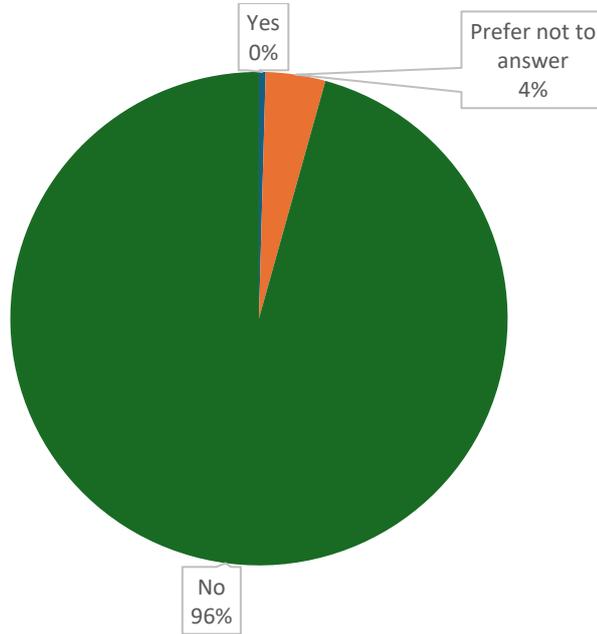
Chart 61: Sexual Orientation of respondents (416 respondents)



84% of respondents are straight or heterosexual with 6% reporting that they are bisexual, gay, lesbian or queer.

Gender Reassignment

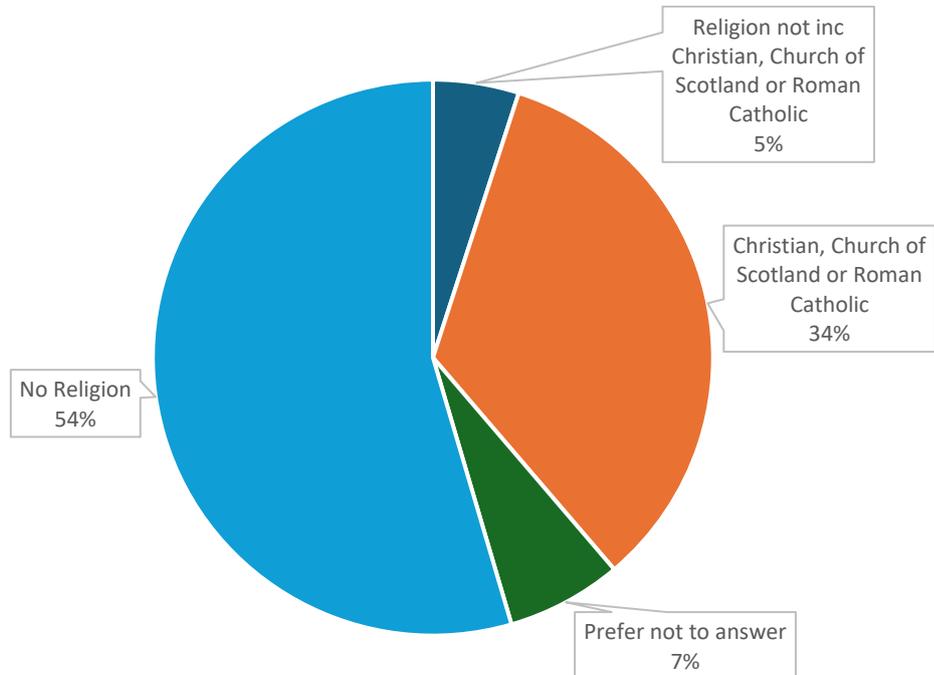
Chart 62: Gender reassignment (446 respondents)



2 respondents reported that they were transgender or have a transgender history

Religion

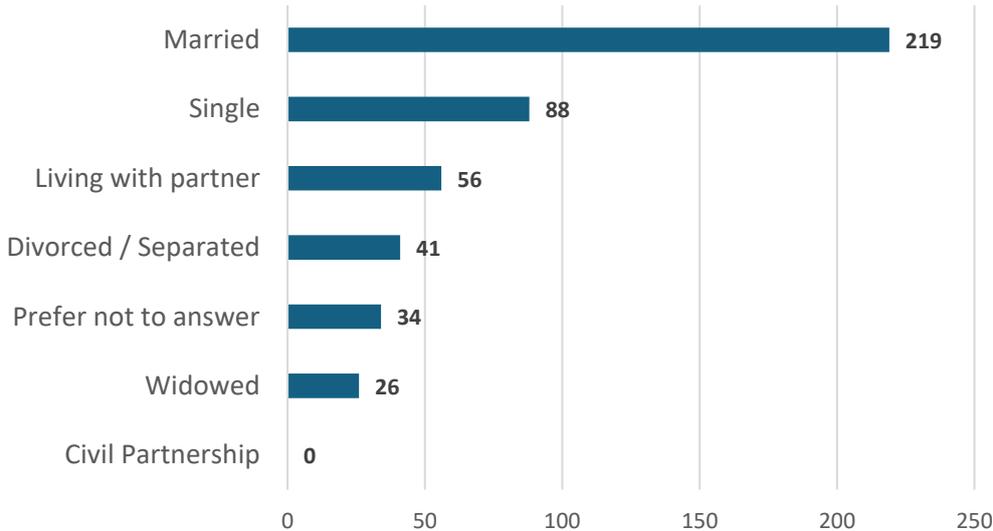
Chart 63: Religion of respondents (433 respondents)



54% of respondents reported no religion and 7% chose not to answer. Of the respondents who did report a religion, the most prevalent religion was Christian (11%), followed by Church of Scotland (15%) and Roman Catholic 8%.

Legal marital status

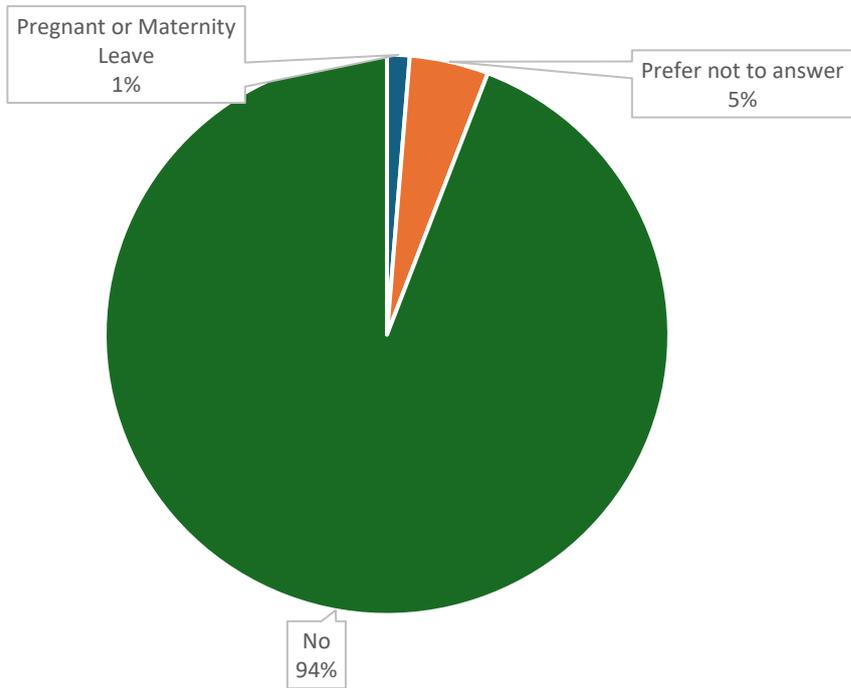
Chart 64: Marital status of respondents (430 respondents)



Most respondents were married, living with a partner or in a Civil Partnership (59% collectively)

Pregnancy or maternity leave

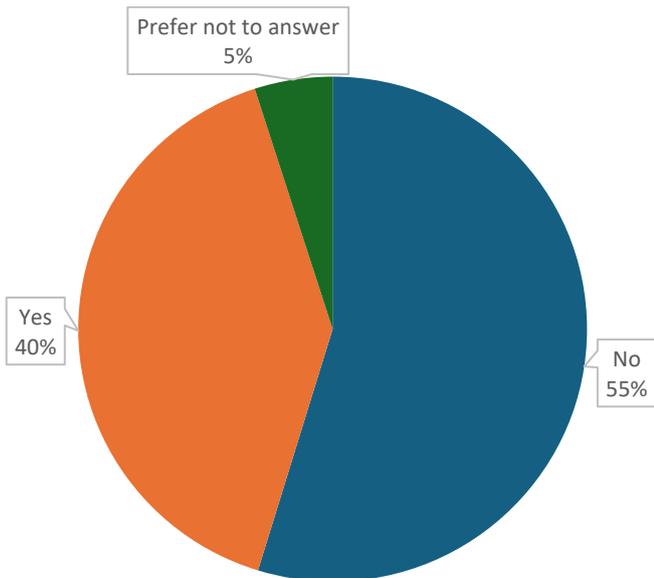
Chart 65: Respondents who are pregnant or on maternity leave



6 respondents reported that they are pregnant or on maternity leave with 21 respondents choosing not to answer this question.

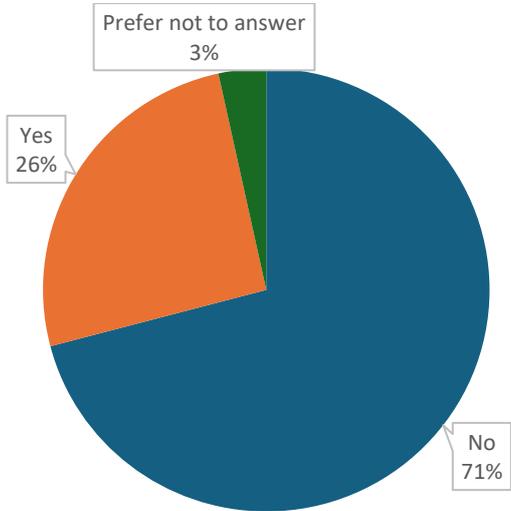
Unpaid care

Chart 66: Respondents who provide unpaid care (441 respondents)



Dependent children

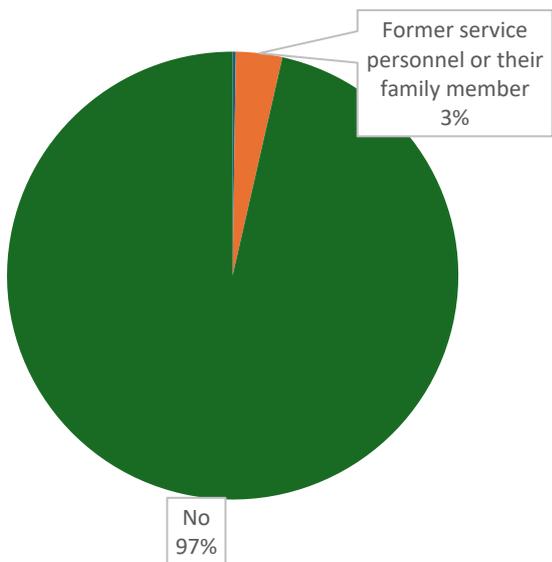
Chart 67: Respondents with dependent children under the age of 18 (448 respondents)



119 respondents (26%) have dependent children under the age of 18. 59% of respondents with dependent children also provide unpaid care to someone. Almost 1 in 4 respondents with dependent children under the age of 18 reported that their day to day activities are limited due to a health condition or disability that is expected to last 12 months or more.

Armed forces

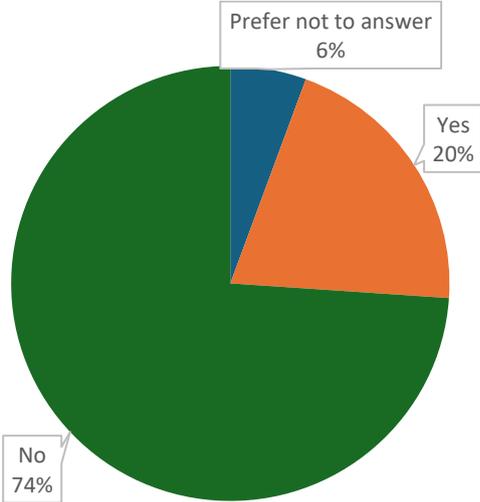
Chart 68: Respondents who have served or have previously served in the UK armed forces (or family member) (451 respondents)



Most respondents 435 (95%) have not served in the UK Armed Forces. 13 (3%) respondents preferred not to answer.

Welfare Benefits

Chart 69: Respondents who receive any benefits (Universal Credit, Income-based Job Seeker Allowance, Income-related Employment and Support Allowance, Income Support, Working Tax Credit, Child Tax Credit or Pension Credit) (438 respondents)



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Appendix 2 – Individual Impacts Overview

Chart 70: Breakdown of Individual Respondents by Average Impact

	Average Individual Impact	Service User or Representative	Carer	Family Member	Member of Public	Workforce
Food Train & Bharatiya Ashram Lunch Club	1.7	1.7	1.6	1.5	1.8	1.9
Tayside Nutrition & Dietetics Service	1.9	1.9	1.7	1.8	1.9	2.2
The Corner	1.7	1.7	1.7	1.6	1.8	1.8
Older People Mental Health	1.9	1.7	1.8	1.7	1.8	2.0
OT Equipment	2.5	2.7	2.4	2.5	2.3	2.6
Review of Physiotherapy and Occupational Therapy	2.8	2.9	2.7	2.9	2.7	3.0
Third & Independent Sector Services	2.8	2.9	3.0	3.0	2.7	2.7

The average impact reported by service users or their representative was higher than average for:

- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (difference +0.2).
- Review of Physiotherapy and Occupational Therapy (difference +0.1).
- Reducing funding of services delivered by the Third and Independent Sector (+0.1).

The average impact reported by carers was higher than average for:

- Reducing funding of services delivered by the Third and Independent Sector (difference +0.2).

The average impact reported by family members was higher than average for:

- Review of Physiotherapy and Occupational Therapy (difference +0.1).
- Reducing funding of services delivered by the Third and Independent Sector (difference +0.2).

The average impact reported by members of the public was higher than average for:

- Review of Physiotherapy and Occupational Therapy (difference +0.1)
- Reducing funding of services delivered by the Third and Independent Sector (difference +0.2)

The average impact reported by members of staff was higher than average for:

- Stop funding Food Train and Bharatiya Ashram Lunch Club (+0.2 difference)
- Reduce funding for the Tayside Nutrition and Dietetics Service (+0.3 difference)
- Review of The Corner (+0.1 difference)
- Older People's Mental Health Services - Weekend Services (+0.1 difference)
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (+0.1 difference)
- Review of Physiotherapy and Occupational Therapy (+0.2 difference)

Appendix 3 – Saving Options

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

1. Funding for specific organisations

What is being proposed?

From April 2026, the IJB could stop funding two organisations:

- Food Train – provides grocery deliveries and welfare checks for older adults. It currently receives £82,000 per year, which is 4% of the organisation's total income*.
- Bharatiya Ashram Lunch Club – provides culturally appropriate lunch clubs for older adults from black and minority ethnic communities. It currently receives £10,000 per year, which is 17% of the organisation's total income*.

(*based on 2024/25 audited annual accounts)

Why has this been suggested?

The IJB is not legally required to fund these organisations, and limited resources need to be focused on services it must provide by law. Other publicly funded and private services in Dundee can offer similar support.

What will be done to reduce any negative impacts of doing this?

For people using the Food Train:

- Identify individuals with higher levels of need and help them move to other services.
- Support referrals to the Community Meals Service.
- Help people build digital skills so they can use online shopping and delivery services.
- Refer people to telephone befriending and volunteer projects to reduce loneliness and isolation.

For people using the Bharatiya Ashram Lunch Club:

- Work with community and faith groups to find alternative social activities.
- Offer telephone befriending and outreach volunteer support.
- Use Social Prescribing Services to help people access culturally appropriate activities and wellbeing programmes in Dundee.

How much money could this save?

£92,000 in 2026/27

2. Reduction in funding for services delivered by the third and independent sector**What is being proposed?**

From April 2026, the IJB could reduce funding to third and independent sector organisations delivering a range of health and social care services and supports by up to 10% of the total value of current contracts (£46 million). This would affect services such as:

- support to unpaid carers.
- support for people with a learning disability and autism.
- mental health and wellbeing supports.
- Third sector infrastructure and capacity building.
- support for older people.
- support for people who use drugs and alcohol.
- independent advocacy.
- support for people who are homeless or at risk of homelessness.

Services that are funded to provide Care at Home Services and Care Homes will not be affected by this proposal.

Some providers may still receive a small increase targeted towards the Scottish Government's Adult Social Care pay policy, but only if they meet national criteria.

Why has this been suggested?

The IJB is not legally required to fund all of these organisations to the level that is currently in place, and limited resources need to be focused on services it must provide by law.

What will be done to reduce any negative impacts of doing this?

Organisations may manage some of the reduction by:

- Finding alternative income sources.
- Improving efficiency.
- Redesigning services.

However, some may still need to reduce staffing or scale back the support they offer.

Providers affected by the reduction will receive a notice period. During this time, the Health and Social Care Partnership will work closely with them through existing contract monitoring processes to understand and manage the impact of the changes.

How much money could this save?

£3.45 million in 2026/27 (and £4.6 million in future years)

3. Tayside Nutrition and Dietetics Service

What is being proposed?

The IJB could reduce funding for the Tayside Nutrition and Dietetics Service, with access criteria being changed and 5,000 fewer appointments being offered each year across Tayside. These appointments cover nutritional assessment and support, and the reduction would be spread across renal services, elderly medicine, paediatrics, and community care.

(In the last 12 months the service has offered 22,000 appointments. A reduction of 5,000 appointments is therefore 22% of the current appointment levels).

Why has this been suggested?

Reducing the number of nutritional assessment and intervention appointments helps the service maintain the specialist staffing needed to care for people with the most complex needs. It supports the IJB's commitment to prioritising those at highest risk and greatest need.

What will be done to reduce any negative impacts of doing this?

The service will prioritise urgent and complex cases. It will also continue to expand digital tools and self-management resources to support people with lower-level needs.

How much money could this save?

£100,000 in 2026/27 (and £200,000 in future years)

4. Review of Physiotherapy and Occupational Therapy

What is being proposed?

The IJB could change how it funds Physiotherapy and Occupational Therapy services. This means looking at the service in detail to find ways to save money — either by working more efficiently or by reducing some parts of the service. The review will focus especially on MSK

Physiotherapy, the Specialist Falls Service, Specialist Neurological Rehabilitation, and the Community Rehabilitation Teams.

Why has this been suggested?

By reviewing how the service works, the IJB can identify options that help them continue supporting people with the most complex needs, while still reducing overall costs. This fits with the IJB's aim to prioritise people who are at the greatest risk.

What will be done to reduce any negative impacts of doing this?

During the review, partners will look at the benefits and drawbacks of different options. They will also agree on actions to reduce any negative effects that changes might cause.

How much money could this save?

£209,000 in 2026/27 (and £417,000 in future years)

5. Provision of Equipment – Occupational Therapy

What is being proposed?

The IJB could stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys).

Why has this been suggested?

Equipment costs are high, and reducing this spending helps manage the budget without further impacting core service delivery. People who need essential equipment can still access other sources of funding.

What will be done to reduce any negative impacts of doing this?

OT assessments will continue to provide advice on safe alternatives, task adaptation approaches, and funding options for anyone needing to purchase equipment.

How much money could this save?

£20,000 in 2026/27 (and £37,000 in future years)

6. Older People's Mental Health Services – Weekend Services

What is being proposed?

The IJB could reduce funding for Mental Health Nurses who provide weekend cover. This would mean:

- The Community Mental Health Teams (CMHT) for Older People East and West would no longer have Mental Health Nurses available on Saturdays and Sundays (09:00-17:00).
- The Care Home Team would also not have Mental Health Nurses available on Saturdays and Sundays (09:00-17:00).

Why has this been suggested?

Other professionals in these teams — Social Workers, Occupational Therapists, and Support Workers — already work Monday to Friday, so this change would align staffing patterns. Levels of patient contact and telephone support are much lower at weekends (in both services direct contact is less than 3% of the available hours), and shifting resources to weekdays would support times of highest demand. Other sources of support are available to service users over the weekend.

What will be done to reduce any negative impacts of doing this?

CMHTs and Kingsway Care Centre will work together to avoid Friday discharges that would require weekend follow-up. Care Homes have alternative staff available at weekends to support people after discharge. During the week, both CMHTs and the Care Home Team will monitor and support patients at higher risk of admission, exploring alternatives to prevent weekend hospital admissions.

How much money could this save?

£21,000 in 2026/27 (and £28,000 in future years)

7. Review of The Corner

What is being proposed?

The IJB could change how it funds The Corner, a confidential health and information service for young people aged 11 and over. This would involve reviewing the service to find ways to reduce costs or increase funding from sources outwith the IJB. The review would look particularly at services for 20–26 year olds and for young people who live outside the Dundee area. It would also explore options for joint working with other young people's services in Dundee.

Why has this been suggested?

Other services for young people in Dundee are going through a process of change, which creates new opportunities for The Corner to adapt. This review will help ensure IJB funding is focused on supporting young people who live in the Dundee area.

What will be done to reduce any negative impacts of doing this?

The review will help partners decide how the service can change and reduce costs. It will look at both the potential benefits and any negative impacts of different options. As part of the review, partners and young people who use The Corner will be asked for their views. The process will also include agreeing actions to minimise any negative impacts identified.

How much money could this save?

£32,000 in 2026/27 (and £64,000 in future years)

Dundee Integration Joint Board Integrated Impact Assessment

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

Document Title	DUNDEE INTEGRATION JOINT BOARD PROPOSED BUDGET 2026/27					
Type of document	Policy	X	Plan		Other- describe	
Date of this Pre-Integrated Impact Assessment Screening	07 March 2026					
Date of last IIA (if this is an update)	N/A					
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
<p>The purpose of the report is to advise the Dundee IJB of the implications of the proposed delegated budget for 2026/27 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 2026/27. To enable the Dundee IJB to set a balanced budget that supports the delivery of ambitions and priorities within their strategic commissioning framework, which aims to support improved health and wellbeing for people living within Dundee, including unpaid carers.</p> <p>The budget, if approved, will be implemented from 1 April 2026 to 31 March 2027.</p>						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Christine Jones, Acting Chief Finance Officer, christine.jones58@nhs.scot						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Kathryn Sharp, Acting Head of Strategic Services, kathryn.sharp@dundeecity.gov.uk						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					X	
A major Strategy/Plan, Policy or Action Plan					X	
An area or partnership-wide Plan						X
A Plan/Programme/Strategy that sets the framework for future development consents						X
The setting up of a body such as a Commission or Working Group						X
An update to an existing Plan (when additional actions are described and planned)						X

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

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Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	x	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	x	
Offenders and former offenders	x	
Effects of Climate Change or Resource Use	x	
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.	x	
Transport, Accessible transport provision; sustainable modes of transport.	x	
Natural Environment		x
Air, land or water quality; biodiversity; open and green spaces.		x
Built Environment. Built heritage; housing.		x
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>		
From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	x
<p>In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)</p>		
Anticipated Date of IJB	31 March 2026	IJB Report Number DIJB10-2026
Date IIA completed	20 March 2026	

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STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

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 where providers choose to accept the uplift offered. This is particularly so for females and for workers on lower incomes. Approximately 60% of all contracts with external providers of health and social care services will benefit from the uplift.

Individual impact assessments have been completed for all recurring saving proposals that have been submitted to the IJB for a decision. These are attached as appendices 6A – 11A.

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 Dundee City Council Housing – this is a consequence of charging decisions taken by Dundee City Council.
- Benefits of Dundee City Council Voluntary Severance and Early Retirement Scheme– this is a consequence of decisions made by Dundee City Council.
- Free Personal Care Uplift – this is a consequence of decisions taken by the Scottish Government.

For the above proposals, the IJB has no decision-making role as the relevant functions have not been delegated; the budget proposals reflect the financial impact of decisions made elsewhere and which the IJB has no authority to change or refuse to implement. It is the responsibility of the decision-making body to consider responsibilities under the Public Sector Equality Duty in relation to equality impact assessment.

In addition, operational efficiencies and management actions (contained within Appendix 2) of the report do not require the agreement of the IJB and therefore sit outwith the scope of this Integrated Impact Assessment. Efficiency measures are designed to achieve financial savings through improved ways of working and better use of resources. As such, they should not result in reduction in the quality, scope or availability of services, but instead support more sustainable delivery of existing functions. The Senior Management Team will monitor the impact of these actions for any unforeseen or unintended consequences. These actions are:

- Review of vacancies and skills mix within teams.
- Non-pay review efficiencies.
- Service delivery efficiencies.
- Other efficiencies targets.
- Other management proposals.
- Inpatient beds.
- Removal of demographic growth investment.
- Add back of 2025/26 undelivered / superseded savings.
- Staff slippage.

It is the duty of officers to ensure that in their decision-making processes they comply with the provisions of the Equality Act (2010), including the duty not to discriminate. Any workforce impacts will be subject to organisational change policies and are a matter for Dundee City Council and NHS Tayside to assess and manager.

This Integrated Impact Assessment also does not re-assess savings actions carried forward from 2025/26 as these have already been subject to impact assessment where required:

- Care at Home – Integrated Impact Assessment not required as this is a management action and therefore it is the duty of officers to ensure appropriate steps to comply with the provisions of the Equality Act (2010).
- Housing with Care – see DIJB14-2025 Appendix 8B and DIJB46-2025 Appendix 2.
- Specialist Palliative Care Service in-patient bed review – see DIJB47-2024.
- Medicine for the Elderly in-patient bed review - see DIJB14-2025 Appendix 11B.

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

Dundee Integration Joint Board Integrated Impact Assessment

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

Date	Activity/Activities	People/groups	By whom
October 2025 – March 2026	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Chief Officer / Acting Chief Finance Officer
2025/26	<p>Range of engagement activities related to the development of strategic and delivery plans during 2025/26. This has included targeted engagement work undertaken to inform the statutory review of the IJB's Strategic Commissioning Framework. Specific engagement has also taken place in relation to the Carers Strategy and Mental Health and Wellbeing Strategy</p> <p>Ongoing engagement with above groups and intelligence reported and discussed at Strategic Planning Groups, Strategic Planning Advisory Group, IJB and PAC.</p>	<p>Members of the public</p> <p>Unpaid carers</p> <p>Third and independent sector health and social care providers</p>	Acting Head of Service, Strategic Services / Strategic Planning and Business Support Team
Tuesday 3 rd February 2026 – 3 rd March 2026	<p>IJB Public Budget Consultation</p> <p>Specifically, responses received in relation to section 3 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.</p>	<p>Members of the public</p> <p>Unpaid carers</p> <p>Third and independent sector health and social care providers</p> <p>Members of the health and social care workforce</p>	Acting Head of Service, Strategic Services
17 th / 18 th / 19 th / 24 th / 25 th February 2026	Members of the public, including people who use health and social care services and unpaid carers, were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	<p>Members of the public</p> <p>Unpaid carers</p> <p>Third and independent sector health and social care providers</p>	Senior Management Team
16 th / 20 th /23 rd February 2026	Third party providers were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Third and independent sector health and social care providers	Senior Management Team
17 th /20 th /26 th / February 2026 & 2 nd March 2026	Members of HSCP workforce were invited to an online consultation session and speak to members of Health and Social Care Partnership's Senior Management Team:	Members of the health and social care workforce	Senior Management Team
March 2026	Workforce statistical information from NHS Tayside and Dundee City Council.	Members of the health and social care workforce	Acting Head of Service, Strategic Service
March 2026	<p>Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals. This includes review of the IJB's Strategic Needs Assessment.</p> <p>Additional statistical information regarding current profile of service use.</p>	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Acting Head of Service, Strategic Services

Dundee Integration Joint Board Integrated Impact Assessment

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

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

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

Age		Explanation, assessment and potential mitigations
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this protected characteristic. Please see appendices 6A to 11A for impact assessment of individual savings proposals.
No Impact	x	
Negative		
Not Known		
Disability		Explanation, assessment and potential mitigations
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this protected characteristic. Please see appendices 6A to 11A for impact assessment of individual savings proposals.
No Impact	x	
Negative		
Not Known		
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		At the present time there is not sufficient data available to assess the profile of people who have undergone gender re-assignment within the health and social care workforce and therefore the impact of the Adult Social Care Pay Uplift on them as a specific group is not able to be accurately assessed at this time. Please see appendices 6A to 11A for impact assessment of individual savings proposals.
No Impact		
Negative		
Not Known	x	
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this protected characteristic. Please see appendices 6A to 11A for impact assessment of individual savings proposals.
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this protected characteristic. Please see appendices 6A to 11A for impact assessment of individual savings proposals.
No Impact	x	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive	x	Adult Social Care Pay Uplift – positive (females)
No impact		It is known that across Scotland 80% of adult social care staff are female. Pay uplifts for adult social care providers therefore has a significantly greater impact on females than males.
Negative		
Not known		Please see appendices 6A to 11A for impact assessment of individual savings proposals.
Religion & Belief		Explanation, assessment and potential mitigations
Positive		There is not sufficient data available to assess the profile of people who do and who do not have a religion or belief within the health and social care workforce, and therefore the impact of the Adult Social Care Pay Uplift on them as a specific group is not able to be accurately assessed at this time. The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact		
Negative		
Not Known	x	

Dundee Integration Joint Board Integrated Impact Assessment

		Please see appendices 6A to 11A for impact assessment of individual savings proposals.
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive	x	Adult Social Care Pay Uplift – positive
No Impact		Although detailed data is not available, it is known that the proportion of the health and social care workforce from black and minority ethnic groups has been increasing since 2021. Many of these workforce members are employed within external social care provider organisations who will be offered the Adult Social Care Pay Uplift.
Negative		
Not Known		
		Please see appendices 6A to 11A for impact assessment of individual savings proposals.
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	X	
Negative		Please see appendices 6A to 11A for impact assessment of individual savings proposals.
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
Describe any Children’s Rights impacts not covered elsewhere in this record.		
None.		
Please see appendices 6A to 11A for impact assessment of individual savings proposals.		

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

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

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary’s & Kirkton)	x			
North East (Whitfield, Fintry & Mill O’Mains)	x			
Lochee (Lochee Beechwood, Charleston & Menzieshill)	x			
Coldside (Hilltown, Fairmuir & Coldside)	x			
East End (Mid Craigie, Linlathen & Douglas)	x			
Maryfield (Stobswell & City Centre)	x			
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End		x		
The Ferry		x		
Description of impacts on Fairness- Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<u>Adult Social Care Pay Uplift – positive</u> This national pay policy is specifically targeted to improve pay for people in frontline health and social care roles and to address low pay within the sector. People living in the most deprived areas of Dundee are more likely to be employed in these roles and therefore will experience a greater positive impact.				

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

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

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

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Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness group. Please see appendices 6A to 11A for impact assessment of individual savings proposals.
No Impact	x	
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness group. Please see appendices 6A to 11A for impact assessment of individual savings proposal
No Impact	x	
Negative		
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness group. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness group. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness group. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Serious & Enduring Mental Health Conditions		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness group. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness group. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Drug and/or Alcohol issues		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness group. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Offenders and Former Offenders		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness group. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		

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

Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive	x	Adult Social Care Pay Uplift – positive

Dundee Integration Joint Board Integrated Impact Assessment

No Impact		Pay uplifts for adult social care providers will directly increase incomes for those people employed in the sector. Please see appendices 6A to 11A for impact assessment of individual savings proposals
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness issue. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Earnings & employment -including opportunities, education, training & skills, security of employment, under employment & unemployment		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness issue. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness issue. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness issue. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness group. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness issue. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness issue. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		

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Not Known		
Life expectancy		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this fairness issue. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this factor. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this factor. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this factor. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Sustainable Procurement		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this factor. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this factor. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		The Adult Social Care Pay Uplift is not considered to have any direct or indirect relevance to this factor. Please see appendices 6A to 11A for impact assessment of individual savings proposals
No Impact	x	
Negative		
Not Known		

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

Strategic Environmental Assessment
Statement 1

Dundee Integration Joint Board Integrated Impact Assessment

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

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

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

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

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

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

End of Impact Assessment Record.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 31 MARCH 2026

REPORT ON: THIRD PARTY PAYMENT REDUCTIONS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: APPENDIX 6 OF DIJB10-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of the proposal to reduce the level of service commissioned from two specific third-party service providers: Food Train and Bharatiya Ashram.

2.0 RECOMMENDATIONS

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

- 2.1 Approve the proposal to cease commissioning lunch club services from Bharatiya Ashram (section 4.4).
- 2.2 Approve the proposal to commission the Food Train for a further 6-month period at 2025/26 levels, to allow further review of the model of service provision and future commissioning intentions (section 4.4).
- 2.3 Remit the Chief Officer to submit a further Report regarding commissioning of shopping and other similar support services no later than 31 August 2026.
- 2.4 Remit the Chief Officer to issue Directions as set out in Section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 The proposals outlined in this report reduces the payments to 2 organisations, resulting in savings of £48k in 2026/27 (as set out in the table at section 4.3), and anticipated recurring savings of £92k per annum.

4.0 MAIN TEXT

4.1 Background

4.1.1 The IJB's delegated budgets funds a range of health and social care services and supports provided by the third and independent sector on behalf of the Health and Social Care Partnership. These arrangements are governed by contractual frameworks with baseline funding agreed at the commencement of the service through tendering or other compliant procurement processes. Subsequent variations in the level of contractual funding for these (other than to reflect changing needs of individual service users) are a matter for the commissioning body to decide.

4.1.2 Food Train currently supports around 230 older people in Dundee, delivering approximately 690 supported grocery shops each month. The service consists of two core elements:

1. Supported Grocery Shopping, where volunteers shop for and deliver food directly to older people's homes; and
2. Meal Makers, a volunteer-led scheme providing home-cooked meals and social contact.

These services support older people, including those who have no other safe or practical means of accessing food. The majority of Food Train members are aged 75 and over, and many are also known to Dundee Health and Social Care Partnership (DHSCP) as individuals already at risk of isolation, poor nutrition or deteriorating independence. Members typically have two to three points of contact each week through grocery deliveries and meal support. These regular visits create opportunities for welfare observation, where volunteers and staff might identify early signs of deterioration or concern and, where necessary, relay information to health or care professionals.

4.1.3 Bharatiya Ashram, known locally as the Dudhope Multicultural Centre (DMC), is an established community organisations supporting cultural integration, health and wellbeing, and social cohesion. DMC provides freshly prepared, healthy, culturally appropriate meals through two weekly lunch clubs; an Indian lunch club on Saturday, and a Chinese lunch club on Tuesday. The lunch club underpins the broader work of the organisation by:

- providing nutritional and social support to older people.
- sustaining the skilled staffing needed to maintain community activities.
- enabling a vibrant, inclusive community hub where older adults and families feel safe, welcome and culturally supported.

These lunch clubs specifically support people aged 50 and over. Currently, the centre has 77 registered members, with an average of 46 people attending in total each week across both days. The Tuesday lunch club also incorporates gentle physical activity, attended by between 7 and 16 participants weekly. The combination of healthy meals, safe physical activity and social contact makes the lunch club a holistic, preventative wellbeing support for older adults.

4.2 Rationale for Proposed Funding Reductions

4.2.1 As part of the 2025/26 budget development process, all third-party commissioned services were subject to an internal desktop review. This review was undertaken by Service Managers, Contract Leads and supported by the Contracts Team, with the purpose of identifying any opportunities for cost reductions, service redesign, or efficiency measures while ensuring that statutory responsibilities and service quality were maintained. However, the significantly increased budget gap for 2026/27 required a reconsideration of commissioned services and alignment to strategic priorities.

The further work undertaken in 2025/26 applied considered a range of domains, including:

- Strategic alignment with both national priorities (including prevention, early intervention, and shifting the balance of care) and the local IJB Strategic and Commissioning Plan.
- Performance data, including delivery of service outputs and evidence of meaningful outcomes for individuals.
- Impact assessment, considering the implications for the Partnership, for service users, for the organisation's workforce, and for other providers in the local system.

Based on the application of the criteria above, and in the context of the scale of the financial challenge, Food Train and Bharatiya Ashram were identified as providers where cessation of funding presented the least detrimental system-wide impact when compared to other commissioned services.

4.2.2 The rationale to propose a cessation of funding included:

1. Lower strategic fit with emerging priorities for 2026–2029, particularly in areas where the IJB must focus investment on complex care, and statutory functions.
2. Neither service is linked directly to the delivery of statutory functions.

3. The need to safeguard frontline support for those with the highest levels of need.
4. Service model overlap, where alternative provision, community assets, or other funded services may be able to absorb some elements of support.

Contract Leads, supported by Contracts Officers, have progressed discussion with providers where it has been identified that there was potential to cease to commission the service. This gave providers an opportunity to contribute further information about the potential impact of proposed reductions in terms of the financial sustainability of the organisation (outlined at sections 4.3.1 and 4.3.2). The proposal to cease funding to both organisations was also contained within the IJB Budget Consultation 2026/27.

4.3 Provider and Budget Consultation Feedback

4.3.1 The Food Train Dundee service is underpinned by around 35 local volunteers, coordinated and supported by a small staff team. Staff undertake essential tasks such as managing referrals, organising volunteer schedules, ensuring safe and consistent service delivery, and liaising with professionals involved in members' care. The current DHSCP funding contributes to:

- Staff coordination and management
- Volunteer support and expenses
- Core operational and delivery costs

Service users also make a contribution to the cost of the services, they pay a £1 membership fee every year and the cost of their weekly support, including their grocery delivery is £7 (Not every service user gets a weekly shop so the £7 is based only when they receive a food delivery), Meal Makers' services are charged at £5 per month. Food Train subsidises the Dundee service through other income streams and absorbs a financial shortfall each year. Food Train has indicated that without DHSCP's contribution, their Dundee operation would not be financially sustainable.

4.3.2 DMC Lunch club funding secures the employment of the centre's fully trained cook, who also provides catering for community events. DMC has advised that the £10,000 annual funding they receive is essential to maintaining their activities and staff. If funding were to cease, they have advised that they will have to reduce the lunch portion provided, increase the price (with related affordability impacts), and will likely cease the Tuesday lunch all together. As the DMC provides support across different days, they have advised they will try to keep the Saturday lunch club active as it is linked to their wider community activities.

4.3.3 The IJB's Budget Consultation invited respondents to provide their views on the option of ceasing funding for specific organisations (Food Train and Bharatiya Ashram Lunch Club). Key results were:

- 417 individuals, 76 organisations and 10 groups rated the potential negative impact of this saving option. This option was given the second lowest average impact rating by individual respondents (1.7 – low impact) and the middle impact rating (4th of seven) impact rating by organisational respondents (2.2 – medium impact). 58 individual and 18 organisational or group respondents stated that this option would have a high impact, 34 individuals and 15 organisations or groups said it would have a medium negative impact.
- 116 narrative answers providing further feedback about the potential negative impact of saving options were received for this option. Key themes from responses included:
 - Respondents described the proposals as a “false economy”: short-term savings could drive higher long-term costs through increased hospital admissions, delayed discharge, greater social care input, crisis responses, and carer breakdown.
 - Greatest impact was expected on vulnerable groups, including older people, people with disabilities/cognitive impairment, those in poverty or isolation, digitally

- excluded people, and minority ethnic communities; concerns were also raised about loss of volunteering benefits.
- Mitigations were widely viewed as inadequate, with digital/telephone support, meals services, and signposting seen as not equivalent to face-to-face, person-centred practical support (though a minority supported tighter targeting to highest-need individuals).
 - Food Train funding withdrawal was seen as risking essential access to groceries and early intervention, potentially worsening malnutrition, frailty, falls, and avoidable hospital admissions, while increasing pressure on NHS/social work; online shopping and community meals were seen as poor substitutes.
 - Bharatiya Ashram Lunch Club funding reduction was seen as risking service (and potentially organisational) closure, increasing loneliness and reducing culturally appropriate, language-accessible support, with wider impacts on jobs, volunteering, community cohesion, and the sustainability of other centre activities.
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

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

4.4 Funding Proposals

- 4.4.1 Following consideration of feedback received via the budget consultation process and further analysis of information relating to impacts on service users and services providers it is recommended that the following reductions in contract values are applied in 2026/27:

Provider	Overall Income (all sources) for year ending 31.03.25	Total Reserves as at 31.03.25 (or latest published annual accounts)	2025/26 Contract Value	Proposed 2026/27 Contract Value
Food Train	£2,032,657 ¹	£1,356,285 (of which £1,153,749 unrestricted)	£82,000	£41,000 (50% reduction)
Bharatiya Ashram	£57,626	£67,219 (of which £57,910 unrestricted)	£9,815	£2,453 (100% reduction with 3 month notice period)
Total			£91,815	£43,453

Please note that due to contractual requirements to give notice to providers and to support them to manage workforce impacts, as well as service transition, a three-month notice period will be applied to any reduction agreed for Bharatiya Ashram. This will result in a part year saving in 2026/27 of £7,362 and a recurring saving of £9,815 in subsequent years.

- 4.4.2 It is proposed to extend funding at 2025/26 levels for the Food Train for a further six-month period (to 30 September 2026) to allow officers from the Partnership to:
- Work with the organisation to consider options to ensure financial sustainability of the service without ongoing reliance on IJB funds. This could include working with the provider to considering changes to the model of service delivery, alternative sources of funding and / or charging models.

¹ Please note that Food Train is a national organisation and therefore income and reserve figures from published annual accounts relate to all activities of the organisation, not only the Dundee element of the service.

- Consider future commissioning intentions for shopping and other similar support services (informed by information on levels of need and demand, market conditions and models operating in other Partnership areas), with a view to making recommendations to the IJB regarding any further commissioning of such services beyond 30 September 2026.

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

6.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

7.0 CONSULTATIONS

7.1 The Chief Officer, Heads of Health and Community Care, Acting Head of Strategic Services and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

CHRISTINE JONES
Acting Chief Finance Officer

DATE: 20 March 2026

DAVID PHILLIPS
Integrated Manager, Care at Home and Externally Commissioned Services

FIONA GIBSON
Interim Service Manager (Community Services)

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	APPENDIX 6 OF DIJB10-2026									
2	Date Direction issued by Integration Joint Board	31 March 2026									
3	Date from which direction takes effect	01 April 2026									
4	Direction to:	Dundee City Council									
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No									
6	Functions covered by direction	Local Authority contracted third party providers									
7	Full text of direction	<p>Dundee Integration Board directs Dundee City Council to reduce the level of service commissioned from the following third-party services providers during 2026/27:</p> <table border="1" data-bbox="1236 1145 2029 1364"> <thead> <tr> <th>Provider / Contract / Service</th> <th>2025/26 Contract Value</th> <th>Proposed 2026/27 Contract Value</th> </tr> </thead> <tbody> <tr> <td>Food Train</td> <td>£82,000</td> <td>£41,000 (50% reduction)</td> </tr> <tr> <td>Bharatiya Ashram</td> <td>£9,815</td> <td>£2,453 (100% reduction with 3 month notice period)</td> </tr> </tbody> </table>	Provider / Contract / Service	2025/26 Contract Value	Proposed 2026/27 Contract Value	Food Train	£82,000	£41,000 (50% reduction)	Bharatiya Ashram	£9,815	£2,453 (100% reduction with 3 month notice period)
Provider / Contract / Service	2025/26 Contract Value	Proposed 2026/27 Contract Value									
Food Train	£82,000	£41,000 (50% reduction)									
Bharatiya Ashram	£9,815	£2,453 (100% reduction with 3 month notice period)									

		Total	£91,815	£43,453	
8	Budget allocated by Integration Joint Board to carry out direction	The resource released through the reduction of commissioned service contracts will be £48k in 2026/27 and £92k recurring			
9	Performance monitoring arrangements	Financial monitoring and contract monitoring process.			
10	Date direction will be reviewed	30 September 2026			

Dundee Integration Joint Board Integrated Impact Assessment

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

Document Title	THIRD PARTY PAYMENT REDUCTIONS					
Type of document	Policy		Plan		Other- describe	Saving proposal
Date of this Pre-Integrated Impact Assessment Screening	04 March 2026					
Date of last IIA (if this is an update)	N/A					
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
<p>To seek approval to reduce the level of service commissioned from specific third-party service providers. The report proposes that a further 6-month period is funded for Food Train to allow further review of the model of service provision and future commissioning intentions, and cease commissioning lunch club services from Bharatiya Ashram.</p> <p>The proposal, if approved, will be implemented during the financial year from 1 April 2026 to 31 March 2027.</p>						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Christine Jones, Acting Chief Finance Officer, Christine.jones58@nhs.scot						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
David Phillips, Integrated Manager, David.phillips@dundeecity.gov.uk						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Kathryn Sharp, Acting Head of Strategic Services						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	Yes	No				
A document or proposal that requires the IJB to take a decision	X					
A major Strategy/Plan, Policy or Action Plan		X				
An area or partnership-wide Plan		X				
A Plan/Programme/Strategy that sets the framework for future development consents		X				
The setting up of a body such as a Commission or Working Group		X				
An update to an existing Plan (when additional actions are described and planned)		X				

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

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People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		x					
Offenders and former offenders				x			
Effects of Climate Change or Resource Use				x			
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.				x			
Transport, Accessible transport provision; sustainable modes of transport.				x			
Natural Environment				x			
Air, land or water quality; biodiversity; open and green spaces.				x			
Built Environment. Built heritage; housing.				x			
<p>An IIA is required when YES is indicated at any question in the screening section above.</p> <p>The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>							
From information provided in Step 1 (Pre-screening) Is an IIA needed?				Y	x	N	
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)							
Anticipated Date of IJB	31 March 2026			IJB Report Number	DIJB10-2026 Appendix 6		
Date IIA completed	20 March 2026						

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

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

Dudhope Multicultural Centre – Bharatiya Ashram Lunch Club

This IIA provides an assessment of the potential impacts on specific population groups affected by the proposed cessation of funding for Dudhope Multicultural Centre’s lunch club services. Based on service demographics and consultation evidence, the groups most likely to be affected by any recommendations regarding future commissioning are: older people; disabled people (including those with long-term conditions, and mobility issues); people from black and minority ethnic groups; people who have religious beliefs; unpaid carers supporting individuals; and people living in poverty. In total there are 77 registered members of the DMC, and attendance across the lunch clubs averages 46 people per week. The lunch club provides 2 meals out of the 21 meals people require throughout a week. Between 7 and 16 participants from the lunch club also participate in gentle exercise offered at the Tuesday session. There is 1 member of staff whose employment is supported by Lunch Club funding. Consultation responses demonstrate concern regarding loss of culturally appropriate support, specific impacts on minority ethnic communities, increased loneliness and worsening health (and potential increased costs to the wider health and social care system due to this).

Negative impacts can be partially mitigated, however it is recognised that cultural elements of the service provision might not be directly replicable through alternative service providers. Although there are many community-based faith and cultural organisations operating in Dundee a relatively small proportion of those are multi-faith or multi-cultural organisations (and some that do exist are targeted to specific populations such as young people and women).

Through consultation responses, some concerns were raised that cessation of IJB funding could create sustainability risks for the wider organisation. Based on the most recent audited accounts for DMC, the IJB contribution represents around 17% of annual income, meaning the removal of this funding stream would have a material impact on the organisation’s financial position. While the centre holds £57,910 in unrestricted reserves, which could be utilised to sustain services in the short to medium term, although reliance on reserves is not a viable long-term strategy. Should the IJB agree the proposal to cease funding DMC will have a 3-month notice period to allow them to explore alternative funding sources, such as external grants or other fundraising opportunities. Officers from DHSCP will work with the organisation to provide advice and support to assist them with this, and with other options, such as reviewing delivery models that could reduce operating costs without compromising cultural integrity and engaging wider community partners to explore collaborative or coproduced approaches that protect core elements of the lunch club model. These mitigations may help stabilise the organisation and reduce the likelihood of wider service impact.

Results from the IJB Budget Consultation Report are included within this impact assessment but, as a single source of information, should be treated with caution as the sample is not representative of the population. Differences in average impact ratings below 1 are not considered to be significant. It should also be noted that the proposal consulted on for Food Train was to cease funding, however following consideration of consultation responses and other information this proposal has been amended – with a recommendation to being made to the IJB to continue funding for a 6-month period to allow work to be undertaken with Food Train focused on service and financial sustainability, and to allow the IJB to consider their commissioning intentions for shopping and similar support services.

The IJB Budget Consultation responses from individual responses rated the impact of the saving proposal to cease funding to both DMC Lunch Clubs and Food Train as low (average score 1.7), organisational respondents rated the impact as medium (2.3) and group respondents as low (1.8). This was the second lowest impact rating for individual respondents and was the median impact rating for organisational respondents. Consultation analysis did not identify significant variation between equality or fairness groups impact scores for this proposal.

Food Train

This IIA also provides a preliminary assessment of the potential impacts associated with the proposal to continue funding to the Food Train for a further 6-month period while the organisation is supported to consider alternative operating models that support ongoing financial sustainability without ongoing reliance on IJB funds, and the IJB considers future commissioning intentions for shopping and other similar support services. The full impact of any

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future changes cannot yet be determined and will depend on the options that emerge over the next 6-months. A comprehensive IJB Integrated Impact Assessment will therefore be completed and presented alongside the future report to the IJB where any recommendations regarding future commissioning are made.

Based on service demographics and consultation evidence, the groups most likely to be affected by any recommendations regarding future commissioning are: older people; disabled people (including those with long-term conditions and mobility issues); unpaid carers supporting individuals; and people living in poverty. The Food Train currently supports up to 230 people, employs 3 members of staff and supports 35 volunteers.

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

Date	Activity/Activities	People/groups	By whom
October 2025 – March 2026	IJB budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Chief Officer / Acting Chief Finance Officer
Tuesday 3 rd February 2026 – 3 rd March 2026	IJB Public Budget Consultation Specifically, responses received in relation to section 3 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.	Members of the public Unpaid carers Third and independent sector health and social care providers Members of the health and social care workforce	Acting Head of Service, Strategic Services
17 th / 18 th / 19 th / 24 th / 25 th February 2026	Members of the public, including people who use health and social care services and unpaid carers, were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Members of the public Unpaid carers Third and independent sector health and social care providers	Senior Management Team
16 th / 20 th /23 rd February 2026	Third party providers were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Third and independent sector health and social care providers	Senior Management Team
17 th /20 th /26 th / February 2026 & 2 nd March 2026	Members of HSCP workforce were invited to an online consultation session and speak to members of Health and Social Care Partnership's Senior Management Team:	Members of the health and social care workforce	Senior Management Team
March 2026	Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals. This includes review of the IJB's Strategic Needs Assessment. Additional statistical information regarding current profile of service use.	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Acting Head of Service, Strategic Services

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of

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evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

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

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

Age	Explanation, assessment and potential mitigations
Positive	
No Impact	
Negative	x
Not Known	x <p><u>Lunch Club – Negative (partial mitigation)</u></p> <p>The cessation of funding for Dudhope Multicultural Centre (DMC) lunch clubs is expected to impact on older people. People aged over 50 make up the overwhelming majority of those who use the service. Participants have varying degrees of frailty, cognitive impairment or long-term health conditions. This group can be at elevated risk of poor health outcomes, and the consultation responses highlighted that the proposal could undermine their nutrition and mental wellbeing. This would impact 46 people per week for up to 2 of 21 meals required across a week. The potential impacts on social and cultural benefits for older people attending the lunch club and access to gentle exercise options have also been highlighted by the provider and through consultation responses.</p> <p>Respondents to the IJB Budget Consultation highlighted concerns about risks of higher levels of loneliness and isolation, malnutrition and poor dietary quality, declining physical health due to loss of gentle activity opportunities and reduced opportunities for early identification of needs and risks for individual service users.</p> <p>DMC has already indicated that they will look at options to maintain lunch provision on a Saturday (their busier club and due to links with other cultural activities taking place); officers from the HSCP will work with them during the notice period to support them to identify alternative funding sources or other options that would help to achieve this. Service users (and unpaid carers) will be provided with information about alternative meal provision options (including the Community Meals Service, which caters for a wide range of dietary and nutritional needs). Many service users might already have in place arrangements for meals provision for the 19 meals per week not currently provided by the lunch club, that can be utilised and expanded to cover the 2 additional meals – this might provide access to cultural appropriate meals that are not always available from other alternative meals services. It is acknowledged that alternative provision might have additional costs associated with it; service users already pay a charge to the lunch club which could then be used to help meet the cost of alternatives (some options may, however, incur a higher cost). Referrals will be made for welfare rights and income maximisation services where relevant.</p> <p>In relation to social and cultural benefits, service users will continue to be able to access other activities run at DMC should they wish to (see information in Conclusion section regarding overall organisational sustainability). Staff from DHSCP will work with the lunch club during the notice period to signpost service users to alternative social and cultural activities provided by a range of community and faith groups operating across the city. Options for telephone befriending and outreach volunteer support will also be provided, and referrals made to Social Prescribing Services where people are seeking alternative age and culturally appropriate exercise and wellbeing opportunities.</p> <p><u>Food Train – Not known</u></p> <p>Food Train supports up to 230 older people, many of whom are aged 70 and over. Any future changes to the service will impact on this group and will require to be explored and assessed as part of the proposed work over the next 6-months to consider service and financial sustainability and consideration of future IJB commissioning intentions.</p>
Disability	Explanation, assessment and potential mitigations

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Positive		<p><u>Lunch Club – Negative (partial mitigation)</u></p> <p>The cessation of funding for Dudhope Multicultural Centre (DMC) lunch clubs is expected to impact disabled people, who are significantly represented within current users of the service. Some disabled individuals use the lunch club to secure safe and reliable access to food, social connection, practical support, and regular welfare oversight. Many attendees cannot cook for themselves due to limited dexterity, cognitive impairment, pain or mobility restrictions. Closure of the lunch club could make it more difficult for disabled people to manage their health conditions and maintain a healthy diet, increasing the risk of health deterioration. Consultation feedback highlighted concern that the proposed cuts could heighten risk across multiple dimensions of disability, many of which overlap with the age-related impacts already outlined in the preceding section.</p> <p>The centre offers gentle dance classes, Chi Gong sessions and light physical exercise integrated into lunch club days. These activities provide safe and adapted movement opportunities that contribute to maintaining mobility, improving joint flexibility, supporting balance, enhancing circulation and reducing stiffness. They also support cognitive functioning. These classes are not funded by the IJB and will therefore are expected to remain available to service users who wish to continue to attend.</p> <p>Respondents to the IJB Budget Consultation highlighted concerns regarding loss of access to a structured, accessible environment for disabled people. They highlighted that predictable routine and the opportunity for informal monitoring of health and social care needs is of benefit to disabled people who currently use the service.</p> <p>DMC has already indicated that they will look at options to maintain lunch provision on a Saturday (their busier club and due to links with other cultural activities taking place); officers from the HSCP will work with them during the notice period to support them to identify alternative funding sources or other options that would help to achieve this. Service users (and unpaid carers) will be provided with information about alternative meal provision options (including the Community Meals Service, which caters for a wide range of dietary and nutritional needs). Many service users might already have in place arrangements for meals provision for the 19 meals per week not currently provided by the lunch club, that can be utilised and expanded to cover the 2 additional meals – this might provide access to cultural appropriate meals that are not always available from other alternative meals services. It is acknowledged that alternative provision might have additional costs associated with it; service users already pay a charge to the lunch club which could then be used to help meet the cost of alternatives (some options may, however, incur a higher cost).</p> <p>In relation to social and cultural benefits, service users will continue to be able to access other activities run at DMC should they wish to (see information in Conclusion section regarding overall organisational sustainability). Staff from DHSCP will work with the lunch club during the notice period to signpost service users to alternative social and cultural activities provided by a range of community and faith groups operating across the city. Options for telephone befriending and outreach volunteer support will also be provided, and referrals made to Social Prescribing Services where people are seeking alternative exercise and wellbeing opportunities suitable for their individual health and disability needs, as well as cultural requirements.</p> <p><u>Food Train – Not known</u></p> <p>A substantial number of disabled people who use Food Train cannot shop independently due to a range of physical, cognitive and sensory impairments. Any future changes to the service will impact on this group and will require to be explored and assessed as part of the proposed work over the next 6-months to consider service and financial sustainability and consideration of future IJB commissioning intentions.</p>
No Impact		
Negative	x	
Not Known	x	
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		

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No Impact	x	None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		Due to differences in life expectancy a greater proportion of older people are female. Please see section of Age (above).
No impact		
Negative	x	<p>A high proportion of (80%) of the health and social care workforce are female. Please see sections on Household Income and Earnings / Employment (below).</p> <p>A high proportion of unpaid carers (73%) are female. Please see section on Carers (below).</p> <p><u>Lunch Club – Negative (partial mitigation)</u> Females from older minority ethnic communities may have a greater reliance on community spaces for social contact than males.</p> <p>In relation to social and cultural benefits, service users will continue to be able to access other activities run at DMC should they wish to (see information in Conclusion section regarding overall organisational sustainability). Staff from DHSCP will work with the lunch club during the notice period to signpost service users to alternative social and cultural activities provided by a range of community and faith groups operating across the city. Options for telephone befriending and outreach volunteer support will also be provided, and referrals made to Social Prescribing Services where people are seeking alternative age and culturally appropriate exercise and wellbeing opportunities. Specific options more suitable to female service users will also be highlighted, such as services at Dundee International Women' Centre.</p>
Not known	x	
Religion & Belief		Explanation, assessment and potential mitigations
Positive		<p><u>Lunch Club – Negative (partial mitigation)</u> The Dudhope Multicultural Centre (DMC) plays an important role in supporting older adults from diverse religious and cultural backgrounds, particularly those from South Asian, East Asian and multi-faith communities. The centre provides a culturally safe, welcoming environment where religious practices, dietary requirements and cultural norms are understood and embedded into everyday service delivery. For many members, religious expression is closely interwoven with cultural custom, including communal eating and specific festival foods. Consultation responses highlighted concern that many mainstream alternatives do not have the cultural literacy or staff expertise required to understand or appropriately respond to the religious needs of minority ethnic older adults.</p> <p>The provider and wider consultation respondents expressed concern about the loss of culturally appropriate meal provision—such as vegetarian options linked to certain faiths, food prepared in accordance with religious practices, or dishes associated with cultural festivals—and that this could further restrict their ability to uphold important elements of their religious identity. Respondents also stated that DMC is Dundee's only long-standing multi-racial and multicultural community hub designed specifically to meet the needs of older adults from minority ethnic backgrounds, providing a space where people can communicate in their preferred language, eat familiar foods and spend time with others who share cultural references and traditions.</p> <p>DMC has already indicated that they will look at options to maintain lunch provision on a Saturday (their busier club and due to links with other cultural activities taking place); officers from the HSCP will work with them during the notice period to support them to identify alternative funding sources or other options that would help to achieve this. In relation to social and cultural benefits, service users will continue to be able to access other activities run at DMC should they wish to (see information in Conclusion section regarding overall organisational sustainability). Staff from DHSCP will work with the lunch club during the notice period to signpost service users to alternative social and cultural activities provided</p>
No Impact	x	
Negative	x	
Not Known		

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		<p>by a range of community and faith groups operating across the city. It is recognised that these alternatives might not always include opportunities for communal eating and / or for multi-cultural interaction (rather than individual cultural focus).</p> <p>Consultation feedback also highlighted concerns among some BME elders who already feel unsettled due to rising tensions and negative rhetoric surrounding migrant communities. For these individuals, DMC provides a crucial sense of safety, reassurance and solidarity. Respondents were concerned that the removal of the lunch club space risks deepening existing vulnerabilities, reducing feelings of security, and leaving older minority ethnic adults with nowhere culturally or emotionally familiar to turn. As stated above, service users will continue to be able to access other activities offered at the centre (see information in Conclusion section regarding overall organisational sustainability) and staff will assist with signposting. It is recognised that tensions around migrant communities are a significant concern and the HSCP will continue to support work with Community Planning partners that is currently being planned and implemented to address these wider issues.</p> <p><u>Food Train – No Impact</u> This proposal is not considered to have any direct or indirect relevance to this protected characteristic.</p>
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		See section on religion and belief (above).
No Impact	x	
Negative	x	
Not Known		
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
<p>Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children’s Rights impacts not covered elsewhere in this record.</p>		
None.		

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

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

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary’s & Kirkton)			x	x
North East (Whitfield, Fintry & Mill O’Mains)			x	x
Lochee (Lochee Beechwood, Charleston & Menzieshill)			x	x
Coldside (Hilltown, Fairmuir & Coldside)			x	x
East End (Mid Craigie, Linlathen & Douglas)			x	x
Maryfield (Stobswell & City Centre)			x	x
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End			x	x
The Ferry			x	x
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				

Dundee Integration Joint Board Integrated Impact Assessment

Lunch Club – Negative (partial mitigation)

Proposed cessation of funding for Dudhope Multicultural Centre will have potential negative impacts across all areas of the city. It is anticipated that there will be a greater impact in the most deprived areas of the city of any reduction in availability of services due to higher levels of health and social care needs. It is also known that in these areas citizens are less likely to have alternative means (whether financial or culturally provided) that might help them to individually mitigate the impact of reductions in service provision. IJB Budget Consultation respondents also highlighted potential additional costs of transport to alternative venues, and that any changes that increase costs will potentially impact on widening health inequalities.

DMC has already indicated that they will look at options to maintain lunch provision on a Saturday (their busier club and due to links with other cultural activities taking place); officers from the HSCP will work with them during the notice period to support them to identify alternative funding sources or other options that would help to achieve this. Service users (and unpaid carers) will be provided with information about alternative meal provision options (including the Community Meals Service, which caters for a wide range of dietary and nutritional needs). Many service users might already have in place arrangements for meals provision for the 19 meals per week not currently provided by the lunch club, that can be utilised and expanded to cover the 2 additional meals – this might provide access to cultural appropriate meals that are not always available from other alternative meals services. It is acknowledged that alternative provision might have additional costs associated with it; service users already pay a charge to the lunch club which could then be used to help meet the cost of alternatives (some options may, however, incur a higher cost). Referrals will be made for welfare rights and income maximisation services where relevant.

In relation to social and cultural benefits, service users will continue to be able to access other activities run at DMC should they wish to (see information in Conclusion section regarding overall organisational sustainability). Staff from DHSCP will work with the lunch club during the notice period to signpost service users to alternative social and cultural activities provided by a range of community and faith groups operating across the city. It is recognised that these alternatives might not always include opportunities for communal eating and / or for multi-cultural interaction (rather than individual cultural focus).

Food Train – Not known

Although Food Train provide a city-wide service, many of their service users live in areas of deprivation. Any future changes to the service will impact on this group and will require to be explored and assessed as part of the proposed work over the next 6-months to consider service and financial sustainability and consideration of future IJB commissioning intentions.

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

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

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

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive		<p><u>Lunch Club – Negative (partial mitigation)</u></p> <p>The proposed cessation of funding for Dudhope Multicultural Centre (DMC) is likely to have a negative impact on people with caring responsibilities, particularly unpaid carers. These carers balance complex physical, emotional and practical responsibilities while supporting older or disabled relatives and often rely on the consistency and reliability of these services to help sustain their caring role.</p> <p>For carers supporting older relatives with long-term health conditions, mobility limitations or cognitive impairment, DMC provides opportunities for respite—both practical and emotional.</p>
No Impact		
Negative	x	
Not Known	x	

Dundee Integration Joint Board Integrated Impact Assessment

	<p>IJB Budget Consultation respondents highlighted that knowing that their loved one is in a culturally safe, socially stimulating setting allows them to take a break from their responsibilities. They highlighted concern that losing this support would mean carers will take on additional tasks, such as preparing culturally appropriate meals, supervising social interaction, and facilitating activities that maintain health and wellbeing. Furthermore, respondents said that DMC's culturally tailored environment helps reduce communication barriers and provides social spaces for older people whose first language is not English. Without this, carers—often second-generation family members—may face increased pressure to provide translation, support with navigating services, and greater involvement in day-to-day tasks that the centre previously helped to manage.</p> <p>DMC has already indicated that they will look at options to maintain lunch provision on a Saturday (their busier club and due to links with other cultural activities taking place); officers from the HSCP will work with them during the notice period to support them to identify alternative funding sources or other options that would help to achieve this. Unpaid carers will be provided with information about alternative meal provision options (including the Community Meals Service, which caters for a wide range of dietary and nutritional needs). Many service users might already have in place arrangements for meals provision for the 19 meals per week not currently provided by the lunch club, that can be utilised and expanded to cover the 2 additional meals. It is acknowledged that alternative provision might have additional costs associated with it; service users already pay a charge to the lunch club which could then be used to help meet the cost of alternatives (some options may, however, incur a higher cost). Referrals will be made for welfare rights and income maximisation services where relevant.</p> <p>In relation to social and cultural benefits, service users will continue to be able to access other activities run at DMC should they wish to (see information in Conclusion section regarding overall organisational sustainability). Staff from DHSCP will work with the lunch club during the notice period to signpost service users to alternative social and cultural activities provided by a range of community and faith groups operating across the city. Options for telephone befriending and outreach volunteer support will also be provided, and referrals made to Social Prescribing Services where people are seeking alternative age and culturally appropriate exercise and wellbeing opportunities. Information and advice will also be provided about unpaid carer support services.</p> <p><u>Food Train – Not known</u></p> <p>It is recognised that the service provided by Food Train contributes to reducing strain on unpaid carers who might otherwise need to spend additional time and financial resource on shopping and meal preparation. Any future changes to the service will impact on this group and will require to be explored and assessed as part of the proposed work over the next 6-months to consider service and financial sustainability and consideration of future IJB commissioning intentions.</p>
Lone Parent Families/Single Female Parent Household with Children	
Positive	
No Impact	x
Negative	
Not Known	
Households including Young Children and/or more than 3 children	
Positive	
No Impact	x
Negative	
Not Known	
Retirement Pensioner (s)	
Positive	
No Impact	
Negative	x
Not Known	x
Serious & Enduring Mental Health Conditions	
Positive	
No Impact	x
Negative	
Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

Homeless (risks of Homelessness)		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Drug and/or Alcohol issues		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Offenders and Former Offenders		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		

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

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

Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		<p><u>Lunch Club – Negative (partial mitigation)</u></p> <p>Dudhope Multicultural Centre provides a low-cost, community-based support. Removing funding for the service could create additional pressures on household budgets, particularly for individuals and families already living on fixed or low incomes.</p> <p>The lunch clubs currently provide low-cost, freshly prepared, culturally appropriate meals. If the lunch club was to raise prices to remain viable this would impact on household expenditure. If the service was to cease operating alternative provision would be required for service users (due to age and disability related needs). As a result, families may need to purchase more expensive specialist foods, cook more frequently for older relatives or pay for alternative meal provision. This would have a greater impact on households already managing financial constraints. The provider and respondents to the IJB Budget consultation expressed concern that service users would be pushed towards either higher-cost private alternatives or unsafe self-management. Households that cannot absorb these new expenses may experience increased financial insecurity, reduced ability to meet other essential costs, and a heightened risk of falling into poverty.</p> <p>DMC has already indicated that they will look at options to maintain lunch provision on a Saturday (their busier club and due to links with other cultural activities taking place); officers from the HSCP will work with them during the notice period to support them to identify alternative funding sources or other options that would help to achieve this. This would minimise further the number of meals where alternative provision is required. Referrals will be made for welfare rights and income maximisation services where relevant to help individual service users meet any additional costs incurred.</p> <p><u>Food Train – Not known</u></p> <p>For Food Train members, the service provides an affordable means of accessing groceries, with a modest charge that is significantly lower than the cost of private support. Any future changes to the service will impact on this group and will require to be explored and assessed as part of the proposed work over the next 6-months to consider service and financial sustainability and consideration of future IJB commissioning intentions.</p>
No Impact		
Negative	x	
Not Known	x	
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	x	

Dundee Integration Joint Board Integrated Impact Assessment

Negative		
Not Known		
Earnings & employment -including opportunities, education, training & skills, security of employment, under employment & unemployment		
Positive		<u>Lunch Club – Negative (partial mitigation)</u>
No Impact		The proposed cessation of funding for the Dundee Multicultural Centre lunch club would impact directly on 1 employee, which could result in reduced hours and income, or potentially loss of employment. DMC has already indicated that they will look at options to maintain lunch provision on a Saturday (their busier club and due to links with other cultural activities taking place); officers from the HSCP will work with them during the notice period to support them to identify alternative funding sources or other options that would help to achieve this. <u>Food Train – Not known</u> Food Train employees 3 members of staff and has 35 volunteers. Any future changes to the service will impact on this group of people and will require to be explored and assessed as part of the proposed work over the next 6-months to consider service and financial sustainability and consideration of future IJB commissioning intentions.
Negative	x	
Not Known	x	
Connectivity / Internet Access/ Digital Skills		
Positive		<u>Lunch Club – No impact</u>
No Impact	x	This proposal is not considered to have any direct or indirect relevance to this protected characteristic. <u>Food Train – Not known</u> Consideration of alternative models of delivery and / or future commissioning intentions might include consideration of digital approaches. Any future changes to the service will require to be explored and assessed as part of the proposed work over the next 6-months to consider service and financial sustainability and consideration of future IJB commissioning intentions.
Negative		
Not Known	x	
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive		<u>Lunch Club – Negative (partial mitigation)</u>
No Impact		See sections on Age and Disability (above).
Negative	x	<u>Food Train – Not known</u>
Not Known	x	See sections on Age and Disability (above).
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		As both services focus on the provision of healthy meals it is likely that proposals will have some indirect impact on healthy weight. However, there is not currently data available from the service providers to support an assessment of the scale or nature of that impact.
No Impact		
Negative		
Not Known	x	
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Life expectancy		
Positive		

Dundee Integration Joint Board Integrated Impact Assessment

No Impact		Lunch Club – Negative (partial mitigation)
Negative	x	As outlined in the section on Age, Disability and Health (above) these proposals have some risk of impacting on health outcomes, which could indirectly impact on life expectancy.
Not Known	x	
		Food Train – Not known
		As outlined in the section on Age, Disability and Health (above) the Food Train provision contributes to health outcomes, which could indirectly impact on life expectancy. Any future changes to the service will require to be explored and assessed as part of the proposed work over the next 6-months to consider service and financial sustainability and consideration of future IJB commissioning intentions.
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Sustainable Procurement		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		

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

Strategic Environmental Assessment				
Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	x	No		
Statement 2				

Dundee Integration Joint Board Integrated Impact Assessment

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

Yes		No	x	Use the SEA flowchart to determine whether this plan or proposal requires SEA.
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If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)

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

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

End of Impact Assessment Record.



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD –
31 MARCH 2026

REPORT ON: THIRD PARTY COMMISSIONED SERVICES

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: APPENDIX 7 OF DIJB10-2026

1.0 PURPOSE OF REPORT

The purpose of this report is to seek approval of the proposal to reduce the level of service commissioned from third-party service providers.

2.0 RECOMMENDATIONS

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

- 2.1 Approves the proposal to maintain payments at 2025/26 levels specified for third party commissioned services as set out in section 4.2.3 and appendix 7.1.
- 2.2 Approves the proposal to reduce the level of service commissioned from the list of third-party services providers as set out at section 4.2.3 and appendices 7.2 and 7.3. Noting that it is proposed in DIJB10-2026 (Dundee IJB Proposed Budget 2026/27) that some providers will be offered 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 2026 to meet the National Adult Social Care Pay Uplift Policy.
- 2.3 Remits the Chief Officer to undertake a strategic review of third party commissioned services during 2026/27 as detailed in 4.4.2 and submit a report to the IJB no later than 31 December 2026
- 2.4 Remits the Chief Officer to review the Strategic Risk Register with reference to the information contained within section 6 of this report.
- 2.5 Remits the Chief Officer to issue Directions as set out in Section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The proposals outlined in this report reduces the payments to 27 organisations, resulting in savings of £1.723 million in 2026/27 (full year effect £2.298 million) as set out in appendices 7.2 and 7.3.
- 3.2 In 2025/26, after excluding the provision of Care Home and Care at Home Services, Dundee IJB commissioned £41.86 million of services and supports from a range of organisations providing services for unpaid carers, people with a learning disability and autism, mental health and wellbeing, older people, drugs and alcohol, independent advocacy, homelessness/risk of homelessness and third sector infrastructure and capacity building, which were all considered as part of budget development process. The reduction in payments to organisations therefore represents 5.5% of the 2025/26 contract value for the services within scope.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The IJB's delegated budgets funds a range of health and social care services and supports provided by the third and independent sector on behalf of the Health and Social Care Partnership. These arrangements are governed by contractual frameworks with baseline funding agreed at the commencement of the service through tendering or other compliant procurement processes. Subsequent variations in the level of contractual funding for these (other than to reflect changing needs of individual service users) are a matter for the commissioning body to decide.
- 4.1.2 Both the IJB and the Health and Social Care Partnership recognise the significant contribution made by third party commissioned services to meeting the health and social care needs of Dundee's population. This includes supporting the Partnership to deliver statutory functions. Services in these sectors contribute knowledge, experience and expertise in a range of specialist service areas, and it is recognised that in some service areas people who require support prefer to do so in the third sector, rather than from statutory services. Although underpinned by a contractual relationship the Health and Social Care Partnership has maintained a strong collaborative, partnership approach at the interface with third party commissioned services. Since the point of integration this has included ensuring ongoing access for providers to resources such as learning and development activities, workforce health and wellbeing supports, and service improvement support.
- 4.1.3 Since the introduction of the Scottish Government Adult Social Care Pay Policy in 2022/23, the IJB has also sought to protect funding to third party commissioned services where possible. In 2022/23, providers received a 2% increase on contract values and in 2023/24 a 3% increase. However, over the last two years in the face of very significant cost pressures (£10.7 million in 2024/25 and £17.5 million in 2025/26), the IJB maintained contract values at a standstill position for most providers, with some contracts being reduced following a review of commissioned services in 2025/26. This is in addition to the Adult Social Care Pay Policy funding provided by the Scottish Government being passed on in full to qualifying providers in each of these four years. Looking forward to 2026/27, with cost pressures of £10.4 million and a cumulative saving of £58 million having already been achieved by the IJB since 2016/17, officers have had to look at all areas of service provision in terms of options for further savings, including those commissioned from third party providers.

4.2 Third Party Commissioned Services – Consultation and Proposed Reductions

- 4.2.1 As part of the 2026/27 budget development process contracts for third party commissioned services were considered as a potential option for achieving financial savings, alongside options related to internally delivered HSCP services. Contracts for Care at Home and Older People Care Home services have been excluded from this process. Care Home Services are purchased via the National Care Home Contract with payment levels set via national negotiation, and Care Home placements have also been subject to several savings initiatives over recent years. Similarly, work continues to be progressed under ongoing financial recovery plans to support cost reductions in Care at Home Services to align spend to the approved budget. Bespoke care packages for individuals purchased under “spot-purchase” arrangements have also been excluded from consideration under this saving proposal. Scottish Government annual allocation funding that is passed to the Dundee Alcohol and Drug Partnership to direct the commissioning of drug and alcohol services has been excluded, as have contracts that relate to Scottish Government or other external grant awards that are administered via the Health and Social Care Partnership (i.e. funds received must be passed onto the designated provider under the grant terms and conditions).
- 4.2.2 The IJB's Budget Consultation invited respondents to provide their views on the option of reducing funding to third and independent sector organisations. Key results were:
- 420 individuals, 79 organisations and 11 groups rated the potential negative impact of this saving option. This option was given the second highest average impact rating by both individual respondents (2.8 – medium impact) and organisational respondents (2.9 – medium impact). 191 individual and 42 organisational or group respondents stated that this option would have a high impact, 77 individuals and 15 organisations or groups said it would have a medium negative impact.
 - For all service types, with the exceptions of support to unpaid carers, support for people who use drugs and alcohol and services providing mental health and wellbeing support, the majority of respondents supported some level of funding reduction. However,

for independent advocacy and services for people who are homeless the majority was only slight.

- 269 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:
 - Impact on vulnerable people and communities: Respondents consistently warned that reducing funding to third and independent sector services would disproportionately affect people with the highest and most complex needs, including those who are excluded, isolated or unable to access statutory services, leading to worsening health, wellbeing and safety.
 - Financial fragility and disproportionate service loss: Many organisations stated they are already financially fragile after years of rising costs and static funding. A 10% cut was widely expected to result in a much larger reduction in frontline services (often 15–20%), fewer people supported, longer waiting lists, and in some cases service or organisational closure.
 - Increased pressure and cost elsewhere in the system: Respondents strongly stated that demand would not disappear but would shift to statutory services such as GPs, hospitals, social work and emergency care. This was seen as a false economy, likely increasing long-term costs, crisis presentations and pressure across the wider system.
 - Loss of prevention and early intervention: Third sector services were repeatedly described as central to prevention, early support and helping people stay independent. Reductions were expected to lead to escalation of need, more crises, increased hospital admissions, delayed discharges and greater long-term dependency.
 - Workforce, quality and continuity risks: Funding reductions were expected to lead to staff redundancies, reduced hours, burnout and loss of skilled workers, particularly in specialist services. This would directly undermine service quality, safety, continuity of care and the sustainability of the workforce and volunteer base.
 - Damage to partnership working and system sustainability: Respondents warned that cuts to advocacy, coordination and infrastructure support would weaken collaboration, reduce lived experience voice, undermine integrated working and conflict with strategic priorities on prevention, protecting vulnerable people and reducing hospital pressure.
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

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

4.2.3 Following consideration of the feedback from the budget consultation process and other information regarding impacts of reductions to funding for third and independent sector, it is proposed that a tiered reduction is applied to provider contracts for 2026/27. The tiered approach balances the need to make financial savings against the strong call to avoid a blanket percentage reduction to all contracts and to take into account provider sustainability issues. It is proposed to:

- Exclude contracts that relate to the direct contracting-out of statutory duties by the IJB – this includes independent advocacy provision, carers information and advice and social work services for people with sensory impairments. It is proposed that for contracts that fall within this parameter, payments will be maintained at the 2025/26 level. A detailed list of implications for individual providers is included in appendix 7.1.
- The contract with Penumbra that supports the delivery of the Hope Point Service has also been excluded, as this is the only 24/7 mental health and wellbeing services available in Dundee. The detail of this is included in appendix 7.1. All other elements of Penumbra contracts have been included.

- Apply a reduction to the anticipated 2026/27 contract value for providers who are eligible for and will be offered an uplift to staff pay element of Adult Social Care Providers' Contract Value in the following way:

Total value of Dundee HSCP Contracts for 2026/27 ¹	% reduction to be applied (full-year basis)
£0 to £1 million	5.86%
£1 million to £2.5 million	6.0%
Over £2.5 million	6.5%

A detailed list of implications for individual providers is included in appendix 7.2.

Please note that if the provider does not accept the offer of the Adult Social Care pay uplift it is proposed that their contract value reduction will be decreased by the equivalent cash amount.

- Apply a reduction to the anticipated 2026/27 contract value for providers who are not eligible for the uplift to staff pay element of Adult Social Care Providers' Contract Value in the following way:

Total value of Dundee HSCP Contracts for 2026/27 ²	% reduction to be applied (full-year basis)
£0 to £100k	0.0%
£100k to £1 million	1.0%
Over £1 million	1.5%

A detailed list of implications for individual providers is included in appendix 7.3.

- Due to contractual requirements to give notice to some providers and to support them to manage workforce impacts, as well as service transition, it is proposed that for 2026/27 all reductions are applied on a part-year basis (9 months).

4.4 Further Actions

- 4.4.1 Although some providers might be able to manage savings through efficiency measures, it is recognised that this will not be the case for all. Work will therefore be undertaken by Contract Leads and the Social Care Contract Team, in partnership with providers, during the first quarter of 2026/27 to review service specifications to ensure these are aligned to available funds, support Best Value and provider sustainability.
- 4.4.2 Taking onboard feedback from the consultation process it is proposed that during 2026/27 a strategic review of commissioned services is undertaken on behalf of the IJB. This would include reviewing all contractual arrangements with third party providers with a view to establishing a strategic and financially sustainable approach to future commissioning activity. The review will be undertaken in collaboration with third and independent sector providers and other relevant stakeholders. It will include consideration of the reserves position of commissioned services, as well as their role in directly delivering or supporting the delivery of statutory functions.

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

¹ Total value of all contracts with DHSCP excluding Care at Home and Care Home contracts, spot-purchase contracts, contracts funded by the ADP or by Scottish Government / other grants, contracts relating to the direct contracting-out of statutory duties.

² Total value of all contracts with DHSCP excluding Care at Home and Care Home contracts, spot-purchase contracts, contracts funded by the ADP or by Scottish Government / other grants, contracts relating to the direct contracting-out of statutory duties.

6.1 The content of this report relates to the following risk from the IJB Strategic Risk Register:

Risk	6 IJB – External Provider Sustainability -There is a risk of instability in the market of external providers of health and social care services and supports (third and independent sector)
Risk Level	12
Risk Appetite	Within
The report demonstrates:	
X	An increase in risk level The inherent risk level may increase, at least in the initial 3-month period, while providers are supported to consider the implications of funding reductions and contractual documentation is adjusted to reflect this. The inherent risk level should be reviewed by the Core Management Team.
	A reduction in risk level
	The effectiveness of current controls
X	The identification and implementation of additional controls The proposal to undertake a strategic funding review would introduce an additional planned mitigation action.
	The presence of a new / emerging risk

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None.

Christine Jones
Acting Chief Finance Officer

DATE: 20 March 2026

Kathryn Sharp
Acting Head of Service, Strategic Services

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DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	Appendix 7 of DIJB10-2026
2	Date Direction issued by Integration Joint Board	31 March 2026
3	Date from which direction takes effect	1 April 2026
4	Direction to:	Dundee City Council
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Local Authority contracted social care services.
7	Full text of direction	Dundee Integration Board directs Dundee City Council to reduce the level of service commissioned from the third-party services detailed in the list appended to the direction (see appendices 7.2 and 7.3 of DIJB10-2026 Appendix 7) providers during 2026/27 by a total of £1.722 million (part-year effect). For all other Adult Social Care providers contract values should be maintained at 2025/26 levels.
8	Budget allocated by Integration Joint Board to carry out direction	The resource released through the reduction of commissioned service contracts will be reinvested in sustaining alternative service provision, as per 2026/27 budget proposals.
9	Performance monitoring arrangements	Financial monitoring and contract monitoring process.
10	Date direction will be reviewed	31 August 2026

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Appendix 7.1

Provider	Remit	2025/26 Contract Value	Proposed 2026/27 Contract Value	% saving
Advocating Together	Independent Advocacy – Learning Disabilities	£91,046	£91,046	0
Dundee Carers Centre	Information and Advice – Unpaid Carers only	£142,983	£142,983	0
Dundee Independent Advocacy	Independent Advocacy	£289,321	£289,321	0
North East Sensory Services (NESS)	Social Work Service – Sensory Impairment	£357,807	£357,807	0
Partners in Advocacy	Independent Advocacy	£68,300	£68,300	0
Penumbra	Mental Health and Wellbeing – Hope Point only	£572,263	£572,263	0

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Appendix 7.2

Provider	Remit	2025/26 Contract Value	Proposed 2026/27 Contract Value	% saving	ASC uplift offer 2026/27
Caledonia Housing	Social Isolation	£51,850	£48,810	5.86	£3,040
Capability Scotland	Learning Disabilities and Autism Services	£1,191,799	£1,120,291	6.00	£69,867
Carr-Gomm Scotland	Mental Health and Learning Disabilities Services	£4,001,700	£3,741,589	6.50	£234,592
Cornerstone Community Care	Learning Disabilities and Autism Services	£3,011,220	£2,815,491	6.50	£176,527
Dudhope Villa and Sister Properties	Learning Disabilities and Autism Services	£501,830	£472,411	5.86	£29,419
Dundee Survival Group	Mental Health and Wellbeing Services	£494,612	£467,050	5.57 ³	£27,562
Dundee Women's Aid	Violence Against Women Services	£409,467	£385,463	5.86	£24,004
Hillcrest Future	Learning Disabilities and Autism Services and Drug and Alcohol Services	£5,725,639	£5,353,472	6.50	£333,541
Hillcrest Homes	Services for Older People	£48,521	£45,677	5.86	£2,844
Mid-Lin Day Care	Services for Older People	£61,336	£57,740	5.86	£3,596
Penumbra	Mental Health and Wellbeing Services	£563,885	£550,757	2.33 ⁴	£13,128
Positive Steps Partnership	Services for Adults at Risk	£770,708	£725,527	5.86	£45,181
Priority Care	Learning Disabilities and Autism Services	£893,663	£841,274	5.86	£52,389
Richmond Fellowship	Mental Health and Wellbeing Services	£2,539,257	£2,374,205	6.50	£148,859
Rose Lodge	Learning Disabilities and Autism Services	£856,308	£806,109	5.86	£50,199

³ Dundee Survival Group is only eligible for the Adult Social Care pay uplift on some elements of their contract. Tiered reductions have been applied for both eligible and non-eligible elements, bringing the total % reduction beneath 5.86%.

⁴ Penumbra is only eligible for the Adult Social Care pay uplift on some elements of their contract. Tiered reductions have been applied for both eligible and non-eligible elements, bringing the total % reduction beneath 5.86%.

Scottish Action for Mental Health (SAMH)	Mental Health and Wellbeing Services	£793,398	£746,887	5.86	£46,511
Scottish Autism	Learning Disabilities and Autism Services	£2,943,648	£2,752,311	6.50	£169,355
Sense Scotland	Learning Disabilities and Autism Services	£4,158,615	£3,888,305	6.50	£243,163
The Inclusion Group	Learning Disabilities and Autism Services	£1,098,665	£1,032,745	6.00	£64,407
The Salvation Army	Homelessness and Housing Support Services	£528,826	£497,825	5.86	£31,001
Transform Community Development	Homelessness and Housing Support Services	£993,406	£935,170	5.86	£58,236
Turning Point	Learning Disabilities and Autism Services	£4,021,234	£3,759,854	6.50	£235,737
Westlands (Balfield Properties Ltd)	Learning Disabilities and Autism Services	£524,415	£493,672	5.86	£30,743

Appendix 7.3

Provider	Remit	2025/26 Contract Value	Proposed 2026/27 Contract Value	% saving
Art Angel	Mental Health and Wellbeing Services	£77,426	£77,426	0.0
Community Cars (Dundee Community Transport)	Social Isolation	£46,172	£46,172	0.0
Dundee Carers Centre	Unpaid Carers Support Services	£1,030,074	£1,014,623	1.5
Dundee Repertory Theatre	Mental Health and Wellbeing Services	£59,239	£59,239	0.0
Dundee Starter Packs	Tenancy Support Services	£5,409	£5,409	0.0
Dundee Volunteer and Voluntary Action	Third Sector Capacity Building, Mental Health and Wellbeing Services and Services for Older People	£688,852	£681,963	1.0
Hearing Voices Network	Mental Health and Wellbeing Services	£173,659	£171,922	1.0
Medics Against Violence	Services for Adults at Risk	£75,000	£75,000	0.0
PAMIS	Learning Disabilities and Autism Services	£22,195	£22,195	0.0
Parent to Parent	Unpaid Carers Support	£5,000	£5,000	0.0
Scottish Care	Independent Sector Capacity Building	£68,001	£68,001	0.0
Scottish Huntington's Association	Neurological Services	£32,509	£32,509	0.0
Tayside Council on Alcohol	Drug and Alcohol Services	£43,083	£43,083	0.0
With You	Drug and Alcohol Services	£45,000	£45,000	0.0
Wellbeing Works	Mental Health and Wellbeing Services	£267,421	£264,747	1.0
Women's Rape and Sexual Abuse Centre	Violence Against Women Services	£74,794	£74,794	0.0

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

Document Title	THIRD PARTY COMMISSIONED SERVICES					
Type of document	Policy		Plan		Other- describe	Saving proposal
Date of this Pre-Integrated Impact Assessment Screening	04 March 2026					
Date of last IIA (if this is an update)	N/A					
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
<p>The saving proposal seeks to reduce the level of service commissioned from 27 third-party service providers and to maintain all other externally contracted service payments remaining at 2025/26 levels. It also proposes that a strategic review of commissioned services is undertaken during 2026/27.</p> <p>The proposal, if approved, will be implemented from 1 April 2026 to 31 March 2027.</p>						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Christine Jones, Acting Chief Finance Officer, christine.jones58@nhs.scot						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Kathryn Sharp, Acting Head of Strategic Services, kathryn.sharp@dundeecity.gov.uk						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					x	
A major Strategy/Plan, Policy or Action Plan						x
An area or partnership-wide Plan						x
A Plan/Programme/Strategy that sets the framework for future development consents						x
The setting up of a body such as a Commission or Working Group						x
An update to an existing Plan (when additional actions are described and planned)						x

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

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People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services		x	
Offenders and former offenders		x	
Effects of Climate Change or Resource Use			x
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.			x
Transport, Accessible transport provision; sustainable modes of transport.			x
Natural Environment			x
Air, land or water quality; biodiversity; open and green spaces.			x
Built Environment. Built heritage; housing.			x
<p>An IIA is required when YES is indicated at any question in the screening section above. The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>			
From information provided in Step 1 (Pre-screening) Is an IIA needed?		Y	x N
<p>In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)</p>			
Anticipated Date of IJB	31 March 2026	IJB Report Number	DIJB10-2026 – Appendix 7
Date IIA completed	20 March 2026		

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STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

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

Overall, the proposals have a range of negative impacts for protected and disadvantaged groups. Whilst negative impacts can be mitigated to some extent and continue to be monitored closely via both contract and financial monitoring processes, it is recognised that it is likely that there will be a reduction in the availability of third party commissioned services during 2026/27 and into future years. It is not possible to accurately assess the overall number of service users likely to be impacted – some larger providers report supporting up to 800 adults per year whilst others will provide to a smaller / more defined group of people. Many very vulnerable individuals will be accessing services across multiple third and independent sector services. However, it should be recognised that the potential scale of impact is significant. Overall contract value and impact on provider sustainability have also been considered in order to reduce the likelihood of wider workforce impacts or instability of the provider as a whole.

Results from the IJB Budget Consultation Report are included within this impact assessment but, as a sole source of information, should be treated with caution as the sample is not representative of the population. Please note that the proposal consulted on was a reduction in funding of up to 10% for all providers, however the proposed approach includes reductions for 27 providers of between 1% and 6.5% (22 providers being above 5%). Differences in average impact ratings below 1 are not considered to be significant. Individual respondents to the IJB Budget Consultation report this saving option would have a medium impact (2.8), organisational respondents rated this option as having a high impact (3.5) and group respondents as medium impact (2.8). This saving proposal had the highest rated impact for both individual and organisational respondents, and was only outwith the top 3 ranked impacts for 2 of the specific groups for which sub-analysis was undertaken. There was no significant variation in average impact score for any specific group – the highest level of negative variation was 0.6 for 'LCP – North East' (but this should be treated with some caution due to the low sample size of 32).

There was consensus among respondents to the IJB Budget Consultation that reductions to third sector funding will exacerbate existing health and social care needs and lead to increased reliance on statutory services, resulting in higher long-term costs for the IJB. Several respondents stated that third sector services often deliver care more efficiently and effectively than their statutory counterparts. Many respondents emphasised that third sector organisations provide essential support that are not available from statutory services. Respondents highlighted that many service users find third sector services more approachable and helpful and may not use alternative statutory services. The proposed reduction to funding was viewed as shortsighted, with respondents expressing concern it will lead to increased demand for crisis interventions and hospital admissions, ultimately straining public resources further. Across all services types the key concerns highlighted by respondents were:

- Impact on the health, wellbeing and safety of vulnerable people and communities, particularly those with the highest and most complex needs and who are excluded, isolated or unable to access statutory services.
- Financial fragility of organisations and expectations that savings would be met by reducing service provision leading to fewer people being supported, longer waiting lists and risk of service / organisation closure.
- Higher costs being incurred elsewhere in the system as demand shifts to statutory services, potentially increasing long-term costs and crisis presentations.
- Loss or prevention and early intervention capacity leading to reduce levels of independent living, and potential for increased hospital admissions and delayed discharges.
- Impacts of the workforce including staff redundancies, reduced hours, burnout and loss of skilled workers.
- Damage to partnership working and system sustainability, including reduced voice for lived experience.

Some respondents were supportive of some level of funding reduction in specific service areas – support for unpaid carers, for people who use drugs and alcohol and for mental health and wellbeing were the exceptions to this. Respondents said that any reductions should not be through a blanket percentage reduction but should reflect a range of important factors including sustainability and strategic fit; this included a strong call for a strategic funding review of all commissioned services. This feedback has directly informed the proposed approach outlined in the report.

In broad terms the saving proposal has been assessed as being likely to have the following overall impacts:

- Listed third party providers with fundings reductions – this has potential negative impacts for older people, people with a disability (including a learning disability and autism), females, people living in areas of deprivation, people who use drugs, people with poor mental health and wellbeing, people who are homeless or who are at risk of homelessness, offenders and former offenders and unpaid carers. It is also expected to have a negative impact on household income, health and life expectancy. It is recognised that reductions to funding are likely to lead to a reduction in available services (i.e. will not be able to be managed by individual providers via efficiencies alone). Contract Leads and Contract Officers will work with providers to implement

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reductions if they are agreed, this will include supporting providers to manage the impact on both service users and the workforce, including taking into account any requirements for redundancy (for which financial provision has been proposed via part-year reductions). For some providers who are offered and accept the Adult Social Care Pay Uplift this will help to mitigate the impact of savings, at least in relation to staff pay awards. Wherever possible providers will be assisted with support regarding any sustainability issues that do arise, with the dedicated Social Care Contracts Team acting as a first line point of contact and support. Providers whose total contract value is at the lowest level (below £100k) have not had a saving applied as a mitigation to reduce financial sustainability risks to individual organisations. The development of proposed levels of savings was also undertaken with reference to overall organisational income and reserve levels. Any contracts that relate to the direct contracting out of statutory duties have also been excluded from savings. Care at Home contracts have been excluded as they are subject to other financial recovery plans, as are Care Home contracts (which are negotiated nationally and are subject to inflationary uplifts, which will have a positive impact for those providers). These exclusions offer mitigations in terms of potential impacts on older people.

- Maintenance of all remaining contract payments (not subject to a proposed reduction) at 2025/26 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, people with a disability (learning disability and autism, neurological conditions and sensory impairment), advocacy services, services for people with poor mental health and wellbeing, for people who are socially isolated, adults at risk of harm (including violence against women), drug and alcohol services and contracts relating to service development and service user engagement (as these contracts will also not be eligible to receive the uplift to staff pay element of Adult Social Care Providers’ Contract Value). It is recognised that across providers the cumulative impact of providing no funding uplift for 2026/27 and of inflationary pressures is unlikely to be able to be managed via efficiency savings alone, and that reductions in available service across the range of providers is a likely outcome. However, there is a range of infrastructure in place to both support providers as they develop approaches to manage financial pressures and to monitor any potential negative impact on service delivery and outcomes for people (both collectively and individually across providers). Wherever possible providers will be assisted with support regarding any sustainability issues that do arise, with the dedicated Social Care Contracts Team acting as a first line point of contact and support. 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 partially mitigated through ongoing collaborative working with providers. A commitment is also being made to review the service specifications that form part of contractual documents to ensure that these are aligned to available funds.

On a temporary basis, until November 2026, DVVA has a post focused on third sector sustainability. This post is working with service providers to develop enhanced understanding and management in terms of financial sustainability. This post includes supporting providers to explore and secure funding from alternative sources, such as charitable trusts and through fundraising. Priorities for the next 6-month period will be set with DVVA following the IJB budget setting meeting and it is expected that the post capacity will be aligned to support providers to manage the outcomes of budget decisions and to engage with the proposed strategic review of third party commissioned services.

The proposal to progress a strategic funding review of all third party commissioned services during 2026/27 has been subject to a preliminary assessment of potential impacts at this time. It is anticipated that this process will have an impact on services supporting people across a range of equality and fairness groups (as identified in the relevant sections below). As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.

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

Date	Activity/Activities	People/groups	By whom
October 2025 – March 2026	Budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Chief Officer / Acting Chief Finance Officer
2025/26	Range of engagement activities related to the development of strategic and delivery plans during 2025/26. This has included targeted engagement work undertaken to inform the statutory review of the IJB’s	Members of the public Unpaid carers	Acting Head of Service, Strategic Services /

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	<p>Strategic Commissioning Framework. Specific engagement has also taken place in relation to the Carers Strategy and Mental Health and Wellbeing Strategy</p> <p>Ongoing engagement with above groups and intelligence reported and discussed at Strategic Planning Groups, Strategic Planning Advisory Group, IJB and PAC.</p>	<p>Third and independent sector health and social care providers</p>	<p>Strategic Planning and Business Support Team</p>
<p>Tuesday 3rd February 2026 – 3rd March 2026</p>	<p>IJB Public Budget Consultation</p> <p>Specifically, responses received in relation to section 3 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.</p>	<p>Members of the public</p> <p>Unpaid carers</p> <p>Third and independent sector health and social care providers</p> <p>Members of the health and social care workforce</p>	<p>Acting Head of Service, Strategic Services</p>
<p>17th/ 18th / 19th/ 24th/ 25th February 2026</p>	<p>Members of the public, including people who use health and social care services and unpaid carers, were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:</p>	<p>Members of the public</p> <p>Unpaid carers</p> <p>Third and independent sector health and social care providers</p>	<p>Senior Management Team</p>
<p>16th/ 20th/23rd February 2026</p>	<p>Third party providers were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:</p>	<p>Third and independent sector health and social care providers</p>	<p>Senior Management Team</p>
<p>17th/20th/26th/ February 2026 & 2nd March 2026</p>	<p>Members of HSCP workforce were invited to an online consultation session and speak to members of Health and Social Care Partnership's Senior Management Team:</p>	<p>Members of the health and social care workforce</p>	<p>Senior Management Team</p>
<p>March 2026</p>	<p>Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals. This includes review of the IJB's Strategic Needs Assessment.</p> <p>Additional statistical information regarding current profile of service use.</p>	<p>Strategic Planning and Business Support Team / Quality, Data and Intelligence Team</p>	<p>Acting Head of Service, Strategic Services</p>
<p>March 2026</p>	<p>Budget consultation submissions from specific provider organisations and representative bodies.</p>	<p>Dundee Carers Centre</p> <p>DVVA</p> <p>Scottish Huntington's Association</p>	<p>Senior Management Team / IJB members</p>

Equality, Diversity & Human Rights – Mark **X** in all relevant boxes where there are possible / likely impacts. When assessing impacts throughout this record a brief explanation is required for all boxes marked (including summary of

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evidence gathered and analysis) and any planned mitigating actions should be described. It is possible that both positive and negative impacts can be identified for the circumstances described.

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

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

Age		Explanation, assessment and potential mitigations
Positive		<p><u>Reduction to funding for listed providers – Negative (partial mitigation)</u></p> <p>Three services listed specifically provide services for older people, however a number of other services will also have a proportion of service users who are older. It is recognised that reductions to funding are likely to lead to a reduction in available services (i.e. will not be able to be managed by individual providers via efficiencies alone). Contract Leads and Contract Officers will work with providers to implement reductions if they are agreed. For providers who are offered and accept the Adult Social Care Pay Uplift this will help to mitigate the impact of savings, at least in relation to staff pay awards. Wherever possible providers will be assisted with support regarding any sustainability issues that do arise, with the dedicated Social Care Contracts Team acting as a first line point of contact and support. The development of proposed levels of savings was undertaken with reference to overall organisational income and reserve levels. Care at Home contracts have been excluded as they are subject to other financial recovery plans, as are Care Home contracts (which are negotiated nationally and are subject to inflationary uplifts, which will have a positive impact for those providers). These exclusions offer mitigations in terms of potential impacts on older people.</p> <p>Respondents to the IJB Budget Consultation highlighted specific concerns about the importance of third-party services in helping people maintain independence, routine and social connection. There were specific concerns that services that identify early signs of deterioration will be reduced. Respondents felt that mitigations should protect low level, preventative supports and this has been taken into account in terms of the proposed scale of reductions, with many smaller and preventative focused organisations excluded from funding reductions.</p> <p><u>Maintain payments 2025/26 levels for other providers – Negative (partial mitigation)</u></p> <p>No services are listed that specifically provides services for older people, however a number of other services will also have a proportion of service users who are older. It is recognised that alongside inflation pressures this is likely to result in financial pressures that are unlikely to be managed by individual providers via efficiencies alone. Any negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u></p> <p>It is anticipated that this process will have an impact on services supporting older people. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.</p>
No Impact		
Negative	X	
Not Known	X	
Disability		Explanation, assessment and potential mitigations
Positive		<p><u>Reduction to funding for listed providers – Negative (partial mitigation)</u></p>
No Impact		

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Negative	x	<p>Twelve services listed specifically provide services for disabled people (mainly people who have a learning disability and / or autism), however a number of other services will also have a proportion of service users who are disabled. It is recognised that reductions to funding are likely to lead to a reduction in available services (i.e. will not be able to be managed by individual providers via efficiencies alone). Contract Leads and Contract Officers will work with providers to implement reductions if they are agreed. For providers who are offered and accept the Adult Social Care Pay Uplift this will help to mitigate the impact of savings, at least in relation to staff pay awards. Wherever possible providers will be assisted with support regarding any sustainability issues that do arise, with the dedicated Social Care Contracts Team acting as a first line point of contact and support. The development of proposed levels of savings was undertaken with reference to overall organisational income and reserve levels.</p> <p>Within the IJB Budget Consultation specific concerns were raised by some respondents that reductions in funding to learning disability support providers could lead to limit opportunities for people to access structured activities, community participation, employment support and transition services. There was concern about service disruption and loss of routine having a disproportionate impact on this service user group.</p> <p>Independent Advocacy Services supporting people with a learning disability have been excluded from proposed funding reductions.</p> <p><u>Maintain payments 2025/26 levels for other providers – Negative (partial mitigation)</u></p> <p>Four services are listed that specifically provides services for disabled people, however a number of other services will also have a proportion of service users who are disabled. It is recognised that alongside inflation pressures this is likely to result in financial pressures that are unlikely to be managed by individual providers via efficiencies alone. Any negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u></p> <p>It is anticipated that this process will have an impact on services supporting disabled people. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.</p>
Not Known	x	
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		<p>At the present time there is not sufficient data available to assess the demand for and use of delegated health and social care services by people who have undergone gender re-assignment and therefore the impact of the proposals on them as a specific group is not able to be accurately assessed at this time.</p>
No Impact		
Negative		
Not Known	x	
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		<p>None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		<p>None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	x	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		<p>Due to differences in life expectancy a greater proportion of older people are female. Please see section on Age (above).</p>
No impact		
Negative	x	

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Not known	x	<p>A high proportion of (80%) of the health and social care workforce are female. Please see sections on Household Income and Earnings / Employment (below).</p> <p>A high proportion of unpaid carers (73%) are female. Please see section on Carers (below).</p> <p><u>Reduction to funding for listed providers – Negative (partial mitigation)</u></p> <p>The IJB commissions some services that are sex specific, primarily in relation to violence. One service is listed that specifically provides single sex services, however a number of other services will also have a proportion of service users who have specific needs due to their sex (both females and males). It is recognised that reductions to funding are likely to lead to a reduction in available services (i.e. will not be able to be managed by individual providers via efficiencies alone). Contract Leads and Contract Officers will work with providers to implement reductions if they are agreed. For providers who are offered and accept the Adult Social Care Pay Uplift this will help to mitigate the impact of savings, at least in relation to staff pay awards. Wherever possible providers will be assisted with support regarding any sustainability issues that do arise, with the dedicated Social Care Contracts Team acting as a first line point of contact and support. The development of proposed levels of savings was undertaken with reference to overall organisational income and reserve levels. The Scottish Government has recently announced the extension of national funding arrangements for violence against women services, which supports many core elements of local service provision. This will help the listed service provider to address any risks to sustainability.</p> <p><u>Maintain payments 2025/26 levels for other providers – Negative (partial mitigation)</u></p> <p>One service is listed that specifically provides single sex services (females), however a number of other services will also have a proportion of service users who have specific needs. It is recognised that alongside inflation pressures this is likely to result in financial pressures that are unlikely to be managed by individual providers via efficiencies alone. Any negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes. The Scottish Government has recently announced the extension of national funding arrangements for violence against women services, which supports many core elements of local service provision. This will help the listed service provider to address any risks to sustainability.</p> <p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u></p> <p>It is anticipated that this process will have an impact on services who provide single sex services. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.</p>
Religion & Belief		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		There is not sufficient data available to assess the demand for and use of delegated health and social care services by black and ethnic minority people, and therefore the impact of the proposals on them as a specific group is not able to be accurately assessed at this time.
No Impact		
Negative		
Not Known	x	
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		None of the proposals are considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		

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Not Known	
Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.	
None.	

STEP 2- Impact Assessment Record (continued)

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

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

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)			X	X
North East (Whitfield, Fintry & Mill O'Mains)			X	X
Lochee (Lochee Beechwood, Charleston & Menzieshill)			X	X
Coldside (Hilltown, Fairmuir & Coldside)			X	X
East End (Mid Craigie, Linlathen & Douglas)			X	X
Maryfield (Stobswell & City Centre)			X	X
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End			X	X
The Ferry			X	X
Description of impacts on Fairness-. Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<p><u>Reduction to funding for listed providers – Negative (partial mitigation)</u></p> <p>Proposed reductions to funding for third party providers will have potential negative impacts across all areas of the city. It is anticipated that there will be a greater impact in the most deprived areas of the city of any reduction in availability of services due to higher levels of health and social care needs. It is also known that in these areas citizens are less likely to have alternative means (whether financial or other resources) that might help them to individually mitigate the impact of reductions in service provision. For providers who are offered and accept the Adult Social Care Pay Uplift this will help to mitigate the impact of savings, at least in relation to staff pay awards. Wherever possible providers will be assisted with support regarding any sustainability issues that do arise, with the dedicated Social Care Contracts Team acting as a first line point of contact and support. The development of proposed levels of savings was undertaken with reference to overall organisational income and reserve levels. If proposals to reduce funding are agreed as part of the process of realignment of service specifications this risk will be taken into account, including discussions with providers regarding prioritisation of access to the service for people from the most deprived areas of Dundee.</p> <p><u>Maintain payments 2025/26 levels for other providers – Negative (partial mitigation)</u></p> <p>As above all listed services have a proportion of service users who live in deprived areas. It is recognised that alongside inflation pressures this is likely to result in financial pressures that are unlikely to be managed by individual providers via efficiencies alone. Any negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. As part of the process of realignment of service specifications this risk will be taken into account, including discussions with providers regarding prioritisation of access to the service for people from the most deprived areas of Dundee. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u></p>				

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It is anticipated that this process will have an impact on services supporting people who live in areas of deprivation. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.

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

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

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

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		It is known that Care Experienced Young People are more likely to experience poor mental health and wellbeing, to use drugs and alcohol, to be involved in community justice processes and to be homeless or at risk of homelessness. Please see relevant sections below for further information.
No Impact		
Negative	x	
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive		<p>Reduction to funding for listed providers – Negative (partial mitigation)</p> <p>The proposed reduction to funding for Dundee Carers Centre will have a direct negative impact on unpaid carers. All other proposals for other reductions will impact unpaid carers indirectly, due to their direct impact on cared for people (particularly older people and people with a disability). Some respondents to the IJB Budget Consultation highlighted the potential double impact of third sector funding reductions for unpaid carers – the impact of possible reductions to services for unpaid carers themselves and the additional pressure on unpaid carers that could arise from reductions in services that the cared for person is supported by. Concerns were highlighted regarding access to short breaks and changes that might mean that unpaid carers do not access support until they are at breaking point. Many respondents feared that unpaid carers would become less visible and more isolated, and that young carers specifically would face challenges accessing education, wellbeing support and support for transitions to adulthood.</p> <p>Information provided by the Carers Centre during the consultation process highlighted that demand for carers support has risen significantly since 2020. During 2024/25 the Carers Centre supported over 800 adult carers and 780 young carers through both one-to-one and group sessions, as well as access to short breaks. They also highlighted the significant inequalities and disadvantages faced by unpaid carers across a range of social, health and wellbeing outcomes.</p> <p>It is recognised that the proposed reduction in funding to the Carers Centre will reduce the overall capacity for carers support in the city, however significant levels of provision will remain in place both through the Carers Centre, directly from the Health and Social Care Partnership and through a variety of other commissioned providers who also provide support for unpaid carers as part of a wider remit. Dundee City Council and other funding providers also provide funding specifically for services for Young Carers. The Partnership has duties under the Carer (Scotland) Act 2016 to undertake Adult Carer Support Plans, to set a local eligibility criteria framework, provide information and advice services to carers and in relation to Short Breaks – these duties will continue to be met through the use of internal Partnership resources, ongoing funding the Carers Centre of over £1million per annum and the contribution of other providers in the city providing support to unpaid carers. The value of the contract with the Carers Centre that supports the delivery of statutory duties to provide carers information and advice services has been excluded from proposed reductions. Work with the Carers Centre to realign their service specification to reflect available funding will take cognisance of these statutory duties and prioritise project funding accordingly. The impact of funding reductions on the work of the Carers Centre will be closely monitored via financial</p>
No Impact		
Negative	x	
Not Known	x	

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		<p>and contract monitoring process and via the wider work of the Carers Partnership. This will provide an opportunity to identify emerging significant risks and consider mitigating actions.</p> <p><u>Maintain payments 2025/26 levels for other providers – Negative (partial mitigation)</u></p> <p>A number of services that are proposed to have payment levels maintained at 2025/26 levels will have an indirect impact on unpaid carers, either due to elements of their service specifically targeted to unpaid carers or in terms of the impact on cared for people. It is recognised that alongside inflation pressures this is likely to result in financial pressures for providers of services unpaid carers. Any negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u></p> <p>It is anticipated that this process will have an impact on services supporting unpaid carers. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.</p>
Lone Parent Families/Single Female Parent Household with Children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive		Please see section for Age (above).
No Impact		
Negative	x	
Not Known		
Serious & Enduring Mental Health Conditions		
Positive		<p><u>Reduction to funding for listed providers – Negative (partial mitigation)</u></p> <p>The proposed reduction to funding mental health and wellbeing services will have a direct negative impact on people with serious and enduring mental health conditions. Seven services listed specifically provide mental health and wellbeing services, however a number of other services will also have a proportion of service users who also have significant mental health and wellbeing needs. It is recognised that reductions to funding are likely to lead to a reduction in available services (i.e. will not be able to be managed by individual providers via efficiencies alone). Contract Leads and Contract Officers will work with providers to implement reductions if they are agreed. For providers who are offered and accept the Adult Social Care Pay Uplift this will help to mitigate the impact of savings, at least in relation to staff pay awards. Wherever possible providers will be assisted with support regarding any sustainability issues that do arise, with the dedicated Social Care Contracts Team acting as a first line point of contact and support. The development of proposed levels of savings was undertaken with reference to overall organisational income and reserve levels. The contract with Penumbra that supports Hope Point has been excluded from proposed reductions, due to the unique 24/7 basis of service provision and this will provide some level of mitigation against negative impacts on this service user group.</p> <p>Respondents to the IJB Budget Consultation highlighted that third party services are more accessible and provide a timelier response than statutory services, resulting in earlier intervention, shorter waiting times and more flexible support. The need for consistent support was voiced, including over longer-periods of time for those with long-term, fluctuating conditions.</p>
No Impact		
Negative	x	
Not Known		

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	<p><u>Maintain payments 2025/26 levels for other providers – Negative (partial mitigation)</u> Three services are listed that specifically provide mental health and wellbeing services, however a number of other services will also have a proportion of service users in this group. It is recognised that alongside inflation pressures this is likely to result in financial pressures that are unlikely to be managed by individual providers via efficiencies alone. Any negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.</p> <p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u> It is anticipated that this process will have an impact on services supporting mental health and wellbeing. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.</p> <p>See also sections (below) on homelessness, drug and alcohol and offenders as there is known to be greater levels of these health and social care needs within the population of people who have serious and enduring mental health conditions.</p> <p>See also section on Age (above) in relation to older people with severe and enduring mental health conditions and section on Disability.</p>
Homeless (risks of Homelessness)	
Positive	<u>Reduction to funding for listed providers – Negative (partial mitigation)</u>
No Impact	
Negative	x
Not Known	x

The proposed reduction to funding homelessness and housing support services will have a direct negative impact on people who are homeless or at risk of homelessness. Two services listed specifically provide services for homeless people, however a number of other services will also have a proportion of service users who are homeless or at risk of homelessness. It is recognised that reductions to funding are likely to lead to a reduction in available services (i.e. will not be able to be managed by individual providers via efficiencies alone). Contract Leads and Contract Officers will work with providers to implement reductions if they are agreed. For providers who are offered and accept the Adult Social Care Pay Uplift this will help to mitigate the impact of savings, at least in relation to staff pay awards. Wherever possible providers will be assisted with support regarding any sustainability issues that do arise, with the dedicated Social Care Contracts Team acting as a first line point of contact and support. The development of proposed levels of savings was undertaken with reference to overall organisational income and reserve levels.

Respondents to the IJB Budget Consultation emphasised the complexity and intensity of need amongst this group of service users, and the importance of maintaining timely, flexible responses. Consistent staffing and the ability to build relationships was considered to be essential to supporting improved outcomes for this group of people, with many respondents highlighting that this is a model of support statutory services can often find difficult to deliver.

Maintain payments 2025/26 levels for other providers – Negative (partial mitigation)
 No services are listed that specifically provides services for homeless people, however a number of other services will also have a proportion of service users who are homeless or at risk of homelessness. It is recognised that alongside inflation pressures this is likely to result in financial pressures that are unlikely to be managed by individual providers via efficiencies alone. Any negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes.

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		<p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u></p> <p>It is anticipated that this process will have an impact on services supporting people who are homeless or at risk of homelessness. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.</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>
Drug and/or Alcohol issues		
Positive		<u>Reduction to funding for listed providers – Negative (partial mitigation)</u>
No Impact		<p>The proposed reduction to funding for drug and alcohol services will have a direct negative impact on people who use drugs and alcohol. One service listed specifically provide services for people who use drugs and alcohol, however a number of other services will also have a proportion of service users in this vulnerable group. It is recognised that reductions to funding are likely to lead to a reduction in available services (i.e. will not be able to be managed by individual providers via efficiencies alone). Contract Leads and Contract Officers will work with providers to implement reductions if they are agreed. For providers who are offered and accept the Adult Social Care Pay Uplift this will help to mitigate the impact of savings, at least in relation to staff pay awards. Wherever possible providers will be assisted with support regarding any sustainability issues that do arise, with the dedicated Social Care Contracts Team acting as a first line point of contact and support. The development of proposed levels of savings was undertaken with reference to overall organisational income and reserve levels. There are a range of other drug and alcohol services that are funded via the Dundee Alcohol and Drug Partnership which do not fall under the IJB's savings proposals, this alternative funding allocation might help to mitigate potential negative impacts both in terms of provider sustainability and avoidance of reductions in service provision.</p> <p>Respondents to the IJB Budget Consultation highlighted the high-risk nature of work undertaken by this group of services, who are frequently engaging with people with acute and immediate vulnerability and who are not engaged with statutory services. Concerns were noted that reduced funding would limit ability to provide rapid, assertive and flexible responses which is needed to maintain engagement and reduce risk of harm, including overdose and death.</p> <p><u>Maintain payments 2025/26 levels for other providers – Negative (partial mitigation)</u></p> <p>Two services are listed that specifically provides services for people who use drugs and alcohol, however a number of other services will also have a proportion of service users in this group. It is recognised that alongside inflation pressures this is likely to result in financial pressures that are unlikely to be managed by individual providers via efficiencies alone. Any negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes. There are a range of other drug and alcohol services that are funded via the Dundee Alcohol and Drug Partnership which do not fall under the IJB's savings proposals, this alternative funding allocation might help to mitigate potential negative impacts both in terms of provider sustainability and avoidance of reductions in service provision.</p> <p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u></p> <p>It is anticipated that this process will have an impact on services supporting people who use drugs and alcohol. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.</p>
Negative	x	
Not Known	x	

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		See also sections on mental health, homelessness and offenders as there is known to be greater levels of these health and social care needs amongst people who use drugs and alcohol.
Offenders and Former Offenders		
Positive		Strategic review of third party commissioned services – Not known (preliminary assessment only) It is anticipated that this process will have an impact on services supporting people who have been involved with community justice processes. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses. See sections on mental health, homelessness and drug and alcohol as there is known to be greater levels of these health and care needs amongst people involved in community justice processes.
No Impact		
Negative	X	
Not Known	X	

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

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

Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		None of the proposal are considered to have any direct relevance to this fairness group. Please see Earnings and Employment (below) for related impacts.
No Impact	X	
Negative		
Not Known		
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		None of the proposals are considered to have any direct or indirect relevance to this fairness group.
No Impact	X	
Negative		
Not Known		
Earnings & employment- including opportunities, education, training &skills, security of employment, under employment & unemployment		
Positive		Reduction to funding for listed providers – Negative (partial mitigation) There is a risk of the need for redundancies in some third-party providers due to reductions in funding. Where possible this will be managed via existing vacancies or voluntary redundancy, however in some cases compulsory redundancy might be required. This will be managed in line with statutory requirements, and providers will be supported by the Partnership wherever possible to implement this process. All proposed funding reductions include a 3-month notice period to help providers to manage processes and risks associated with the potential needs for redundancy (either voluntary or compulsory). In relation to unpaid carers, it is possible that reductions in services for cared for people will result in reduced opportunities to undertake paid employment, with a negative impact on household income. NHS Tayside and Dundee City Council, as 2 of the largest employers in Dundee, both operate carers support policies that aim to support members of their workforce. The IJB via the Carers Strategy will also continue to raise awareness of the role of employers in supporting unpaid carers. Joint work will also continue with Welfare Rights Services to provide income maximisation advice to unpaid carers as part of wider Carers Support Plans. Some providers will receive an uplift for Adult Social Care Pay, which will make some contribution to mitigation of overall impacts in terms of earnings levels for remaining staff. Respondents to the IJB Budget Consultation highlighted a risk of staff redundancies and an impact on the overall sustainability of some third sector organisations, including the possibility
No Impact		
Negative	X	
Not Known	X	

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		<p>of service closures. There were concerns about staff leaving, increased workloads for those who remain, rising sickness levels, and declining wellbeing. In turn, this was seen as directly affecting service quality and continuity of care. Volunteers were also mentioned as being under pressure, particularly in services that rely heavily on them.</p> <p><u>Maintain payments 2025/26 levels for other providers – Negative (partial mitigation)</u></p> <p>It is recognised that alongside inflation pressures this is likely to result in financial pressures for providers. It is recognised that to meet the financial gap some providers may require to reduce staffing capacity and / or might not be able to support pay increases for their workforce, impacting on household income. Any residual negative impact will be considered with providers via the process of realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Ongoing contract monitoring process will also provide support to individual providers and be a forum through which concerns regarding staffing impacts can be raised with the Partnership.</p> <p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u></p> <p>It is anticipated that this process will have an impact on workforce, employment and volunteering. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.</p>
Connectivity / Internet Access/ Digital Skills		
Positive		<p><u>Reduction to funding for listed providers – Not known / Maintain payments 2025/26 levels for other providers – Not known</u></p> <p>To manage funding reductions some providers might consider opportunities to reduce costs by using digital tools / methods of service delivery (for example, offering online support to reduce office accommodation or travel costs). Although this could have some positive benefits for some service user groups in terms of their individual preferences and enhancing ease of access, digital methods may not be suitable or accessible for all people. The process of discussion and realigning service specifications with service providers will allow a more in-depth understanding of any issues related to digital skills and access to be identified and appropriate mitigations to be agreed.</p> <p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u></p> <p>During the Budget Consultation some providers suggested options related to digital developments that could reduce future costs of service delivery. It is likely that these ideas will be further explored as part of the strategic review process. Impact assessment will be completed as part of the process.</p>
No Impact		
Negative		
Not Known	x	
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive		<p><u>Reduction to funding for listed providers – Negative (partial mitigation)</u></p> <p>As all proposed reductions in third party commissioned services have some risk of reduced access to services, they also all have a risk of negative impacts on health outcomes. It is recognised that reductions to funding are likely to lead to a reduction in available services (i.e. will not be able to be managed by individual providers via efficiencies alone). Contract Leads and Contract Officers will work with providers to implement reductions if they are agreed. For providers who are offered and accept the Adult Social Care Pay Uplift this will help to mitigate the impact of savings, at least in relation to staff pay awards. Wherever possible providers will be assisted with support regarding any sustainability issues that do arise, with the dedicated Social Care Contracts Team acting as a first line point of contact and support. The development of proposed levels of savings was undertaken with reference to overall organisational income and reserve levels.</p> <p><u>Maintain payments 2025/26 levels for other providers – Negative (partial mitigation)</u></p> <p>As there is a risk of reduced access to services across all providers listed, there is also a risk of negative impacts on health outcomes. It is recognised that alongside inflation pressures this is likely to result in financial pressures that are unlikely to be managed by individual providers via efficiencies alone. Any negative impact will be considered with providers via the process of</p>
No Impact		
Negative	x	
Not Known	x	

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		<p>realignment of service specifications to ensure that the service is operating as efficiently as possible and that thereafter the service specification supports sustainable service provision. Provider sustainability will continue to be monitored via a range of financial and contract monitoring processes. There are a range of other drug and alcohol services that are funded via the Dundee Alcohol and Drug Partnership which do not fall under the IJB's savings proposals, this alternative funding allocation might help to mitigate potential negative impacts both in terms of provider sustainability and avoidance of reductions in service provision.</p> <p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u></p> <p>It is anticipated that this process will have an impact on services supporting health outcomes. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.</p>
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Life expectancy		
Positive		<u>Reduction to funding for listed providers – Negative (partial mitigation)</u>
No Impact		As outlined in the section on Health (above) these proposals have some risk of impacting on health outcomes, which could indirectly impact on life expectancy.
Negative	x	
Not Known	x	<p><u>Maintain payments 2025/26 levels for other providers – Negative (partial mitigation)</u></p> <p>As outlined in the section on Health (above) these proposals have some risk of impacting on health outcomes, which could indirectly impact on life expectancy.</p> <p><u>Strategic review of third party commissioned services – Not known (preliminary assessment only)</u></p> <p>It is anticipated that this process will have an impact on services supporting health outcomes and life expectancy. As the strategic review process will focus on working with providers to develop a sustainable approach to future commissioning it may have both positive and negative impacts on identified groups – this will be assessed in further detail as the process progresses.</p>
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		

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Positive		To manage funding reductions and cost pressures some providers might seek to reduce their use of office space, with an impact on related energy consumption.
No Impact		
Negative		
Not Known	x	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Sustainable Procurement		
Positive		The proposed strategic review of third party commissioned services could include consideration of sustainable procurement factors.
No Impact		
Negative		
Not Known	x	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		None of the proposals are considered to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		

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

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

End of Impact Assessment Record.

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APPENDIX ...8....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 31 MARCH 2026

REPORT ON: REVIEW OF OCCUPATIONAL THERAPY AND PHYSIOTHERAPY SERVICES

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: APPENDIX 8 OF DIJB10-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval to undertake a comprehensive review of Occupational Therapy and Physiotherapy services commissioned by Dundee Integration Joint Board to ensure efficiency and that resources are directed to the areas of greatest need, with a view to reducing revenue costs by £313k during 2026/27.

2.0 RECOMMENDATIONS

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

- 2.1 Approve the proposal to review Occupational Therapy and Physiotherapy Services, with a view to reducing revenue costs by £313k in 2026/27 (£417k on a recurring basis thereafter).
- 2.2 Remit the Chief Officer to submit a further Report on reporting the outcomes of the review, with recommendations for future service commissioning, to the IJB no later than 31 August 2026.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Current budget aligned to Occupational Therapy and Physiotherapy is £8.1m with £8.0m attributable to staffing.
- 3.2 It is envisaged that through the review process options can be identified to support revenue budgets to be reduced by at least £313K in 2026/27 (£417K in future years).

4.0 MAIN TEXT

4.1 Background

- 4.1.1 In response to the significant budget pressures facing the IJB for 2026/27, all service areas have been required to identify recurring savings options to support financial balance. Occupational Therapy and Physiotherapy form a substantial proportion of the overall workforce, and with approximately 99% of service expenditure attributed to staffing, any reduction in budget would necessarily result in reduced posts. This financial context highlights the need for a whole system review to ensure rehabilitation services are delivered as efficiently and sustainably as possible.
- 4.1.2 Occupational Therapy and Physiotherapy services underpin key aspects of the health and social care system, supporting independence, preventing deterioration, facilitating timely discharge and reducing reliance on acute and social care. Demand for rehabilitation continues to rise due to demographic change, increasing frailty, greater prevalence of long-term

conditions and higher levels of complexity among service users. Simultaneously, national and local strategies continue to emphasise shifting the balance of care towards community-based provision, prevention and early intervention. While this is clinically appropriate, it places additional pressure on services that are already operating at or near full capacity.

- 4.1.3 Services are delivered across acute hospitals, outpatient clinics and community settings, but the current configuration has evolved incrementally over many years. This has resulted in variations in pathways, differing referral routes, and a reliance on small specialist teams that are vulnerable to capacity loss. These legacy structures contribute to inefficiencies and limit the ability to deploy staff flexibly across the system.
- 4.1.4 Increasing demand is contributing to sustained pressure on teams across both Occupational Therapy and Physiotherapy, with community services in particular experiencing growing waiting lists and unmet need within our acute services. Delays in access to rehabilitation can lead to poorer outcomes for individuals and increased pressures on primary care, social care and acute services as well as a wider socio-economic impact.

4.2 Proposal to review Occupational Therapy and Physiotherapy Services

- 4.2.1 Although progress has been made in increasing workforce flexibility and aligning resources to areas of greatest need, further opportunity exists to strengthen resilience and sustainability. A comprehensive review will support the Partnership to ensure that rehabilitation services are clinically robust, financially viable and capable of meeting future population need.
- 4.2.2 The whole-system review will examine service structures, strengthen alignment between specialist and generalist functions, and explore opportunities to streamline referral, triage and access processes. It will also consider consistent prioritisation approaches, standardised waiting list management, and person centred-, outcome focused- intervention models.
- 4.2.3 All Occupational Therapy and Physiotherapy pathways will be included within scope to ensure a complete understanding of system-wide pressures and opportunities. The review will consider options for greater integration, improved flow and sustainable models of care, including tiered approaches, supported self-management-, group rehabilitation and enhanced use of digital tools, without placing emphasis on any single team or condition.
- 4.2.4 It is envisaged that the review will identify areas where spend on direct staffing costs can be reduced. Based on current workforce expenditure, a 5% reduction in the staffing budget equates to approximately 6 fulltime equivalent posts across a range of grades.

4.3 Budget Consultation Feedback

- 4.3.1 The IJB's budget consultation invited respondents to provide their views on the option of reviewing Physiotherapy and Occupational Therapy services. It is important to note that many responses anticipated perceived potential outcomes of the review process, rather than on the specific impact of undertaking a service review. Key results were:
 - 430 individuals, 73 organisations and 13 groups rated the potential negative impact of this saving option. This option was given the highest average impact rating by both individual respondents (2.8 – medium impact) and organisational respondents (3.0 – medium impact). 193 individual and 63 organisational or group respondents stated that this option would have a high impact, 56 individuals and 10 organisations or groups said it would have a medium negative impact.
 - 262 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:
 - PT/OT was seen as vital to recovery and independent living: Respondents described strong positive impacts of early and ongoing rehabilitation (health, wellbeing, recovery, return to work/caring roles), and feared changes would slow/stop recovery and increase long-term disability.

- Reduced access would worsen inequalities and disadvantage vulnerable groups: Concerns included longer waits, loss of independence (older people, disabled people, stroke survivors, neurological conditions), and disproportionate impact on those unable to pay privately.
 - Risks to safety, health and wellbeing: Respondents expected physical deterioration (pain, reduced mobility/balance), increased falls, fractures and emergency admissions, delayed discharge/longer hospital stays, plus mental health impacts (anxiety, depression, isolation) and employment/economic effects.
 - System-wide and workforce impacts: Savings were viewed as a “false economy” shifting costs to hospitals, GPs and social care and increasing strain on unpaid carers. There was strong opposition to any change to specialist neurological rehabilitation and concerns about staff burnout and loss of specialist skills, alongside calls for evidence-based, transparent review and mitigations.
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in Appendix 4. If the proposal to review Occupational Therapy and Physiotherapy services is approved the data gathered via the budget consultation process will be considered in full as part of the review process.

- 4.3.2 The review of the service will include further consultation with current and previous service users, unpaid carers and family members. This will provide the opportunity to share their views around their current and previous experience of services to inform the review process. There will be a particular focus on understanding the impact of any proposed options for change that the review identifies in terms of protected characteristics under the Equality Act (2010).
- 4.3.3 Engagement with the workforce will be a crucial element of the review process, supported by staff side partners. As well as having important experience and expertise to inform the review process, there will also be engagement in line with NHS Tayside’s organisational change policies in terms of impact on individual employees. The review process will also incorporate appropriate clinical risk assessment, as part of a wider risk assessment covering the 4 aspects of NHS Tayside’s Quadruple Aim (Performance, Quality of Care, Workforce and Finance).

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to 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

- 6.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB’s strategic risk register or the identification of any additional, emerging risks.
- 6.2 At this stage, the review has not been completed and therefore no specific risks or impacts can be identified or quantified. The purpose of the review is to develop a detailed understanding of current provision, demand, costs and system dependencies. As such, the risk profile will only become clear once the full analysis has been undertaken.

7.0 CONSULTATIONS

7.1 The Chief Officer, Heads of Health and Community Care, Allied Health Professions Lead and the Clerk were consulted in the preparation of this report.

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

CHRISTINE JONES
Acting Chief Finance Officer

DATE: 20 March 2026

ANDREW SUTTIE
Head of Occupational Therapy and Physiotherapy

Dundee Integration Joint Board Integrated Impact Assessment

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

Document Title	REVIEW OF PHYSIOTHERAPY AND OCCUPATIONAL THERAPY SERVICES					
Type of document	Policy		Plan	Other- describe	Saving proposal	
Date of this Pre-Integrated Impact Assessment Screening	03 March 2026					
Date of last IIA (if this is an update)						
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates						
To seek approval to undertake a comprehensive review of Occupational Therapy and Physiotherapy services to ensure efficiency and that resources are directed to the areas of greatest need and to reduce costs. If approved the review will commence on 01 April 2026 and it is anticipated will be completed within six months. A final report from the review will then be submitted to the IJB, including a further Integrated Impact Assessment.						
Lead Officer/Document Author (Name, Job Title/Role, Email)						
Christine Jones, Acting Chief Finance Officer, christine.jones58@nhs.scot						
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)						
Andrew Suttie, Head of Occupational Therapy & Physiotherapy, andrew.suttie@nhs.scot						
Job Title of colleagues or name of groups who contributed to pre-screening and IIA						
Kathryn Sharp, Acting Head of Service, Strategic Services.						
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.					Yes	No
A document or proposal that requires the IJB to take a decision					x	
A major Strategy/Plan, Policy or Action Plan						x
An area or partnership-wide Plan						x
A Plan/Programme/Strategy that sets the framework for future development consents						x
The setting up of a body such as a Commission or Working Group						x
An update to an existing Plan (when additional actions are described and planned)						x

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

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Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	x	
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	x	
Offenders and former offenders	x	
Effects of Climate Change or Resource Use		x
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.		x
Transport, Accessible transport provision; sustainable modes of transport.		x
Natural Environment		x
Air, land or water quality; biodiversity; open and green spaces.		x
Built Environment. Built heritage; housing.		x
<p>An IIA is required when YES is indicated at any question in the screening section above. The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>		
From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	x N
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)		
Anticipated Date of IJB	31 March 2026	IJB Report Number DIJB10-2026 Appendix 8
Date IIA completed	20 March 2026	

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STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

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

This Integrated Impact Assessment (IIA) provides a preliminary assessment of the potential impacts associated with progressing a review of Physiotherapy and Occupational Therapy (PT/OT) services. The full impact of any future changes cannot yet be determined and will depend on the findings and options that emerge through the review process. A comprehensive IJB Integrated Impact Assessment will therefore be completed and presented alongside any future report to the IJB where recommendations for changes to service provision are brought forward, in line with established IJB requirements.

Based on service demographics and consultation evidence, the groups most likely to be affected by any recommendations subsequent to a review are: older people (particularly those living with frailty, mobility issues and complex conditions); disabled people (including those with long-term conditions, neurological conditions, musculoskeletal issues, and cognitive impairment); unpaid carers supporting individuals requiring rehabilitation; those people resident in SIMD 1 and 2 areas. Consultation responses demonstrate deep concern about the risk of worsening inequalities, reduced independence, and increased system-wide pressures if access to rehabilitation becomes more limited.

Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies. This includes mitigations against any negative impacts through the application of agreed processes, involvement of staff side representatives and protections applied through terms and conditions.

At this point, the information available allows only for high-level consideration of where impacts may arise. Preliminary assessment has therefore been included within this IIA to highlight where, based on early understanding of the scope of the review, it is likely that particular population groups, service users, carers or staff may be affected. These early considerations will be further developed, refined and supplemented as the review progresses and more detailed information becomes available.

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

The IJB Budget Consultation responses from individual responses rated the impact of this saving proposal as medium (average score 2.8), organisational respondents rated the impact as medium (2.8) and group respondents as high (3.9). Consultation analysis did not identify significant variation between equality groups impact scores for this proposal. However, the proposed review was the highest rated impact for respondents with a disability, females and people aged 65 and over.

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

Date	Activity/Activities	People/groups	By whom
Tuesday 3 rd February 2026 – 3 rd March 2026	IJB Public Budget Consultation Specifically, responses received in relation to section 3 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.	Members of the public Unpaid carers Third and independent sector health and social care providers Members of the health and social care workforce	Acting Head of Service, Strategic Services
October 2025 – March 2026	IJB budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Chief Officer / Acting Chief Finance Officer

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17 th / 18 th / 19 th / 24 th / 25 th February 2026	Members of the public, including people who use health and social care services and unpaid carers, were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Members of the public Unpaid carers Third and independent sector health and social care providers	Senior Management Team
16 th / 20 th /23 rd February 2026	Third party providers were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Third and independent sector health and social care providers	Senior Management Team
17 th /20 th /26 th / February 2026 & 2 nd March 2026	Members of HSCP workforce were invited to an online consultation session and speak to members of Health and Social Care Partnership's Senior Management Team:	Members of the health and social care workforce	Senior Management Team
March 2026	Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals. This includes review of the IJB's Strategic Needs Assessment. Additional statistical information regarding current profile of service use.	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Acting Head of Service, Strategic Services

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

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

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

Age		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the Physiotherapy and Occupational Therapy Service will directly impact on older people. This is because a significant proportion of people who use these services are older adults, including those living with frailty, long-term conditions, reduced mobility, or recovering from illness or injury. These services play a key role in supporting older people to remain independent, manage daily activities, and avoid unnecessary hospital admission or longer lengths of stay. Any reduction in capacity, change in model, or shift in access arrangements is therefore likely to have a direct impact on this age group.</p> <p>Respondents to the IJB Budget Consultation highlighted concern about potential impacts of any potential changes to the service following a review process for older people. Specific concerns related to the need for support from the service to maintain mobility, prevent frailty and support independence. There was concern that any reduction to access would</p>
No Impact		
Negative		
Not Known	x	

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		worsen health-outcomes for older people. 43% of employees aligned to the HSCP are aged over 50, with 60% of those employees working within frontline social care and nursing posts. Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies. This will be further investigated through the review process including further consultation.
Disability		Explanation, assessment and potential mitigations
Positive		The proposal to review the Physiotherapy and Occupational Therapy Service will directly impact on people with a disability. This is because a significant proportion of people who use these services have a disability or long-term condition. These services play a key role in supporting people with a disability to remain independent, manage daily activities, and avoid unnecessary hospital admission or longer lengths of stay. Any reduction in capacity, change in model, or shift in access arrangements is therefore likely to have a direct impact on this group. Respondents to the IJB Budget Consultation highlighted concern about potential impacts of any potential changes to the service following a review process for disabled people, including those with neurological, physical, cognitive or sensory disabilities and/or long-term conditions. They anticipated that any changes subsequent to a review might limit access to the service and lead to loss of function, increased reliance on social care and reduced ability to live independently. This will be further investigated through the review process including further consultation.
No Impact		
Negative		
Not Known	x	
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		The proposal to review the Physiotherapy and Occupational Therapy Service is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		The proposal to review the Physiotherapy and Occupational Therapy Service is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		The proposal to review the Physiotherapy and Occupational Therapy services may impact on pregnancy. Pregnant people often require timely access to physiotherapy or occupational therapy. This will be further investigated through the review process but any reduction in service capacity, changes to referral pathways, or longer waiting times may affect people during pregnancy, a period when health needs can change quickly. This will be further investigated through the review process including further consultation.
No Impact		
Negative		
Not Known	x	
Sex		Explanation, assessment and potential mitigations
Positive		Respondents to the IJB Budget Consultation highlighted that unpaid carers might be negatively impacted by any changes to the service following the review. As females make up a higher proportion of unpaid carers than males, there may be a greater impact for them. 87% of the health and social care workforce are female. Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies. This will be further investigated through the review process including further consultation.
No impact		
Negative		
Not known	x	
Religion & Belief		Explanation, assessment and potential mitigations
Positive		The proposal to review the Physiotherapy and Occupational Therapy Service is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations

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Positive		The proposal to review the Physiotherapy and Occupational Therapy Service is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Sexual Orientation		
Explanation, assessment and potential mitigations		
Positive		The proposal to review the Physiotherapy and Occupational Therapy Service is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
Describe any Children's Rights impacts not covered elsewhere in this record.		
None identified at this time.		

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

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

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)				x
North East (Whitfield, Fintry & Mill O'Mains)				x
Lochee (Lochee Beechwood, Charleston & Menzieshill)				x
Coldside (Hilltown, Fairmuir & Coldside)				x
East End (Mid Craigie, Linlathen & Douglas)				x
Maryfield (Stobswell & City Centre)				x
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End				x
The Ferry				x
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
Access to physiotherapy and occupational therapy services is open to all residents of Dundee and they should have equal access to these services. The review will include a focus on identifying if there are more effective ways of delivering the services.				
Respondents to the IJB Budget Consultation raised concerns that people from more deprived areas would face a greater negative impact of any changes to the service following the review. Concerns were noted about the ability of people to access private physiotherapy as an alternative to the Partnership services, the greater health needs of people from deprived areas and the risk of widening health inequalities.				
This will be further investigated through the review process including further consultation.				

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

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

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

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

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly impact this group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	<input type="checkbox"/>	The proposal may impact on this group. Whilst the review has not been completed it may lead to an increased impact on carers or family members. Respondents to the IJB Budget Consultation highlighted that unpaid carers might be negatively impacted by any changes to the service following the review. This will be further investigated through the review process including further consultation.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input checked="" type="checkbox"/>	
Lone Parent Families/Single Female Parent Household with Children		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly impact this group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Households including Young Children and/or more than 3 children		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly impact this group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Retirement Pensioner (s)		
Positive	<input type="checkbox"/>	A significant percentage of service users are people of retirement age. Any proposed changes following review are likely to impact on this group. Please see section on Age (above).
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input checked="" type="checkbox"/>	
Serious & Enduring Mental Health Conditions		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly impact this group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Homeless (risks of Homelessness)		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly impact this group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Drug and/or Alcohol issues		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly impact this group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	

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Not Known		
Offenders and Former Offenders		
Positive		The proposed review is not expected to directly or indirectly impact this group.
No Impact	x	
Negative		
Not Known		

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

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

Explanation, assessment and any potential mitigations

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

Positive		<p>Some respondents to the IJB Budget Consultation raised concerns about the possibility additional costs for people who are disabled – either relating to accessing alternative care and support or related to managing declining health (such as purchasing equipment and expenditure to meet health needs).</p> <p>Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies.</p> <p>This will be further investigated through the review process including further consultation.</p>
No Impact		
Negative		
Not Known	x	

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

Positive		The proposed review is not expected to directly or indirectly this factor.
No Impact	x	
Negative		
Not Known		

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

Positive		<p>Some respondents to the IJB Budget Consultation raised concerns about the possibility of income being impacted if changes to the service result in people who are disabled or who have long-term health conditions being prevented from being able to work.</p> <p>Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies.</p> <p>This will be further investigated through the review process including further consultation.</p>
No Impact		
Negative		
Not Known	x	

Connectivity / Internet Access/ Digital Skills

Positive		The proposed review may include exploring alternative digital models of service delivery and associated impacts regarding digital exclusion will require to be considered as part of the review process.
No Impact		
Negative		
Not Known	x	

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

Positive		<p>The review may impact individuals whose health and wellbeing rely on timely access to Occupational Therapy and Physiotherapy services. These services support recovery, rehabilitation, management of long-term conditions and the prevention of further decline. While the outcome of the review is not yet known, any changes to service capacity, delivery models or access arrangements could influence people's ability to maintain function, manage symptoms and remain safely at home. Further analysis will be carried out to understand any potential impacts on physical and mental health outcomes once the review is complete.</p>
No Impact		
Negative		
Not Known	x	

Life expectancy

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Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Healthy Weight/Weight Management/Overweight / Obesity		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Transport (including accessible transport provision and sustainable modes of transport)		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Resource Use		
Energy Efficiency and Consumption		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sustainable Procurement		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Built Environment - Housing and Built Heritage		
Positive	<input type="checkbox"/>	The proposed review is not expected to directly or indirectly this factor.

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No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

STEP 2- Impact Assessment Record (continued)

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

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

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

As Corporate Risk is addressed and recorded in IJB reports and it is not reported on this record. (See IJB report.)

End of Impact Assessment Record.

APPENDIX ...9....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 31 MARCH 2026

REPORT ON: REVIEW OF EQUIPMENT AND ADAPTATIONS

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: APPENDIX 9 OF DIJB10-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval to undertake a comprehensive review of the Equipment and Adaptations services to ensure safe, sustainable and clinically appropriate provision. The review aims to address financial pressures while maintaining equitable access and supporting independence, with a view to reducing revenue costs by £28,000 during 2026/27.

2.0 RECOMMENDATIONS

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

- 2.1 Approve the proposal to review the Equipment and Adaptations Service, with a view to reducing revenue costs by £28k in 2026/27 (and recurring reduction of £37.5k from 2027/28).
- 2.2 Remit the Chief Officer to submit a further Report on the outcome of the review, with recommendations for future approaches to provision of equipment and adaptations, to the IJB no later than 31 August 2026.

3.0 FINANCIAL IMPLICATIONS

- 3.1 Current budget aligned to the Dundee proportion of the Joint Equipment Store is £981,290.
- 3.2 Community equipment and adaptations represent a significant and recurring non-pay cost to the Partnership. This includes procurement, storage, delivery, installation, decontamination, collection, and maintenance.
- 3.3 It is envisaged that through the review process £37,500 per annum can be saved (2026/27 part-year saving of £28,000).

4.0 MAIN TEXT

4.1 Background

4.1.1 In response to the significant budget deficit facing the Partnership for 2026/27, all service areas have been required to identify recurring savings options to support financial balance. The Partnership provides a wide range of community equipment and minor adaptations that enable individuals to maintain independence, support safe mobility, and manage personal and daily living tasks.

- 4.1.2 Demand has increased significantly due to:
- population ageing and rising frailty.

- increased complexity of needs within the community.
- earlier discharge from hospital with ongoing rehabilitation.
- a shift toward home-based models of care.

4.1.3 Provision is clinically led and follows assessment by an occupational therapist or appropriately skilled practitioner.

4.2 Proposal to review Equipment and Adaptation Services.

4.2.1 The scale and cost of equipment provision has grown each year, driven by demographic change and increased clinical demand. Current spend is no longer sustainable within the existing budget envelope.

4.2.2 The equipment service requires significant staffing, logistics, storage, decontamination capacity and asset management to operate effectively.

4.2.3 There is a need to ensure consistent practice, transparent eligibility criteria and equitable access across all pathways.

4.2.4 It is proposed that a full review of equipment and adaptations is undertaken. This would include:

- Mapping all current provision, costs and demand trends, including modelling future pressures and identifying areas of high-volume or high-cost activity.
- Reviewing existing eligibility thresholds and clinical criteria to ensure consistency, transparency and alignment with current practice and national guidance.
- Identifying items or categories that may no longer be routinely provided, without pre-empting any final decisions, and assessing the implications of any potential change.
- Strengthening enablement based and reablement approaches, supporting individuals to maximise independence before equipment is considered.
- Exploring potential charging models or self-funding pathways, where permissible, clinically safe and aligned with strategic priorities.
- Developing safe, accessible and equitable self-funding routes, ensuring individuals receive clear advice on appropriate equipment where this is an option.
- Engaging staff, partners, service users, carers and the third sector, ensuring co-production of options and understanding of impacts.
- Assessing potential system impacts, risks and cost displacement, including potential changes in demand on health services, social care and unpaid carers.

4.3 Budget Consultation Feedback

4.3.1 The IJB's budget consultation invited respondents to provide their views on the option of ceasing the provision of specific items of equipment by the Occupational Therapy Service. Key results were:

- 425 individuals, 73 organisations and 11 groups rated the potential negative impact of this saving option. This option was given the third highest average impact rating by both individual respondents (2.5 – medium impact) and organisational respondents (2.8 – medium impact). 133 individual and 29 organisational or group respondents stated that this option would have a high impact, 76 individuals and 24 organisations or groups said it would have a medium negative impact.

- 213 respondents provided additional feedback about the potential negative impacts of this saving option. Key themes from responses included:
 - Feedback received from staff, service users, carers and members of the public indicated strong concern about any reduction in access to equipment and adaptations, particularly for individuals with long-term conditions, frailty, neurological conditions, COPD, learning disabilities and those recovering from illness or injury. Respondents expressed that basic equipment plays a significant role in maintaining independence, supporting personal care and enabling individuals to remain safely at home. Many highlighted that these items are preventative in nature, reducing risks associated with falls, fatigue and functional decline.
 - A consistent theme was the potential for increased hospital admissions, delayed discharges and greater demand for crisis intervention should access to equipment be reduced. Staff emphasised that equipment often facilitates timely discharge from hospital, supports rehabilitation and helps avoid avoidable deterioration. Concerns were raised that without appropriate equipment, individuals may require larger care packages or be unable to return home safely, increasing pressure on community services, acute settings and unpaid carers.
 - Many respondents raised equity and poverty concerns, noting that a substantial proportion of people in Dundee may be unable to self-fund equipment. Participants highlighted the risk of widening health inequalities should access become dependent on ability to pay. However, there was also recognition that some individuals could afford to contribute. Several respondents suggested that means testing, capped charges, or small hire fees could be explored, provided those unable to pay continue to receive equipment free of charge.
 - There was broad agreement that improving equipment recycling, repair, return and reuse should be prioritised, with suggestions for better collection arrangements, community-based return points or partnerships with voluntary organisations. Many people felt that this could generate savings without reducing access to essential equipment.
 - Across feedback, staff consistently noted that reducing access to equipment would negatively affect their ability to support rehabilitation, manage caseloads, and maintain safe discharge pathways. Concerns were particularly strong from teams supporting stroke, neurological conditions, trauma/orthopaedics and respiratory patients, where equipment is integral to standard clinical pathways.
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

Full results for this proposal can be found in the budget consultation report in Appendix 4. If the proposal to review approaches to the provision of equipment and adaptations is approved the data gathered via the budget consultation process will be considered in full as part of the review process.

- 4.3.2 In summary, respondents to the consultation acknowledged the financial pressures facing the Partnership but expressed strong concern that removing or restricting equipment provision could lead to significant unintended consequences, including increased falls, higher system costs, reduced independence and widening inequalities. There was broad support for exploring capped or means tested charging, alongside improved recycling and recovery processes, as part of a balanced approach to sustainability. In light of the responses to the consultation, it is proposed to undertake a review of equipment and adaptations with the view to identifying alternative, deliverable and less impactful approaches to achieving financial savings.
- 4.3.3 The proposed review of the service will include further consultation with current and previous service users, unpaid carers and family members. This will provide the opportunity to share

their views around their current and previous experience of services to inform the review process. There will be a particular focus on understanding the impact of any proposed options for change which impact service users in terms of protected characteristics under the Equality Act (2010).

- 4.3.4 Engagement with the workforce will be a crucial element of the review process, supported by staff side partners. The review process will also incorporate appropriate clinical risk assessment, as part of a wider risk assessment covering the 4 aspects of NHS Tayside's Quadruple Aim (Performance, Quality of Care, Workforce and Finance).

5.0 POLICY IMPLICATIONS

- 5.1 This report has been subject to 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

- 6.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.
- 6.2 At this stage, the review has not been completed and therefore no specific risks or impacts can be identified or quantified. The purpose of the review is to develop a detailed understanding of current provision, demand, costs and system dependencies. As such, the risk profile will only become clear once the full analysis has been undertaken.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

- 9.1 None

CHRISTINE JONES
Acting Chief Finance Officer

DATE: 20 March 2026

ANDREW SUTTIE
Head of Occupational Therapy and Physiotherapy

Dundee Integration Joint Board Integrated Impact Assessment

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

Document Title	REVIEW OF EQUIPMENT AND ADAPTATIONS				
Type of document	Policy		Plan	Other- describe	Saving proposal
Date of this Pre-Integrated Impact Assessment Screening	03 March 2026				
Date of last IIA (if this is an update)					
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates					
To seek approval to undertake a comprehensive review of the Equipment and Adaptations services to ensure safe, sustainable and clinically appropriate provision. The review aims to address financial pressures while maintaining equitable access and supporting independence. If approved the review will commence on 01 April 2026 and it is anticipated will be completed within six months. A final report from the review will then be submitted to the IJB, including a further Integrated Impact Assessment.					
Lead Officer/Document Author (Name, Job Title/Role, Email)					
Christine Jones, Acting Chief Finance Officer, chirstine.jones58@nhs.scot					
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)					
Andrew Suttie, Head of Occupational Therapy & Physiotherapy, andrew.suttie@nhs.scot					
Job Title of colleagues or name of groups who contributed to pre-screening and IIA					
Kathryn Sharp, Acting Head of Service, Strategic Services.					
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	Yes	No			
A document or proposal that requires the IJB to take a decision	x				
A major Strategy/Plan, Policy or Action Plan		x			
An area or partnership-wide Plan		x			
A Plan/Programme/Strategy that sets the framework for future development consents		x			
The setting up of a body such as a Commission or Working Group		x			
An update to an existing Plan (when additional actions are described and planned)		x			

Will the recommendations in the report impact on the people/areas described below? When the answer is <u>yes</u> to any of the following an <u>IIA</u> must be completed	Y	N
Individuals who have Equality Act Protected Characteristics I.e. Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation	x	
Human Rights. For more information visit: https://www.scottishhumanrights.com Children's Rights. Visit https://www.unicef.org/child-rights-convention#learn		x
Individuals residing in a Community Regeneration Area (CRA)? i.e. Living in the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.	x	
People who are part of households that have individuals who are more at risk of negative impacts? Including Care Experienced children and young people; Carers (Kinship carers and	x	

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unpaid carers who support a family member or friend); Lone Parent Families/ Single Female Parents with Children; Households including Young Children and/or more than 3 children); Retirement Pensioner (s).				
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	x			
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	x			
Offenders and former offenders	x			
Effects of Climate Change or Resource Use				x
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.				x
Transport, Accessible transport provision; sustainable modes of transport.				x
Natural Environment				x
Air, land or water quality; biodiversity; open and green spaces.				x
Built Environment. Built heritage; housing.	x			
<p>An IIA is required when YES is indicated at any question in the screening section above. The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>				
From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	x	N	
<p>In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)</p>				
Anticipated Date of IJB	31 March 2026	IJB Report Number	DIJB10-2026 Appendix 9	
Date IIA completed	20 March 2026			

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STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

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

This Integrated Impact Assessment (IIA) provides a preliminary assessment of the potential impacts associated with progressing a review of Equipment and Adaptations services. The full impact of any future changes cannot yet be determined and will depend on the findings and options that emerge through the review process. A comprehensive IJB Integrated Impact Assessment will therefore be completed and presented alongside any future report to the IJB where recommendations for changes to service provision are brought forward, in line with established IJB requirements.

Based on service demographics and consultation evidence, the groups most likely to be affected by any recommendations subsequent to a review are: older people; disabled people (including those with long-term conditions, neurological conditions and mobility issues); unpaid carers supporting individuals; and people living in poverty. Consultation responses demonstrate concern that reduced access would widen health inequalities, as people on low incomes would be unable to self-fund equipment.

Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies. This includes mitigations against any negative impacts through the application of agreed processes, involvement of staff side representatives and protections applied through terms and conditions.

At this point, the information available allows only for high-level consideration of where impacts may arise. Preliminary assessment has therefore been included within this IIA to highlight where, based on early understanding of the scope of the review, it is likely that particular population groups, service users, carers or staff may be affected. These early considerations will be further developed, refined and supplemented as the review progresses and more detailed information becomes available.

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

The IJB Budget Consultation responses from individual responses rated the impact of this saving proposal as medium (average score 2.5), organisational respondents rated the impact as medium (2.6) and group respondents as high (3.5). Consultation analysis did not identify significant variation between equality groups impact scores for this proposal. However, the proposed review was consistently in the top three impact ratings for all equality and fairness groups, including being the second highest rated impact for respondents with a disability and who were female and were male, and the third highest ranked for people aged 65 and over.

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

Date	Activity/Activities	People/groups	By whom
Tuesday 3 rd February 2026 – 3 rd March 2026	IJB Public Budget Consultation Specifically, responses received in relation to section 3 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.	Members of the public Unpaid carers Third and independent sector health and social care providers Members of the health and social care workforce	Acting Head of Service, Strategic Services
October 2025 – March 2026	IJB budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Chief Officer / Acting Chief Finance Officer

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17 th / 18 th / 19 th / 24 th / 25 th February 2026	Members of the public, including people who use health and social care services and unpaid carers, were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Members of the public Unpaid carers Third and independent sector health and social care providers	Senior Management Team
16 th / 20 th /23 rd February 2026	Third party providers were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Third and independent sector health and social care providers	Senior Management Team
17 th /20 th /26 th / February 2026 & 2 nd March 2026	Members of HSCP workforce were invited to an online consultation session and speak to members of Health and Social Care Partnership's Senior Management Team:	Members of the health and social care workforce	Senior Management Team
March 2026	<p>Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals.</p> <p>This includes review of the IJB's Strategic Needs Assessment.</p> <p>Additional statistical information regarding current profile of service use.</p>	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Acting Head of Service, Strategic Services

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

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

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

Age		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the Equipment and Adaptations Service will directly impact on older people. This is because a significant proportion of people who use these services are older adults, including those living with frailty, long term conditions, reduced mobility, or recovering from illness or injury. These services play a key role in supporting older people to remain independent, manage daily activities, and avoid unnecessary hospital admission or longer lengths of stay. Any reduction in capacity, change in model, or shift in access arrangements is therefore likely to have a direct impact on this age group.</p> <p>Consultation responses indicated specific concerns about potential impacts for older people including increased risk of fall, loss of independence and higher care needs if equipment and adaptations are not readily available in the future.</p>
No Impact		
Negative		
Not Known	x	

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		<p>43% of employees aligned to the HSCP are aged over 50, with 60% of those employees working within frontline social care and nursing posts. Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies.</p> <p>This will be further investigated through the review process including further consultation.</p>
Disability		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the Equipment and Adaptations Service will directly impact on people with a disability. This is because a significant proportion of people who use these services have a disability or long-term condition. These services play a key role in supporting people with a disability to remain independent, manage daily activities, and avoid unnecessary hospital admission or longer lengths of stay. Any reduction in capacity, change in model, or shift in access arrangements is therefore likely to have a direct impact on this group.</p> <p>Particular concerns noted by respondents to the budget consultation included potential impacts on people with impaired mobility, sensory loss, neurological conditions and chronic illness. Risks regarding increased reliance on unpaid carers and reduced ability to live independently were also highlighted.</p> <p>This will be further investigated through the review process including further consultation.</p>
No Impact		
Negative		
Not Known	x	
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the Equipment and Adaptations Service is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the Equipment and Adaptations Service is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the Equipment and Adaptations Service is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	x	
Negative		
Not Known		
Sex		Explanation, assessment and potential mitigations
Positive		<p>Respondents to the IJB Budget Consultation highlighted that unpaid carers might be negatively impacted by any changes to the service following the review. As females make up a higher proportion of unpaid carers than males, there may be a greater impact for them.</p> <p>87% of the health and social care workforce are female. Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies.</p> <p>This will be further investigated through the review process including further consultation.</p>
No impact		
Negative		
Not known	x	
Religion & Belief		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the Physiotherapy and Occupational Therapy Service is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	x	
Negative		
Not Known		
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review the Physiotherapy and Occupational Therapy Service is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	x	
Negative		
Not Known		

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Sexual Orientation	Explanation, assessment and potential mitigations	
Positive		The proposal to review the Physiotherapy and Occupational Therapy Service is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
Describe any Children's Rights impacts not covered elsewhere in this record.		
None identified at this time.		

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

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

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known
Strathmartine (Ardler, St. Mary's & Kirkton)				x
North East (Whitfield, Fintry & Mill O'Mains)				x
Lochee (Lochee Beechwood, Charleston & Menzieshill)				x
Coldside (Hilltown, Fairmuir & Coldside)				x
East End (Mid Craigie, Linlathen & Douglas)				x
Maryfield (Stobswell & City Centre)				x
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End				x
The Ferry				x
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<p>Access to the Equipment and Adaptation Service is open to all residents of Dundee and they should have equal access to these services. The review will focus on determining whether equipment and adaptation services can be delivered in a more effective, consistent and sustainable manner.</p> <p>Respondents to the IJB Budget Consultation raised concerns that people from more deprived areas would face a greater negative impact of any changes to the service following the review. Concerns were noted about the ability of people to pay for equipment if any change to charging arrangements is proposed, the greater health needs of people from deprived areas and the risk of widening health inequalities.</p> <p>This will be further investigated through the review process including further consultation.</p>				

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

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

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

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

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	x	
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive		The proposal may impact on this group. Whilst the review has not been completed it may lead to an increased impact on carers or family members if there are changes to equipment or adaptations provided and / or proposals regarding charging for equipment. Pending the outcome of the review, there is a possibility that carers or family members could experience increased burden if items of equipment or adaptations were not provided. This will be further investigated through the review process including further consultation.
No Impact		
Negative		
Not Known	x	
Lone Parent Families/Single Female Parent Household with Children		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	x	
Negative		
Not Known		
Households including Young Children and/or more than 3 children		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	x	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive		A significant percentage of service users are people of retirement age. Any proposed changes following review are likely to impact on this group. Please see section on Age (above).
No Impact		
Negative		
Not Known	x	
Serious & Enduring Mental Health Conditions		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	x	
Negative		
Not Known		
Homeless (risks of Homelessness)		
Positive		The proposal may impact individuals who are experiencing homelessness or are at risk of homelessness. While the review has not yet been completed, there is potential for this group to be affected if access to essential equipment or adaptations becomes more limited. People in temporary accommodation, supported housing or unstable living situations may have reduced ability to self-fund or source equipment independently. Any changes to provision would therefore need to consider their specific circumstances, including the suitability of accommodation for adaptations, affordability, access to delivery or installation, and the potential for increased risk should equipment not be available. These factors will be fully explored as part of the review.
No Impact		
Negative		
Not Known	x	
Drug and/or Alcohol issues		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	x	
Negative		
Not Known		
Offenders and Former Offenders		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	x	
Negative		
Not Known		

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

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

Explanation, assessment and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive		The proposal to review Equipment and Adaptations Services may impact on this group particularly if the review recommends self-funding or charging for specific pieces of equipment or adaptations. Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies. This will be further investigated through the review process including further consultation.
No Impact		
Negative		
Not Known	x	
Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	x	
Negative		
Not Known		
Earnings & employment -including opportunities, education, training & skills, security of employment, under employment & unemployment		
Positive		Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies. This will be further investigated through the review process including further consultation.
No Impact		
Negative		
Not Known	x	
Connectivity / Internet Access/ Digital Skills		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	x	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive		The review may have a direct impact on people whose health needs require the provision of equipment or adaptations. Many individuals rely on these items to manage long-term conditions, maintain functional ability, support rehabilitation, and reduce risks such as falls or injury. While the review has not yet been completed, any future changes to access, eligibility or availability could influence individuals' ability to safely manage daily activities, participate in rehabilitation, or remain supported at home. Further analysis will be undertaken to understand any potential effects on physical and mental health outcomes as part of the review.
No Impact		
Negative		
Not Known	x	
Life expectancy		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	x	
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		The review may impact directly on this group. The service currently provides equipment and adaptations to support bariatric patients, and any changes to availability, eligibility or access
No Impact		

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Negative		may have specific implications for their safety, mobility and ability to be cared for at home. Further analysis will be undertaken to understand any potential impacts as part of the review.
Not Known	x	
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	x	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	x	
Negative		
Not Known		
NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		The review may impact on this. A significant percentage (>80%) of equipment is recycled. Responses to the IJB Budget Consultation suggest that there could be opportunities to further increase reuse and recycling of equipment. This will be explored further as part of the review.
No Impact		
Negative		
Not Known	x	
Sustainable Procurement		
Positive		The review may have implications for sustainable procurement. Any future changes to how equipment and adaptations are purchased, provided or reused could affect procurement arrangements and sustainability efforts. Although the review is not yet complete, consideration will be given to ensuring that any new approach continues to support value for money, quality standards and opportunities for reuse or recycling.
No Impact		
Negative		
Not Known	x	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive		The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Built Environment - Housing and Built Heritage		
Positive		The proposed review may impact on this. Any future alterations to availability, eligibility or installation processes could influence the suitability of the built environment for supporting independence, mobility and safe daily living. Consideration will be given to how different housing types, including social housing, private lets and temporary accommodation, may be affected, and how installation or use of equipment may be supported within varying property conditions.
No Impact		
Negative		
Not Known	x	

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

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step'.

Dundee Integration Joint Board Integrated Impact Assessment

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

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

As Corporate Risk is addressed and recorded in IJB reports and it is not reported on this record. (See IJB report.)

End of Impact Assessment Record.

APPENDIX ...10....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 31 MARCH 2026

REPORT ON: OLDER PEOPLE MENTAL HEALTH SERVICES- WEEKEND WORKING

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: APPENDIX 10 OF DIJB10-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of the proposal to discontinue weekend service provision across the Community Mental Health for Older People and Care Home teams.

2.0 RECOMMENDATIONS

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

- 2.1 Approve the proposal to reduce the current level of service by discontinuing weekend service provision within the Community Mental Health Team for Older People (East and West) and the Care Home Team.
- 2.2 Remit the Chief Officer to issue Directions as set out in Section 8 of this report.

3.0 FINANCIAL IMPLICATIONS

- 3.1 The proposals set out within this report identify savings of £21,000 in 2026/27 and £28,000 in subsequent years.
- 3.2 This saving will only be achieved as current staff leave due to protected salary under the Agenda for Change Organisational Change Pay Protection Policy. As each vacancy arises within the relevant teams, consideration will be given to the impact the efficiencies have made on workforce planning options.

4.0 MAIN TEXT

4.1 Background

- 4.1.1 The Community Mental Health Teams for Older People support individuals aged 65 and over who are experiencing mental health difficulties, including dementia. The teams offer assessment, treatment, and ongoing support to help older adults manage their mental health, maintain independence, and access the right care at the right time.
- 4.1.2 The Care Home Team provides specialist advice, guidance, and support to care home staff and residents. Their purpose is to enhance the quality of 24-hour care within care homes by supporting care home staff in managing residents' mental health, behavioural changes, and overall wellbeing. They work alongside care homes in Dundee to promote safe, person-centred, and consistent care.
- 4.1.3 The Community Mental Health Teams for Older People (East and West) and the Care Home Team operate as integrated services comprising mental health nurses, social workers, and support workers (Community Mental Health Teams only), along with general health nurses within the Care Home Team.

- 4.1.4 Within these teams, only the mental health nursing workforce provides weekend service cover, delivered from 09:00–17:00 on a rotational basis. In the Community Mental Health East and West Teams, weekend cover is staffed by one Band 5 mental health nurse and one Band 6 or Band 7 mental health nurse. In the Care Home Team, weekend cover is provided by either one Band 5 or one Band 6 mental health nurse.

4.2 Proposed Service Reduction

- 4.2.1 A review of weekend activity undertaken by the Care Home Team prior to the development of this proposal demonstrated low levels of direct clinical contact. Across a total of 855 hours of weekend cover (equivalent to 57 weekends at 15 hours per weekend), one mental health nurse recorded approximately 20 hours of direct engagement with care homes, including both telephone contact and in person visits. This represents approximately 2.3% of the total available weekend time.

- 4.2.2 The Community Mental Health Teams for Older People (East and West) have not undertaken a full formal review of weekend activity. However, a recent snapshot of activity recorded between December and January 2026—which is typically a busier period due to the Christmas and New Year holidays—provides indicative insight into current demand.

During this period, the teams recorded:

- Four telephone calls and one information-only message, requiring an estimated 30 minutes of nursing time in total.
 - Four home visits, equating to approximately four hours of direct clinical activity delivered by two mental health nurses.
- 4.2.3 It is important to note that weekend activity levels are highly variable, and there are weekends during which no calls or visits are recorded.
- 4.2.4 Nursing staff who cover weekend shifts must take two weekdays off in lieu, which reduces overall staffing levels during typically busier periods and limits the availability of nurses to support service users. If the proposal to cease weekend working is agreed, the nurses currently providing the service would work their full hours across weekdays only.
- 4.2.5 The removal of weekend daytime support from the Community Mental Health Teams for Older People is likely to create minimal additional pressure across the wider system. Under current arrangements weekend cover applies only to cases where the person is already open to the Community Mental Health Team Older People, and if a weekend admission is required nursing staff would still require this to be progressed via Adult Psychiatry at Carseview (as there is no Psychiatry of Old Age medical cover at weekend to support admissions to Kingsway Care Centre). Without weekend input from mental health nurses, demand on Out of Hours services and the Mental Health Crisis Teams at Carseview may increase in line with the minimal contacts detailed above. For people not already open to the team, admissions are currently via their GP or the Crisis Resolution and Home Treatment Team based at Carseview, and this arrangement will continue. The lack of preventative and early intervention activity during weekends may also heighten the risk of a small number of avoidable admissions to the Kingsway Care Centre.
- 4.2.6 Local and national mental health strategies emphasise the need for continuity, accessibility, timely intervention, and person centred, community-based support. However, as outlined in section 4.2.5 alternative support is available. One area of potential risk is that service users recently discharged from inpatient wards would lose timely weekend follow-up, reducing continuity of care and contradicting established best practice principles.
- 4.2.7 To mitigate these risks, the Community Mental Health Teams for Older People and the Care Home Team functions as an integrated service within the Kingsway Care Centre, maintaining close operational links with inpatient wards. This arrangement enables coordination to minimise Friday discharges for service users who would otherwise require weekend community follow-up. During weekday operations, team leads and nursing staff proactively monitor and support service users assessed as being at elevated risk of admission, including exploring alternatives such as step-up/step-down to the Intermediate Care Unit at Turriff House

care home. These measures aim to reduce the likelihood of weekend admissions to Kingsway Care Centre and to maintain safe and effective care pathways.

- 4.2.8 Care home nursing staff remain available at weekends to support individuals following discharge. During weekdays, the Care Home Team will provide enhanced support to care homes and service users, helping to reduce the likelihood of admission to the Kingsway Care Centre, although some level of admission risk will inevitably remain.

4.3 Budget Consultation Feedback

- 4.3.1 The IJB's Budget Consultation invited respondents to provide their views on the option of reducing weekend services in the Older People's Mental Health and Care Home teams. Key results were:

- 425 individuals, 68 organisations and 11 groups rated the potential negative impact of this saving option. This option was given the third lowest average impact rating by both individual respondents (1.9 – low impact) and organisational respondents (2.2 – medium impact). 66 individual and 14 organisational or group respondents stated that this option would have a high impact, 57 individuals and 16 organisations or groups said it would have a medium negative impact.
- 102 narrative answers providing further feedback about the potential negative impact of saving options were received for this option. It is important to note that many responses referred to reductions to weekend working across community mental health services generally, rather than within the specific services subject to consultation. Key themes from responses included:
 - Concerns about reduced weekend cover: Many respondents said mental health crises occur at weekends, and reducing cover could delay assessment/support—particularly for older people, people with dementia, and those in care homes or living alone—raising distress and risk of harm and weakening preventative/community support.
 - Some support based on demand: A minority supported the proposal, citing lower weekend demand and the view that concentrating resources on weekdays could improve overall provision.
 - Displacement of demand and wider system costs: Respondents argued demand would shift to A&E, NHS 24, out-of-hours GPs, ambulance services, and Police Scotland, potentially outweighing savings through emergency responses, admissions, and longer inpatient stays; some felt this conflicts with early-intervention strategies.
 - Hospital flow and discharge risks: Reduced weekend specialist input could discourage Friday/weekend discharges, increase delayed discharges and add pressure on wards and care homes.
 - Need for specialist expertise and mitigations: Mental health nurses were seen as providing non-substitutable expertise. Many suggested mitigations such as retaining targeted or on-call weekend cover, strengthening alternative pathways (properly resourced and clearly communicated), improving discharge planning, and closely monitoring weekend impacts (incidents, crisis presentations, call-outs).
- No significant variation in impact was identified for an equality or fairness group within the consultation analysis.

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

5.0 POLICY IMPLICATIONS

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

Assessment showing the impacts and accompanying benefits of / mitigating factors for them is included as an Appendix to this report.

6.0 RISK ASSESSMENT

6.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

CHRISTINE JONES
Acting Chief Finance Officer

DATE: 20 March 2026

Duane Patterson
Integrated Manager, Community Teams, Psychiatry of Older Age.



DIRECTION FROM DUNDEE CITY INTEGRATION JOINT BOARD

1	Reference	Appendix 10 of DIJB10-2026
2	Date Direction issued by Integration Joint Board	31 March 2026
3	Date from which direction takes effect	01 April 2026
4	Direction to:	NHS Tayside
5	Does this direction supersede, amend, or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	Weekend service provision across the Community Mental Health for Older People and Care Home teams
7	Full text of direction	Reduce the current level of service by discontinuing weekend service provision within the Community Mental Health Team for Older People (East and West) and the Care Home Team
8	Budget allocated by Integration Joint Board to carry out direction	£28,000 recurring (£21,000 part-year impact in 2026/27)
9	Performance monitoring arrangements	Financial monitoring processes
10	Date direction will be reviewed	30 September 2026

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Dundee Integration Joint Board Integrated Impact Assessment

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

Document Title	OLDER PEOPLE MENTAL HEALTH SERVICES - WEEKEND WORKING				
Type of document	Policy		Plan	x	Other- describe Saving proposal
Date of this Pre-Integrated Impact Assessment Screening	04 March 2026				
Date of last IIA (if this is an update)					
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates					
The saving proposal seeks to discontinue weekend service provision across the Community Mental Health for Older People and Care Home teams. If approved the change will be implemented following the completion of required organisational change processes and will be a permanent change to service provision.					
Lead Officer/Document Author (Name, Job Title/Role, Email)					
Christine Jones, Acting Chief Finance Officer, christine.jones58@nhs.scot					
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)					
Duane Patterson, Integrated Manager, duane.patterson@dundeecity.gov.uk					
Job Title of colleagues or name of groups who contributed to pre-screening and IIA					
Kathryn Sharp, Acting Head of Service, Strategic Services.					
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	Yes	No			
A document or proposal that requires the IJB to take a decision	x				
A major Strategy/Plan, Policy, or Action Plan		x			
An area or partnership-wide Plan		x			
A Plan/Programme/Strategy that sets the framework for future development consents		x			
The setting up of a body such as a Commission or Working Group		x			
An update to an existing Plan (when additional actions are described and planned)		x			

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

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Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	x			
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services				x
Offenders and former offenders				x
Effects of Climate Change or Resource Use				x
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery, or recycling waste; sustainable procurement.				x
Transport, Accessible transport provision; sustainable modes of transport.				x
Natural Environment				x
Air, land, or water quality; biodiversity; open and green spaces.				x
Built Environment. Built heritage; housing.				x
<p>An IIA is required when YES is indicated at any question in the screening section above. The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>				
From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	x	N	
In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)				
Anticipated Date of IJB	31 March 2026		IJB Report Number	DIJB10-2026 Appendix 10
Date IIA completed	04 March 2026			

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STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

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

This IIA provides an assessment of the potential impacts on specific population groups affected by the proposed service change. The proposal affects adults aged 65+ with mental health needs (including dementia and complex presentations) who are already open to the Community Mental Health Teams for Older People or who reside in care homes supported by the Care Home Team. The weekend service currently provides very low levels of direct activity, however, weekend needs are unpredictable, and a small number of individuals may still require urgent intervention.

The analysis identifies a mix of positive and negative impacts across several protected equality and fairness groups, including age; carers and people with caring responsibilities; retired and older adults; individuals with serious and enduring mental health conditions; those affected by drug or alcohol issues, alongside broader impacts on health. Mitigations have been identified to address potential negative impacts. Further monitoring and review will be undertaken if the proposal progresses to ensure that any emerging risks are mitigated and that patient safety, equity, and access to support remain central to service delivery.

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

The IJB Budget Consultation responses from individual responses rated the impact of this saving proposal as low (average score 1.9), organisational respondents rated the impact as medium (2.1) and group respondents as medium (2.8). Consultation analysis did not identify significant variation between equality groups impact scores for this proposal. Even though the variation was not significant, qualitative feedback indicates meaningful concerns for people with dementia, people with complex mental health needs, disabled older people and unpaid carers.

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

Date	Activity/Activities	People/groups	By whom
October 2025	Budget savings proposals discussed with Service Manager.	Psychiatry of Older Age, Core Management Team Meeting.	Service Manager/ Integrated Manager
October 2025 – March 2026	IJB budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Chief Officer / Acting Chief Finance Officer
December 2025 and February 2026	Budget saving proposals discussed with Team Leads in the Community Teams, Psychiatry of Older Age.	Psychiatry of Older Age, Community Teams, Community Business Meeting.	Integrated Manager/ Team Leads
Tuesday 3 rd February 2026 – 3 rd March 2026	IJB Public Budget Consultation Specifically, responses received in relation to section 3 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has been taken into account within this IIA.	Members of the public Unpaid carers Third and independent sector health and social care providers Members of the health and social care workforce	Acting Head of Service, Strategic Services
17 th / 18 th / 19 th / 24 th / 25 th February 2026	Members of the public, including people who use health and social care services and unpaid carers, were invited to drop-in to a consultation session and speak to	Members of the public Unpaid carers	Senior Management Team

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	members of the Health and Social Care Partnership's Senior Management Team:	Third and independent sector health and social care providers	
16th/ 20 th /23 rd February 2026	Third party providers were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Third and independent sector health and social care providers	Senior Management Team
17 th /20 th /26 th / February 2026 & 2 nd March 2026	Members of HSCP workforce were invited to an online consultation session and speak to members of Health and Social Care Partnership's Senior Management Team:	Members of the health and social care workforce	Senior Management Team
March 2026	<p>Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals.</p> <p>This includes review of the IJB's Strategic Needs Assessment.</p> <p>Additional statistical information regarding current profile of service use.</p>	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Acting Head of Service, Strategic Services

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

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

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

Age		Explanation, assessment, and potential mitigations
Positive	x	<p>The Community Mental Health Teams for Older People support individuals aged 65 and over who are experiencing mental health difficulties, including dementia. The teams offer assessment, treatment, and ongoing support to help older adults manage their mental health, maintain independence, and access the right care at the right time.</p> <p>The Care Home Team provides specialist advice, guidance, and support to care home staff and residents. Their purpose is to enhance the quality of 24-hour care within care homes by supporting care home staff in managing residents' mental health, behavioural changes, and overall wellbeing. They work alongside care homes in Dundee to promote safe, person-centred, and consistent care.</p>
No Impact		
Negative	x	
Not Known		

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		<p>The proposed discontinuation of weekend service within the Community Mental Health Teams for Older People and the Care Home Team (Community Teams) is expected to have a direct impact on older adults currently supported by these services. At present, weekend mental health nursing provision delivers prearranged, essential follow-up between 9am and 5pm on Saturdays and Sundays for a defined group of known individuals already allocated to the teams.</p> <p>Removing this weekend function is likely to lead to an increase in demand on Out of Hours services (including Health and Social Work/Social Care) and on the Mental Health Crisis Teams at Carseview. This shift would transfer clinical risk and create additional operational pressure on services managing unscheduled care. Out of Hours services and the Mental Health Crisis Teams currently provide weekend support for all individuals outside the 9am–5pm period, as well as for any individuals who are not currently known and open cases to the Community Teams. Without weekend preventative and early intervention activity, there is an increased risk of avoidable admissions to Kingsway Care Centre (KCC).</p> <p>Respondents to the IJB Budget Consultation highlighted their concerns about the potential for negative impacts for older people, particularly those living with dementia.</p> <p>To mitigate these potential negative impacts, the Community Teams maintain close links with inpatient wards in the KCC to minimise Friday discharges requiring weekend follow up. During weekdays, team leads and nursing staff closely to monitor individuals at elevated risk of deterioration and explore alternatives such as step-up/step-down Intermediate Care at Turriff House. During weekdays, the Care Home Team will provide enhanced support to care homes and patients, helping to reduce the likelihood of admission to Kingsway Care Centre.</p> <p>Data from the service regarding current levels of direct patient contact at the weekends demonstrates that any negative impact will be at a limited scale, which also suggests that identified mitigations are more likely to be manageable/realistic (such as seeking support from alternative services).</p> <p>There may also be some positive impacts for this group. As a result of weekend shifts being removed the current nursing staff hours will be applied to weekdays only increasing available hours during weekdays to support patients, which due to the capacity to discuss circumstances with other professionals—such as psychiatrists, social workers, and occupational therapists—this collaboration and expertise is unavailable at weekends as other colleagues in this service do not work at weekends. It is not uncommon that the nurse providing weekend cover may not be the patient’s allocated worker and may be unfamiliar with their case. Meaning that the service and advice offered may not be a practitioner who knows the individual and perhaps not dissimilar to that from other “out of hours supports.”</p>
Disability		Explanation, assessment, and potential mitigations
Positive	x	Mental Health and dementia are long term conditions prevalent in the population of older people. Please see section on Age (above).
No Impact		
Negative	x	
Not Known		
Gender Reassignment		Explanation, assessment, and potential mitigations
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership		Explanation, assessment, and potential mitigations
Positive		The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment, and potential mitigations
Positive		

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No Impact	<input checked="" type="checkbox"/>	The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sex		Explanation, assessment, and potential mitigations
Positive	<input checked="" type="checkbox"/>	<p>There is a potential disproportionate impact on female patients, as a higher proportion of women are currently allocated to the teams compared with men.</p> <p>Due to differences in life expectancy a greater proportion of older people who might require services from the Older People's Community Mental Health services are female. Please see section on Age (above).</p> <p>The majority staff working in health and social care service are female. The impact on female staff will be mitigated by protections available due to their employment terms and conditions.</p> <p>The majority of unpaid carers are female – please see section on Carers / People with Caring Responsibilities (below).</p>
No impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not known	<input type="checkbox"/>	
Religion & Belief		Explanation, assessment, and potential mitigations
Positive	<input type="checkbox"/>	The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Race & Ethnicity		Explanation, assessment, and potential mitigations
Positive	<input type="checkbox"/>	The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sexual Orientation		Explanation, assessment, and potential mitigations
Positive	<input type="checkbox"/>	The proposal is not considered to have any direct or indirect relevance to this protected characteristic.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Describe any Human Rights impacts not already covered in the Equality section above.		
Describe any Children's Rights impacts not covered elsewhere in this record.		
<p>A delay in discharging patients from Kingsway Care Centre who require weekend nursing follow-up at home may adversely affect their right to family life, as it could lead to a short delay to hospital discharge for a small number of patients. Some respondents to the IJB Budget Consultation highlighted their concern that reduced weekend working could lead to avoidance of Friday discharges.</p> <p>Discharge data is closely monitored on an ongoing basis, this will enable the service to identify and respond to any changes in patterns of discharge, including potential avoidance of Friday discharge, in a timely manner.</p>		

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

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

Identified Areas of Deprivation -				
	Positive	No Impact	Negative	Not Known

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Strathmartine (Ardler, St. Mary's & Kirkton)		x		
North East (Whitfield, Fintry & Mill O'Mains)		x		
Lochee (Lochee Beechwood, Charleston & Menzieshill)		x		
Coldside (Hilltown, Fairmuir & Coldside)		x		
East End (Mid Craigie, Linlathen & Douglas)		x		
Maryfield (Stobswell & City Centre)		x		
Other areas in Dundee (not CRA but individual/households still might be impacted by Fairness issues)				
West End		x		
The Ferry		x		
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
Although some areas may have a higher proportion of older people, there are no specific impacts identified that would cause individuals in one locality to experience the service differently from those in another. All service users within the Psychiatry of Older Age (POA) service who meet the eligibility criteria receive the same level of support, in line with the Psychiatric Community Functional Standards, regardless of their geographical location.				

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

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

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

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

Explanation, assessment, and any potential mitigations		
Care Experienced Children and Young People		
Positive		The proposal is not expected to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive	x	<p>There may be a negative impact on carers and family members—such as spouses—who may be required to provide additional support during weekends if the individual experiences a deterioration or crisis. Unpaid carers may also experience anxiety about the potential to need to manage risk alone, even if this does not actually occur. This concern was also identified by respondents to the IJB Budget Consultation.</p> <p>A range of alternative supports remain available, including NHS 24, Out of Hours services, Mental Health Crisis Teams, and the On-call doctor. Community teams will also signposted patients to other weekend supports, such as the HOPE Project.</p> <p>For some unpaid carers there may be positive benefits associated with the increased availability of staff during busier weekdays.</p>
No Impact		
Negative	x	
Not Known		
Lone Parent Families/Single Female Parent Household with Children		
Positive		The proposal is not expected to have any direct or indirect relevance to this fairness group.

NB Dundee City Council Committee Papers require a different Council form from 'Citrix Firm Step.'

Dundee Integration Joint Board Integrated Impact Assessment

No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Households including Young Children and/or more than 3 children		
Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Retirement Pensioner (s)		
Positive	<input checked="" type="checkbox"/>	The patients supported by the community teams are predominantly people of retirement age, 65 and over. There are no known impacts in relation to fairness issues. See section on Age (above).
No Impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Serious & Enduring Mental Health Conditions		
Positive	<input checked="" type="checkbox"/>	Patients allocated to the community teams will have severe and enduring mental health conditions. See sections on Disability and Age (above). A range of alternative supports remains available, including NHS 24, Out of Hours services, Mental Health Crisis Teams, and the On-call doctor. Community teams have also signposted patients to other weekend supports, such as the HOPE Project. Some respondents to the IJB Budget Consultation expressed concern that alternative pathways and services would not be able to provide specialist mental health input, however this is available via the Mental Health Crisis Teams.
No Impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Homeless (risks of Homelessness)		
Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Drug and/or Alcohol issues		
Positive	<input type="checkbox"/>	A number of patients, as well as family members living with them, may have their own drug or alcohol dependencies, which can increase vulnerability and contribute to additional complexity in managing weekend crises. A range of alternative supports remain available, including NHS 24, Out of Hours services, Mental Health Crisis Teams, and the On-call doctor. Community teams will also signposted patients to other weekend supports, such as the HOPE Project.
No Impact	<input type="checkbox"/>	
Negative	<input checked="" type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Offenders and Former Offenders		
Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

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

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

Explanation, assessment, and any potential mitigations		
Personal/Household Income. (Income Maximisation /Benefit Advice, Cost of living/Poverty Premium-i.e. When those less well-off pay more for essential goods and services)		
Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect relevance to this fairness group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

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Fuel Poverty- household needs to spend 10% or more of its income maintaining satisfactory heating.		
Positive		The proposal is not expected to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Earnings & employment -including opportunities, education, training & skills, security of employment, under employment & unemployment		
Positive		The proposal is not expected to have any direct or indirect relevance to this fairness group, as existing nurses will continue on their current salary. Their pay will remain subject to the standard annual pay progression and national uplifts that apply under existing NHS terms and conditions.
No Impact	x	
Negative		
Not Known		
Connectivity / Internet Access/ Digital Skills		
Positive		The proposal is not expected to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive	x	See section on Disability (above). A range of alternative supports remains available for patients, such as NHS 24, Out of Hours services, Mental Health Crisis Teams.
No Impact		
Negative	x	
Not Known		
Life expectancy		
Positive		The proposal is not expected to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		The proposal is not expected to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Neighbourhood Satisfaction -Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		The proposal is not expected to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		The proposal is not expected to have any direct or indirect relevance to this fairness group.
No Impact	x	
Negative		
Not Known		

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NOW COMPLETE THE CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT AT THE START OF STEP 2

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Resource Use		
Energy Efficiency and Consumption		
Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Sustainable Procurement		
Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Natural Environment Air, Land and Water Quality Biodiversity Open and Green Spaces		
Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Built Environment - Housing and Built Heritage		
Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

There is a requirement to assess plans that are likely to have significant environmental effects. Strategic Environmental Assessment provides economic, social, and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

Strategic Environmental Assessment				
Statement 1				
No further action is required as this does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005.				
Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Statement 2				
Further action is required as this is a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005				
Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	Use the SEA flowchart to determine whether this plan or proposal requires SEA.

Dundee Integration Joint Board Integrated Impact Assessment

If Statement 2 applies Complete SEA Pre-Screening (attached to this record along with and relevant SEA information)

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

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

As Corporate Risk is addressed and recorded in IJB reports, and it is not reported on this record. (See IJB report.)

End of Impact Assessment Record.

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APPENDIX ...11....



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 31 MARCH 2026

REPORT ON: REVIEW OF “THE CORNER” YOUNG PEOPLE’S SERVICE

REPORT BY: CHIEF FINANCE OFFICER

REPORT NO: APPENDIX 11 OF DIJB10-2026

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to seek approval of the proposal to review “The Corner” Young People services to ensure resources are sustainable and used where they are needed most, with a view to reducing revenue costs by £32k during 2026/27.

2.0 RECOMMENDATIONS

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

2.1 Approve the proposal to review “The Corner” Young People’s Service, with a view to reducing revenue costs by £32k in 2026/27 (£64k on a recurring basis thereafter).

2.2 Remit the Chief Officer to submit a further Report on the outcome of the review, with recommendations for future service commissioning to the IJB no later than 31 August 2026.

3.0 FINANCIAL IMPLICATIONS

3.1 Current revenue budgets aligned to “The Corner” based at 13 Shore Terrace (Drop-in Service) and 18 Dock Street (the Team’s office base) are £698,846 and includes £674,824 for staff costs.

3.2 It is envisaged that through the review process to assess service delivery and the pathway of care, revenue budgets can be reduced by £32k during 2026/27, £64k on a recurring basis.

4.0 MAIN TEXT

4.1 Background

4.1.1 The Corner has a role in supporting the sexual, physical and mental health and wellbeing of young people. The holistic assessment carried out in The Corner identifies what support a young person may need. The Corner provides a tiered approach to support mental health and wellbeing, working in partnership with CAMHS (Child and Adolescent Mental Health Services) through a referral pathway where CAMHS will support The Corner staff to help meet someone’s needs. The Corner also has an outreach team that supports Young Carers and this is a mainstreamed funded part of the service. It also has a partnership with Hillcrest to deliver the Strive Project that works with young people using drugs and/or alcohol and children and families affected by parental substance use to assess need/risk and provide specialist support.

4.1.2 The Sexual Health and Blood Borne Virus Action Plan 2023-2026 explains that sexual health is particularly important for young people as they navigate the complex terrain of sexual development, relationships, and reproductive choices. Good sexual health services play a vital

role in ensuring that young people in Scotland have the information, support, and resources they need to make informed decisions about their sexual and reproductive health. The Corner has a primary role in ensuring the young people of Dundee have access to a very high standard of care.

- 4.1.3 Young people under 25 are one of the groups most at risk of poor sexual health outcomes. Since 2019, cases of gonorrhoea infections among sexually active people under 25 years of age have doubled, chlamydia rates are also rising in this age group. Following 14 years of falling abortion rates, 2022 saw a sharp increase in abortion rates and National Records for Scotland data shows Tayside has highest rate of Termination by Board 21.1 (per 10,000 15-44 years) and Dundee City by Council Area 24.1 (per 10,000 15-44yrs). The Scottish Government Health and Wellbeing Census suggests condom and contraception use is low in young people with only 54% of senior pupils reporting using something to prevent pregnancy during their last sexual intercourse and less than 43% using a condom.

4.2 Proposal to Review The Corner

- 4.2.1 Service offered by The Corner have developed significantly since health and social care integration in 2016. This includes a range of developments not only internally within the service but at the interface with partners in the third sector and across children and families' services. Over time this has contributed to a model of service delivery that is supported by multiple sources of funding (both core and temporary) and that has not yet been subject to a strategic review. At the same time there have been a wide range of developments in the wider landscape of services for children and young people, including vulnerable adolescents and care experienced young people.

- 4.2.2 A full review would enable the service to:

- Identify and address any inefficiencies within the current operating model, including considering potential areas of overlap / duplication within other services for children, young people and young adults.
- Consider the changing needs of young people, including the the impact of inequality, trauma, and wider wellbeing challenges on sexual and mental health outcomes, and ensure full alignment with population-health priorities.
- Identify opportunities for stronger integration across health, social care, education, and third-sector partners, reinforcing the Partnership's commitment to early intervention, accessible support, and reducing health inequalities. It will help us refine pathways, strengthen collaborative working, and ensure that resources are directed to the areas of greatest need and impact.
- Consider the implications for the service of rising demand from children and young people who reside outwith Dundee.
- Review the range of temporary projects and associated funding arrangements with a view to identifying a sustainable delivery and funding model for the future.

- 4.2.3 It is envisaged that the review will identify opportunities for efficiencies, as well as potential approaches to redesign of the service that will reduce ongoing revenue costs and / or generate alternative sources of funding where appropriate to the client group and their specific needs.

4.3 Budget Consultation Feedback

- 4.3.1 The IJB's budget consultation invited respondents to provide their views on the option of reviewing The Corner. Key results were:

- 413 individuals, 70 organisations and 10 groups rated the potential negative impact of this saving option. This option was given the lowest average impact rating by both individual respondents (1.7 – low impact) and organisational respondents (2.0 – low impact). 55

individual and 13 organisational or group respondents stated that this option would have a high impact, 41 individuals and 14 organisations or groups said it would have a medium negative impact.

- 91 respondents provided additional feedback about the potential negative impacts of this saving option. It is important to note that many responses anticipated perceived potential outcomes of the review process, rather than on the specific impact of undertaking a service review. Key themes from responses included:
 - Concern about reduced early help/prevention: Respondents felt any funding reduction to The Corner would limit quick, confidential access to early support (mental health, sexual health, drug and alcohol, emotional wellbeing, and young carers), meaning issues could escalate before help is found elsewhere.
 - Demand would shift, not disappear: Many respondents said reductions would increase pressure on other services (e.g., CAMHS, GPs, A&E, specialist trauma/sexual violence and drug/alcohol services), potentially creating a “false economy” with higher long-term costs.
 - Risk of poorer outcomes for young people: Anticipated impacts included worsening mental health, increased drug/alcohol harm, higher teenage pregnancy and STI rates, and greater protection/trauma needs—especially for those unable to access or wait for alternative services.
 - Disproportionate impact on vulnerable groups: Particular concern was raised for care-experienced young people, young carers, neurodivergent young people, and some who live outside Dundee but rely on the service through school or other links.
 - Support for review with safeguards and involvement: While open to reviewing/refocusing, respondents wanted face-to-face drop-in and confidentiality protected, more partnership/coordination (including digital options and reduced duplication), exploration of alternative funding, and meaningful involvement of young people and staff—plus clearer explanations of how any savings would be achieved.
- One instance of potentially significant variation was identified for protected equality groups: A significant negative impact (1 or more point higher than the average) was identified for people who reported that they were Bisexual or Other (17 people) responding to the proposal to review The Corner. The impact of this group was 2.7 which is 1.0 greater than the average of 1.7. This should however be treated with caution due to the low number of respondents (17).

Full results for this proposal can be found in the budget consultation report in Appendix 4. If the proposal to review The Corner is approved the data gathered via the budget consultation process will be considered in full as part of the review process.

- 4.3.2 The review of the service will include further consultation with current and previous service users. This will provide the opportunity to share their views around their current and previous experience of services to inform the review process. There will be a particular focus on understanding the impact of any proposed options for change that the review identifies in terms of protected characteristics under the Equality Act (2010).
- 4.3.3 Engagement with the workforce will be a crucial element of the review process, supported by staff side partners. As well as having important experience and expertise to inform the review process, there will also be engagement in line with NHS Tayside’s and Dundee City Council’s organisational change policies in terms of impact on individual employees. The review process will also incorporate appropriate clinical risk assessment.

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

6.1 This report has been assessed to identify impacts on strategic risk management. No impact has been identified, either in relation to the strategic risks currently contained within the IJB's strategic risk register or the identification of any additional, emerging risks.

6.2 At this stage, the review has not been completed and therefore no specific risks or impacts can be identified or quantified. The purpose of the review is to develop a detailed understanding of current provision, demand, costs and system dependencies. As such, the risk profile will only become clear once the full analysis has been undertaken.

7.0 CONSULTATIONS

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

8.0 DIRECTIONS

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

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

9.0 BACKGROUND PAPERS

9.1 None

CHRISTINE JONES
Acting Chief Finance Officer

DATE: 20 MARCH 2026

RUSSELL WOOD
Service Manager

Dundee Integration Joint Board Integrated Impact Assessment

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

Document Title	REVIEW OF "THE CORNER" YOUNG PEOPLE'S SERVICE				
Type of document	Policy		Plan	Other- describe	Saving proposal
Date of this Pre-Integrated Impact Assessment Screening	07 March 2026				
Date of last IIA (if this is an update)	N/A				
Description of Document Content & Intended Outcomes, Planned Implementation & End Dates					
To seek approval of the proposal to review "The Corner" Young People services to ensure resources are sustainable and used where they are needed most, with a view to reducing revenue costs. The review aims to address financial pressures while maintaining equitable access and standards of service. If approved the review will commence on 01 April 2026 and it is anticipated will be completed within six months. A final report from the review will then be submitted to the IJB, including a further Integrated Impact Assessment.					
Lead Officer/Document Author (Name, Job Title/Role, Email)					
Christine Jones, Acting Chief Finance Officer, christine.jones58@nhs.scot					
Officer completing Pre-Integrated Impact Assessment Screening & IIA (Name, Job Title/Role, Email)					
Russell Wood, Service Manager, russell.wood@nhs.scot Deborah Syme, Integrated Manager, deborah.syme@nhs.scot					
Job Title of colleagues or name of groups who contributed to pre-screening and IIA					
Kathryn Sharp, Acting Head of Service, Strategic Services.					
Can the IJB report and associated papers be described as any of the following? Indicate Yes or No for each heading. When you answer YES this is an indication that an IIA is needed.	Yes	No			
A document or proposal that requires the IJB to take a decision	x				
A major Strategy/Plan, Policy or Action Plan		x			
An area or partnership-wide Plan		x			
A Plan/Programme/Strategy that sets the framework for future development consents		x			
The setting up of a body such as a Commission or Working Group		x			
An update to an existing Plan (when additional actions are described and planned)		x			

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

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Retirement Pensioner (s).				
Individuals experiencing the following circumstances? Working age unemployment; unskilled workers; homelessness (or potential homelessness); people with serious and enduring mental health conditions; people/families impacted by drug and/or alcohol issues	x			
People (adversely) impacted by the following circumstances: Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services	x			
Offenders and former offenders	x			
Effects of Climate Change or Resource Use				x
Ways that plans might support mitigating greenhouse gases; adapting to the effects of climate change, energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.				x
Transport, Accessible transport provision; sustainable modes of transport.				x
Natural Environment				x
Air, land or water quality; biodiversity; open and green spaces.				x
Built Environment. Built heritage; housing.				x
<p>An IIA is required when YES is indicated at any question in the screening section above. The following IIA pages will provide opportunity to explain how the recommendations in the report impact on the people/areas described above.</p>				
From information provided in Step 1 (Pre-screening) Is an IIA needed?	Y	x	N	
<p>In circumstances when IIA is completed describe the plan made for monitoring the impact of the proposed changes in the report (include how and when IIA will be reviewed)</p>				
Anticipated Date of IJB	31 March 2026		IJB Report Number	DIJB10-2026 Appendix 11
Date IIA completed	20 March 2026			

Dundee Integration Joint Board Integrated Impact Assessment

STEP 2 -Impact Assessment Record

Conclusion of Equality, Fairness and Human Rights Impact Assessment

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

This IIA provides a preliminary assessment of potential impacts on specific groups within the population. Completion of impact assessment will form part of review process as it progresses. An individual IJB Integrated Impact Assessment will be undertaken for future reports to the IJB containing the findings of the review, where any recommendation is being made regarding a change in service, contract or commitment. However, where possible preliminary impact assessment has been included within this Integrated Impact Assessment to indicate where, based on information currently available, it is considered to be likely that the review will impact on specific groups within the population.

Based on service demographics and consultation evidence, the groups most likely to be affected by any recommendations subsequent to a review are: younger people (aged 11 to 25 years); young people experiencing poor mental health and sexual health risks; unpaid carers; care experienced young people; young carers; neurodivergent young people; and young people affected by trauma. Consultation responses demonstrate concern that reduced access would lead to waiting lists and escalation of needs, resulting in poorer outcomes for young people.

Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies. This includes mitigations against any negative impacts through the application of agreed processes, involvement of staff side representatives and protections applied through terms and conditions.

At this point, the information available allows only for high-level consideration of where impacts may arise. Preliminary assessment has therefore been included within this IIA to highlight where, based on early understanding of the scope of the review, it is likely that particular population groups, service users, carers or staff may be affected. These early considerations will be further developed, refined and supplemented as the review progresses and more detailed information becomes available.

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

The IJB Budget Consultation responses from individual responses rated the impact of this saving proposal as low (average score 1.7), organisational respondents rated the impact as low (1.7) and group respondents as low (1.8). This was consistently the lowest impact rating of all proposals across all respondent groups. A significant negative impact (1 or more point higher than the average) was identified for people who reported that they were Bisexual or Other (17 people) responding to the proposal to review The Corner. The impact of this group was 2.7 which is 1.0 greater than the average of 1.7. This should however be treated with caution due to the low number of respondents (17).

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

Date	Activity/Activities	People/groups	By whom
October 2025	Review of data	Individuals who accessed support from The Corner	Integrated Manager
October 2025 – March 2026	IJB budget development sessions included questions and discussion regarding equality and fairness impacts of proposed savings.	IJB members and professional advisors	Chief Officer / Acting Chief Finance Officer
Tuesday 3 rd February 2026 – 3 rd March 2026	IJB Public Budget Consultation Specifically, responses received in relation to section 3 of the survey which focused on negative impacts of saving options and possible mitigations. However, all relevant analysis and information contributed via the consultation has	Members of the public Unpaid carers Third and independent sector health and social care providers	Acting Head of Service, Strategic Services

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Dundee Integration Joint Board Integrated Impact Assessment

	been taken into account within this IIA.	Members of the health and social care workforce	
17 th / 18 th / 19 th / 24 th / 25 th February 2026	Members of the public, including people who use health and social care services and unpaid carers, were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Members of the public Unpaid carers Third and independent sector health and social care providers	Senior Management Team
16 th / 20 th /23 rd February 2026	Third party providers were invited to drop-in to a consultation session and speak to members of the Health and Social Care Partnership's Senior Management Team:	Third and independent sector health and social care providers	Senior Management Team
17 th /20 th /26 th / February 2026 & 2 nd March 2026	Members of HSCP workforce were invited to an online consultation session and speak to members of Health and Social Care Partnership's Senior Management Team:	Members of the health and social care workforce	Senior Management Team
March 2026	Review of equality and fairness statistical information (local and national) and evidence aligned to expenditure and savings proposals. This includes review of the IJB's Strategic Needs Assessment. Additional statistical information regarding current profile of service use.	Strategic Planning and Business Support Team / Quality, Data and Intelligence Team	Acting Head of Service, Strategic Services

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

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

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

Age		Explanation, assessment and potential mitigations
Positive		The Corner is a service for young people aged 11 to 19 years (up to 25 years if vulnerable). The service has a key role in providing confidential and supportive services to this group of young people relating to sexual, mental health and drug and alcohol issues. Any proposals that are recommended at the conclusion of the review process are therefore likely to have a greater impact on young people than other age groups. Respondents to the IJB Budget Consultation highlighted concerns regarding how any
No Impact		
Negative		
Not Known	x	

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Dundee Integration Joint Board Integrated Impact Assessment

		<p>changes to the service following the review would potentially delay the identification of risk amongst young people and lead to escalating needs and increased harm.</p> <p>43% of employees aligned to the HSCP are aged over 50, with 60% of those employees working within frontline social care and nursing posts. Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies.</p> <p>This will be further investigated through the review process including further consultation.</p>
Disability		Explanation, assessment and potential mitigations
Positive		<p>The Corner providers services to all children and young people in the eligible age range, this includes some children and young people with disabilities (physical, sensory and learning disabilities). The service has also identified increased demand from neurodivergent young people. The review process will include considering the needs of children and young people with a range of disabilities and additional support needs and further analysing how any proposed changes to service provision will impact on them.</p> <p>Specific concerns were noted within the IJB Budget Consultation responses regarding the potential impact on neurodivergent young people, who were seen as a particularly vulnerable group who are demonstrating an increasing demand for services.</p>
No Impact		
Negative		
Not Known	x	
Gender Reassignment		Explanation, assessment and potential mitigations
Positive		<p>Due to the role of the service in providing sexual and mental health supports a small number of service users may have undergone gender reassignment or might be seeking support in relation to gender identity issues. The review process will include considering the needs of these children and young people and further analysing how any proposed changes to service provision will impact on them.</p>
No Impact		
Negative		
Not Known	x	
Marriage & Civil Partnership		Explanation, assessment and potential mitigations
Positive		<p>The proposal to review The Corner is not considered to have any direct or indirect relevance to this protected characteristic.</p>
No Impact	x	
Negative		
Not Known		
Pregnancy and Maternity		Explanation, assessment and potential mitigations
Positive		<p>The service provides a number of services relating to pregnancy and maternity for young people. The review process will include considering the needs of young people accessing these elements of the service and further analysing how any proposed changes to service provision will impact on them.</p>
No Impact		
Negative		
Not Known	x	
Sex		Explanation, assessment and potential mitigations
Positive		<p>The service is open to both males and females, however some sex specific services are delivered (for example in relation to pregnancy). The service also provides support services in relation to sexual abuse, violence and exploitation, which population prevalence data demonstrates is overwhelmingly experienced by females. Any proposed changes to these aspects of the service following the review process could have a greater impact on females than males. Please also see Pregnancy and Maternity (above).</p> <p>IJB Budget Consultation responses also highlighted concerns about the potential greater impact on females of any changes to the service that are recommended by the review.</p> <p>Respondents to the IJB Budget Consultation highlighted that unpaid carers might be negatively impacted by any changes to the service following the review. As females make up a higher proportion of unpaid carers than males, there may be a greater impact for them.</p> <p>87% of the health and social care workforce are female. Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies.</p> <p>This will be further investigated through the review process including further consultation.</p>
No impact		
Negative		
Not known	x	

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Religion & Belief		Explanation, assessment and potential mitigations
Positive		Although not significant, a difference in negative impact was identified for people who reported that they had a religion or belief other than Christian or Catholic (23 people) responding to the proposal to review The Corner. The impact for this group was 2.3 which is 0.5 greater than the average of 1.7. This should however be treated with caution due to the low number of respondents.
No Impact		
Negative		
Not Known	x	
Race & Ethnicity		Explanation, assessment and potential mitigations
Positive		Respondents to the IJB Budget Consultation highlighted the need for the review to take account of the need for culturally sensitive sexual health and wellbeing supports. Although not significant (and based on a small sample size) respondents from BME communities did rate the potential negative impact of this saving option higher than other population groups. Although not significant, a difference in negative impact was identified for people who reported that they were from BME groups (21 people) responding to the proposal to review The Corner. The impact for this group was 2.3 which is 0.5 greater than the average of 1.7. This should however be treated with caution due to the low number of respondents.
No Impact		
Negative		
Not Known	x	
Sexual Orientation		Explanation, assessment and potential mitigations
Positive		Due to the role of the service in providing sexual and mental health supports there is a direct link between the availability and delivery of the service and service users' sexual orientation. The review process will include considering the needs of these different groups and further analysing how any proposed changes to service provision will impact on them. A significant negative impact (1 or more point higher than the average) was identified for people who reported that they were Bisexual or Other (17 people) responding to the proposal to review The Corner. The impact for this group was 2.7 which is 1.0 greater than the average of 1.7. This should however be treated with caution due to the low number of respondents (17).
No Impact		
Negative		
Not Known	x	
Describe any Human Rights impacts not already covered in the Equality section above. Describe any Children's Rights impacts not covered elsewhere in this record.		
Following the conclusion of the review any proposals made to the IJB will require to have a Children's Rights Impact Assessment completed as part of the overall Integrated Impact Assessment. The review process will include further consultation and engagement with children and young people to ensure their views are taken into account within the review process and informed any future recommendations to the IJB. Particular aspects of rights that will be considered are the Rights to health, to information and to participation and voice.		

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

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

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

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West End				X
The Ferry				X
Description of impacts on Fairness- . Highlight when one or more area is more likely to be impacted and particularly consider known areas of deprivation.				
<p>The Corner provides a service for the whole of Dundee and is centrally located to ensure ease of access for young people from all areas of Dundee. There is an equity of service for all areas of Dundee. There is a targeted outreach approach to the more deprived areas informed by a needs assessment of the area. This depends on any current issue for example increase in teenage pregnancy in an area. Any proposed changes to this service delivery model following the review process will be considered in terms of potential differential impact across areas of deprivation.</p> <p>Respondents to the IJB Budget Consultation highlighted that children and young people from areas of deprivation are more likely to experience poor sexual and mental health, to have experienced trauma and / or other risks and vulnerabilities relevant to the services delivered by The Corner. Many respondents felt that this should be considered in the review process and inform any recommendations made.</p>				

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

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

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

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

Explanation, assessment and any potential mitigations		
Care Experienced Children and Young People		
Positive		The Corner works in partnership with all agencies in Dundee who deliver care to Care Experienced Young People including The Care Experienced Young People Team, School Nursing, FNP, and Action For Children. It is known that care experienced children and young people experience poorer health outcomes, including in relation to sexual and mental health, and are at greater risk of harm. The review process will include considering the needs of these children and young people and further analysing how any proposed changes to service provision will impact on them.
No Impact		
Negative		
Not Known	X	
Carers/people with Caring Responsibilities (Include Child Care and consider Kinship carers and carers who support a family member or friend without pay)		
Positive		The Corner has a designated Carer's Outreach team who ensure all young carers in Dundee receive a holistic health assessment and ongoing support to address any unmet needs. The review process will include considering the needs of these children and young people and further analysing how any proposed changes to service provision will impact on them.
No Impact		
Negative		
Not Known	X	
Lone Parent Families/Single Female Parent Household with Children		
Positive		The Corner delivers care and support to young people in the Family Nurse Partnership (including lone parents). The review process will include considering the needs of these young people and further analysing how any proposed changes to service provision will impact on them.
No Impact		
Negative		
Not Known	X	
Households including Young Children and/or more than 3 children		
Positive		The proposal is not expected to have any direct or indirect impact on this group.
No Impact	X	
Negative		
Not Known		
Retirement Pensioner (s)		
Positive		The proposal is not expected to have any direct or indirect impact on this group.

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No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	
Serious & Enduring Mental Health Conditions		
Positive	<input type="checkbox"/>	The Corner completes holistic assessments for all young people to identify and address identified needs – this includes mental health. The review process will include considering the needs of young people with significant mental health needs and further analysing how any proposed changes to service provision will impact on them.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input checked="" type="checkbox"/>	
Homeless (risks of Homelessness)		
Positive	<input type="checkbox"/>	The Corner offer support to access relevant housing and follow up with YP to support them in their own tenancies. The review process will include considering the needs of these young people and further analysing how any proposed changes to service provision will impact on them.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input checked="" type="checkbox"/>	
Drug and/or Alcohol issues		
Positive	<input type="checkbox"/>	The Corner works with Hillcrest in the STRIVE project to address drug and alcohol issues in the family situation. The review process will include considering the needs of these young people and further analysing how any proposed changes to service provision will impact on them.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input checked="" type="checkbox"/>	
Offenders and Former Offenders		
Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect impact on this group.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

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

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

Explanation, assessment and any potential mitigations

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

Positive	<input type="checkbox"/>	Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input checked="" type="checkbox"/>	

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

Positive	<input type="checkbox"/>	The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	<input checked="" type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input type="checkbox"/>	

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

Positive	<input type="checkbox"/>	Any potential impacts on the workforce associated with the outcome of the review process will be subject to agreed organisational change policies.
No Impact	<input type="checkbox"/>	
Negative	<input type="checkbox"/>	
Not Known	<input checked="" type="checkbox"/>	

Connectivity / Internet Access/ Digital Skills

Positive	<input type="checkbox"/>	The proposed review may include exploring alternative digital models of service delivery and
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No Impact		associated impacts regarding digital exclusion will require to be considered as part of the review process.
Negative		
Not Known	x	
Health (including Mental Health) Specifically consider any impacts to Child Health		
Positive		See section on Serious and Enduring Mental Health (above).
No Impact		
Negative		
Not Known	x	
Life expectancy		
Positive		The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Healthy Weight/Weight Management/Overweight / Obesity		
Positive		The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Neighbourhood Satisfaction-Neighbourhood satisfaction is linked to life satisfaction and wellbeing		
Positive		The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Transport (including accessible transport provision and sustainable modes of transport)		
Positive		The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
NOW COMPLETE THE <u>CONCLUSION OF EQUALITY AND FAIRNESS IMPACT ASSESSMENT</u> AT THE START OF STEP 2		

Environment- Climate Change		
Mitigating Greenhouse Gases and/or Adapting to the Effects of Climate Change		
Positive		The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Resource Use		
Energy Efficiency and Consumption		
Positive		The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		
Not Known		
Prevention, Reduction, Re-use, Recovery, or Recycling of Waste		
Positive		The proposal is not expected to have any direct or indirect relevance to this factor.
No Impact	x	
Negative		

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

There is a requirement to assess plans that are likely to have significant environmental effects. Strategic Environmental Assessment provides economic, social and environmental benefits to current and future generations. Visit <https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/>

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

As Corporate Risk is addressed and recorded in IJB reports and it is not reported on this record. (See IJB report.)

End of Impact Assessment Record.