

# Budget Consultation



## Savings Options Information – 14 February 2025

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

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

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

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

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

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

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

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

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

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

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

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

- Reducing the level of funding provided to third sector organisations by up to 10% in the following areas (£1 million in total across all services from total contract value of £51 million):
  - Services providing support to unpaid carers.
  - Services providing enablement support for people with a learning disability and autism.
  - Services providing mental health and wellbeing supports.
  - Third sector infrastructure and capacity building services.
  - Services providing support for older people.
  - Services providing support for people who use drugs and alcohol.
  - Services providing independent advocacy.
  - Support services for people who are homeless or at risk of homelessness.
  
- Not providing any additional funding to third and independent sector organisations to meet rising costs of pay and other expenses. This includes not providing any extra money to help providers meet the increased costs of employers National Insurance contributions following recent decisions by the United Kingdom Government.

Please note that some providers will receive a small increase to fund the costs of the Adult Social Care pay increase in line with Scottish Government policy – this will only go to providers who meet the nationally set criteria (focused on job roles that provide direct social care support to people).

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

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

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

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

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

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

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

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

Reserves are the money the IJB has set aside in previous years that can be used later for specific agreed projects or to meet unexpected costs. The IJB has previously agreed to set aside £3 million in reserves to help fund transformation activity. Transformation activity focuses on redesign services to improve the quality of care and support, whilst also making sure that resources are being used in the best possible way. Often this involves a "spend to save" approach where funds are made available on a short-term basis to test a new way of delivering a service or to purchase new equipment, such as digital devices, that will allow this new way of working to be adopted in the future. The expectation is normally that the initial investment will result in a service delivery model that costs less to provide in the future and therefore generates a long-term saving to the IJB to help it to balance its budget.

It is proposed that the IJB's transformation reserve is reduced from £3 million to £2 million in 2025/26. This will mean that there is less funding available to support transformation projects over the next year. This might affect the amount or the

speed of transformation projects that can be undertaken during the year, also slowing down any positive impacts these projects could have on the quality of care and support available.

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

## **6. Closing the Homeopathy Service for Tayside.**

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

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

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

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

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

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

The Partnership's Community Meals Service delivers meals twice each day, lunch and tea, including hot meal options at both delivery times. This is a chargeable service however, the amount charged for the Meals Service (£4.40) is around half of the actual cost of providing the service. Since the COVID-19 pandemic demand for the service has reduced significantly – in 2020 just over 180,000 chargeable meals

were provided and this has steadily reduced to the current expected level of around 80,000 meals in 2024/25. Reductions in demand have mainly been because there has been an increase in the number of alternative providers who can provide and deliver meals at a more competitive price.

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

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

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

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

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

Dundee City Council is responsible for agreeing the charges for social care services, however the IJB can ask it to consider proposals for changes to charges. To contribute to closing the budget gap it is proposed that the Health and Social Care Partnership works with Dundee City Council to undertake a further review of chargeable social care services. This will include considering which services should be charged for, whether charges fully reflect the actual cost of delivering the service, and the percentage of their income a person should keep and the percentage that should go towards the cost of paying for care. The review will also focus on making sure that charges are fair and equitable, including that there are not unjustifiable differences between charges made for people who receive their care and support in Dundee and people who receive services outwith Dundee.

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

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

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

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

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

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

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

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

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

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

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