# Results Report

## March 2025

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# 1. Introduction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

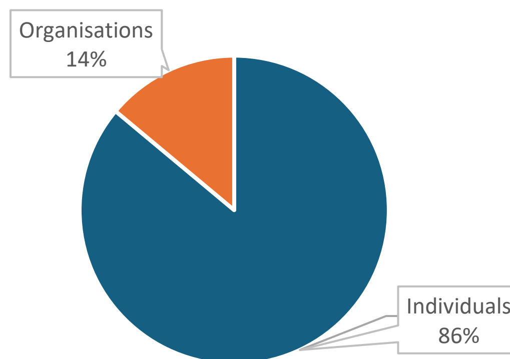
# 2. Section 1 – About you....

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

## 2.1 Question 1

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

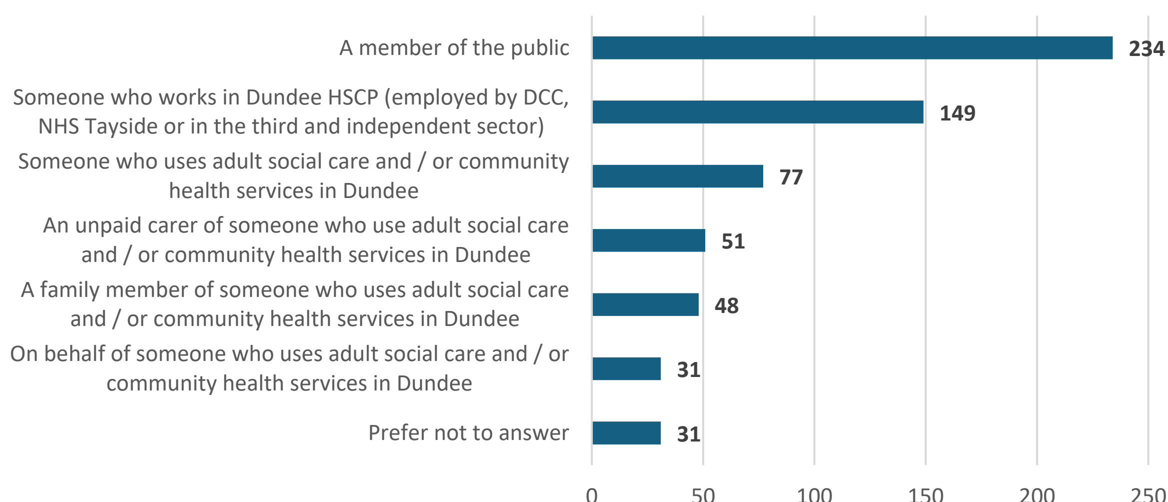
**Chart 1**: Breakdown of individual respondents and those responding on behalf of an organisation (560 respondents)



## 2.2 Question 2

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

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



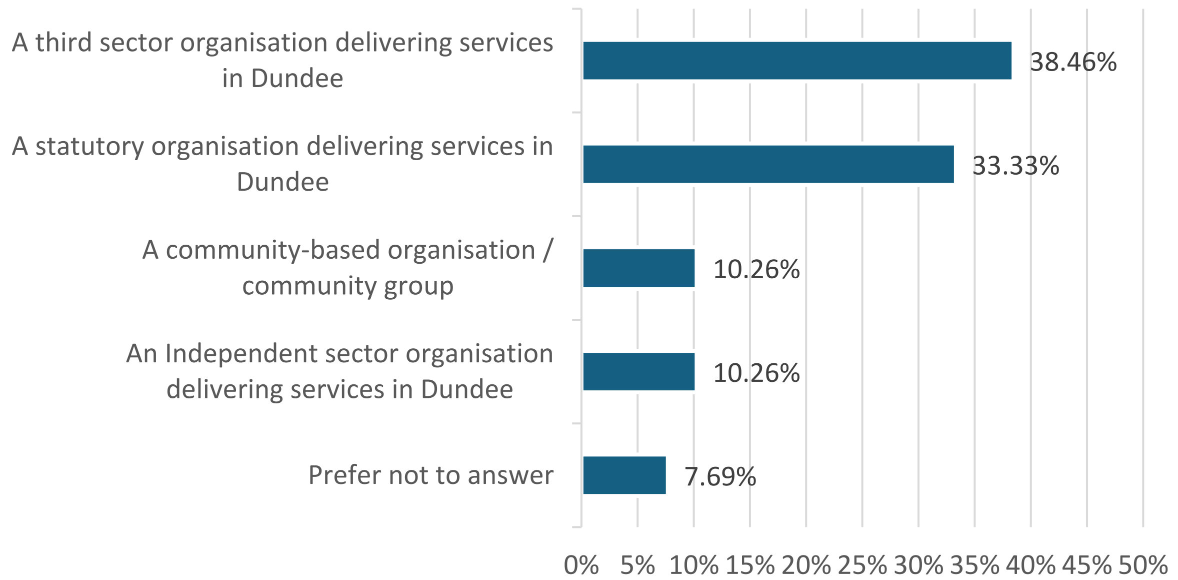

Each respondent could choose more than option, of the 482 respondents:

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

## 2.3 Question 3

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

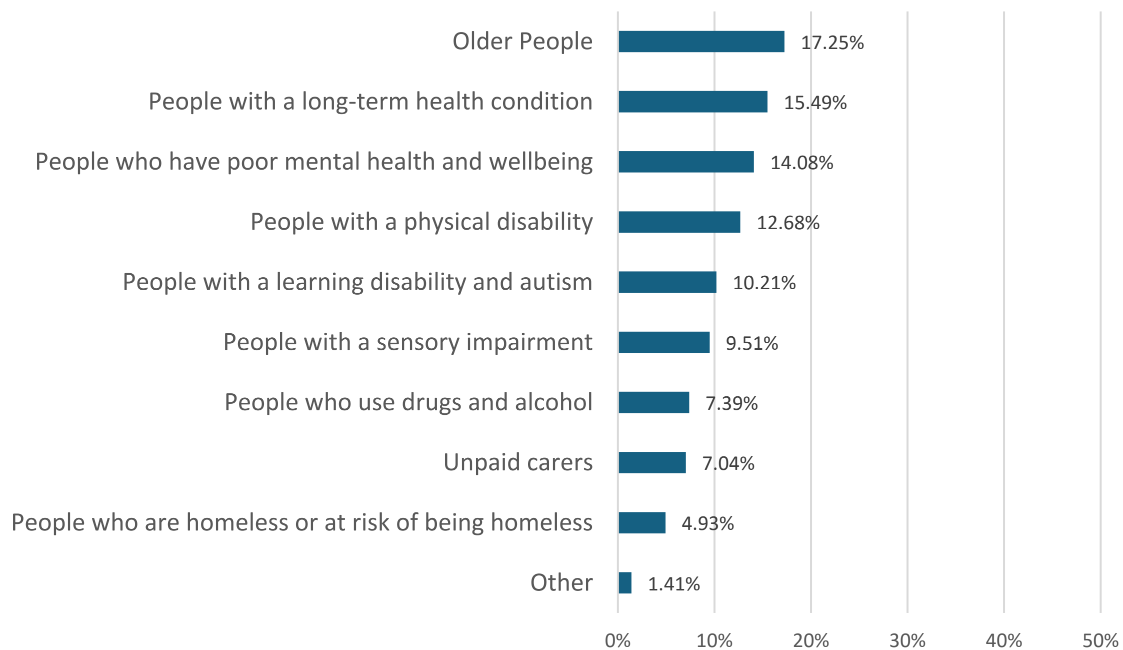
**Chart 3**: Type of Organisations (78 respondents)



## 2.4 Question 4

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

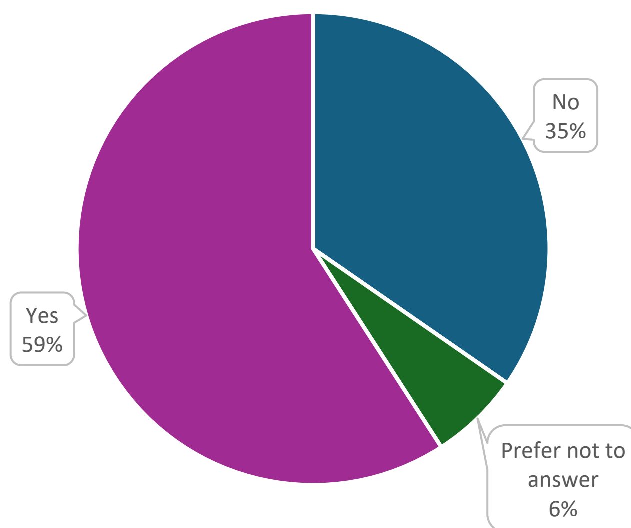
**Chart 4**: Groups of people organisations focus on (78 respondents)



## 2.5 Question 8

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

**Chart 5**: Resident in Dundee (482 respondents)



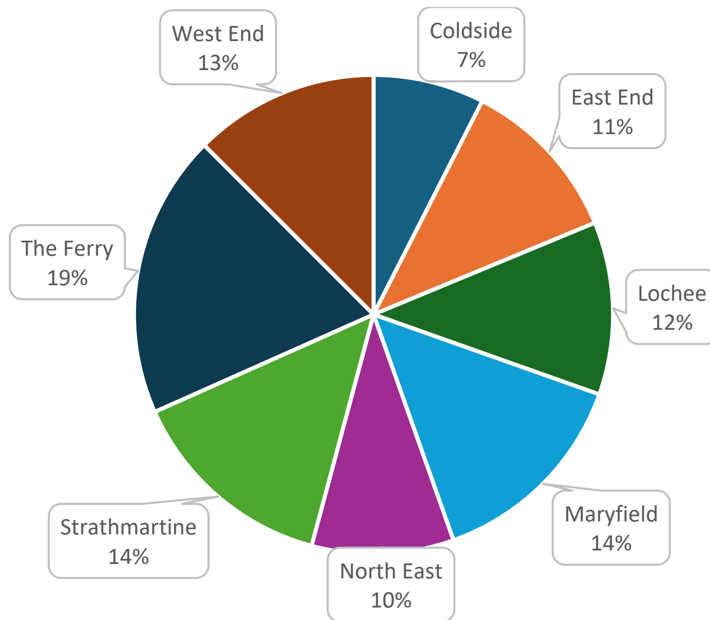

## 2.6 Question 9

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

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

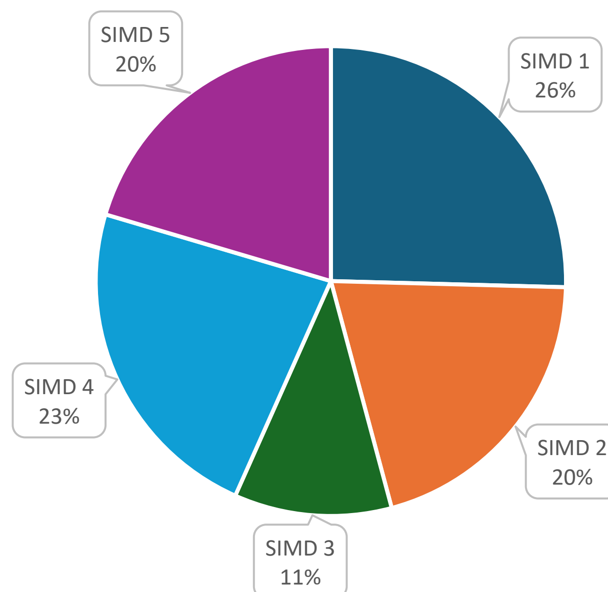
When looking at the Dundee City postcodes in more detail there were responses from all Local Community Planning Partnerships (electoral wards) in Dundee City. As can be seen in the chart below nearly a fifth (19%) of postcodes were in The Ferry. Strathmartine, Maryfield, the West End, Lochee and the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

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




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

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

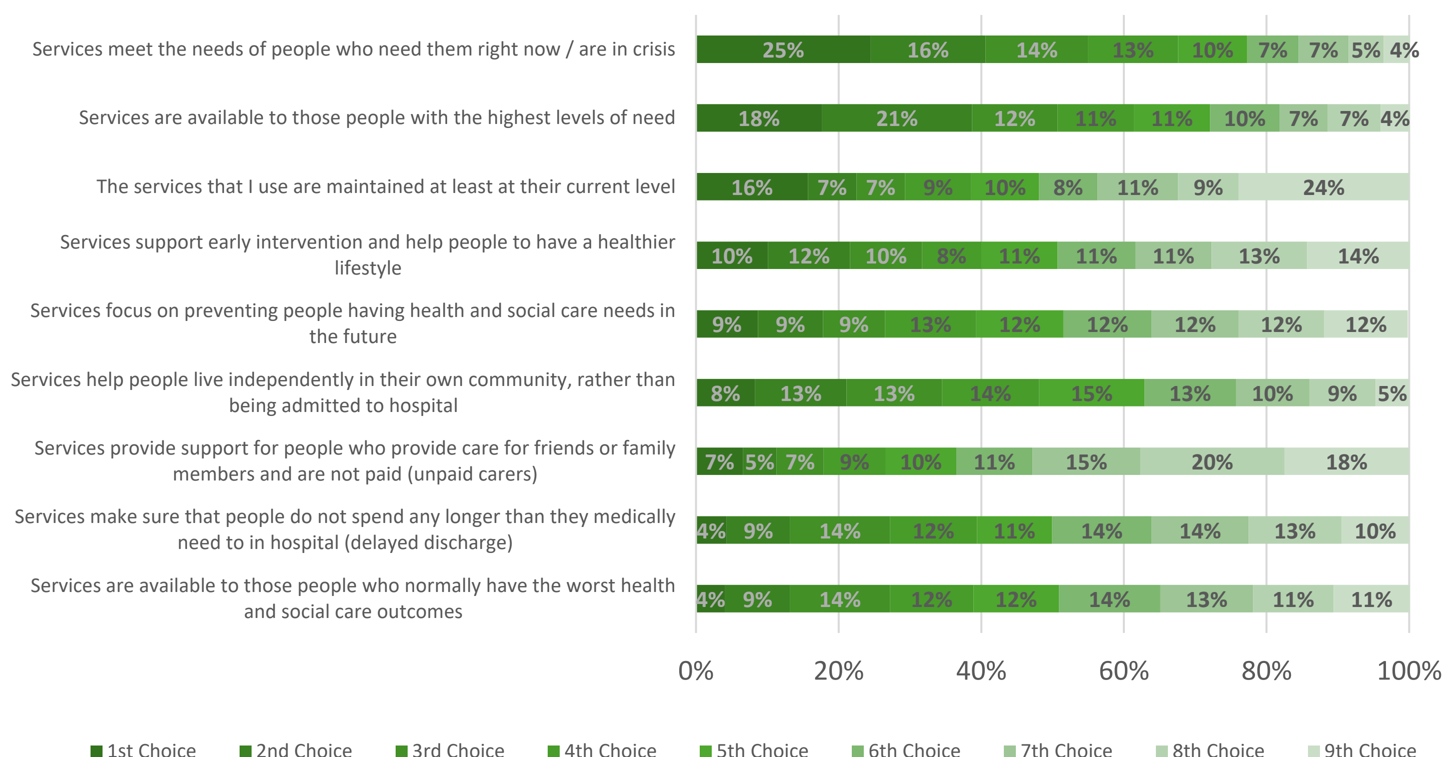


# 3. Section 2 – What is most important to you...?

## 3.1 Question 21

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

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




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

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

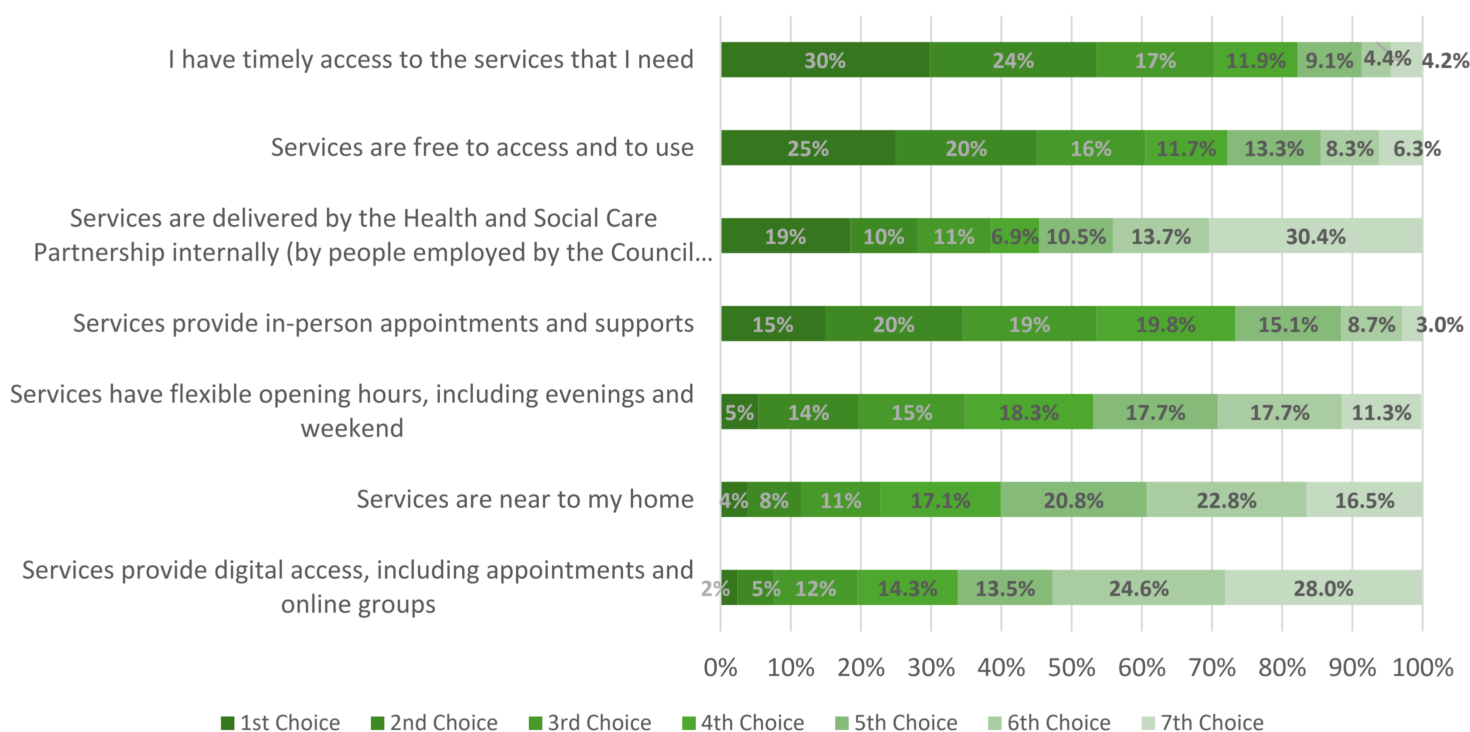
Analysis of factors which were most commonly placed in respondents bottom 3 selection shows that the following options were given the least priority by respondents:

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

## 3.2 Question 22

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

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




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

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

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

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

# 4. Section 3 – Balancing the Budget

## 4.1 Question 23

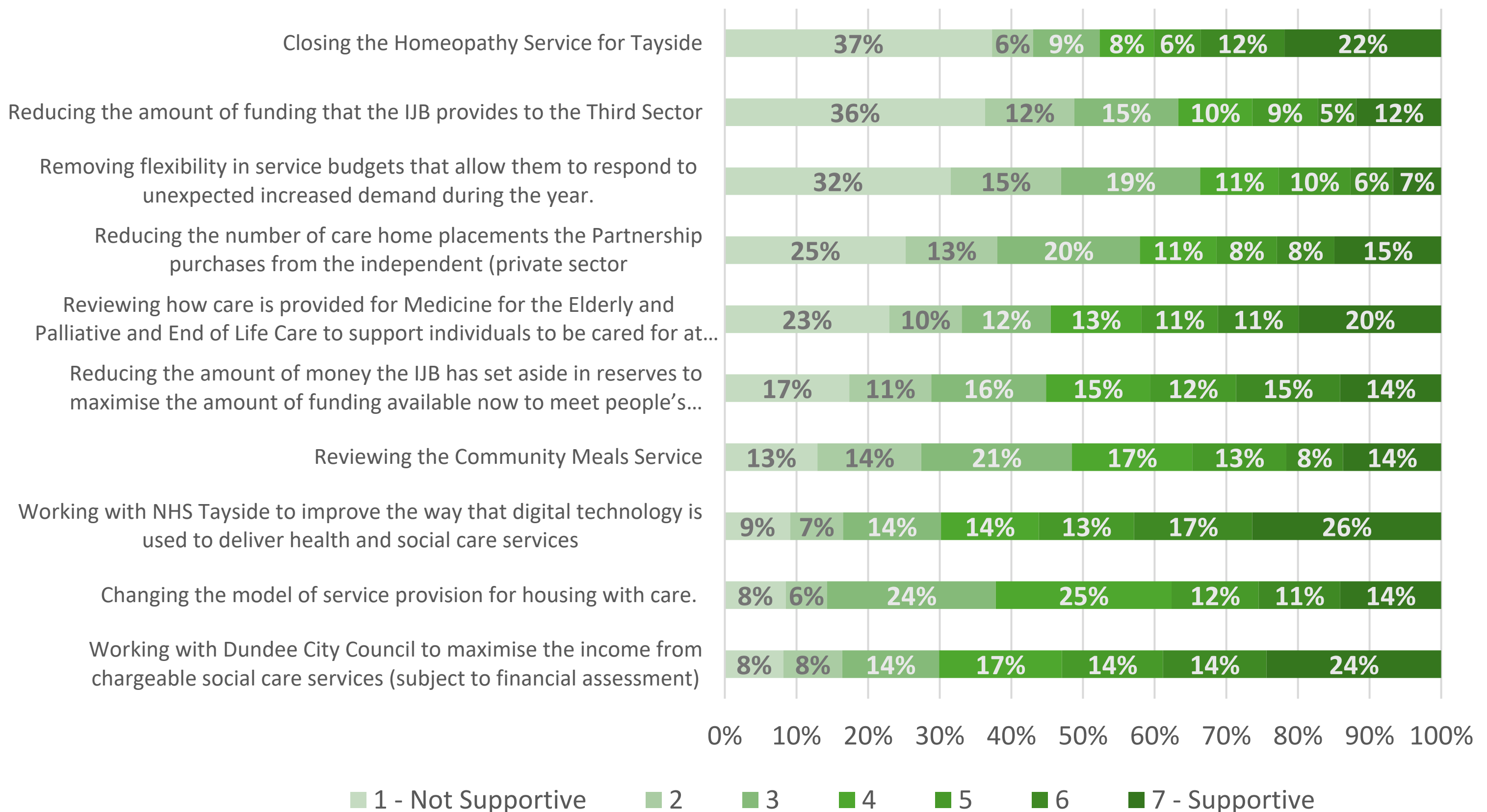
Question 23 asked respondents to indicate their level of support for several saving options put forward by officers. Respondents were asked to rate each option on a scale of 1 to 7, where 1 is not supportive and 7 is supportive. The statements were:

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

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

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

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




## 4.2 Question 24

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

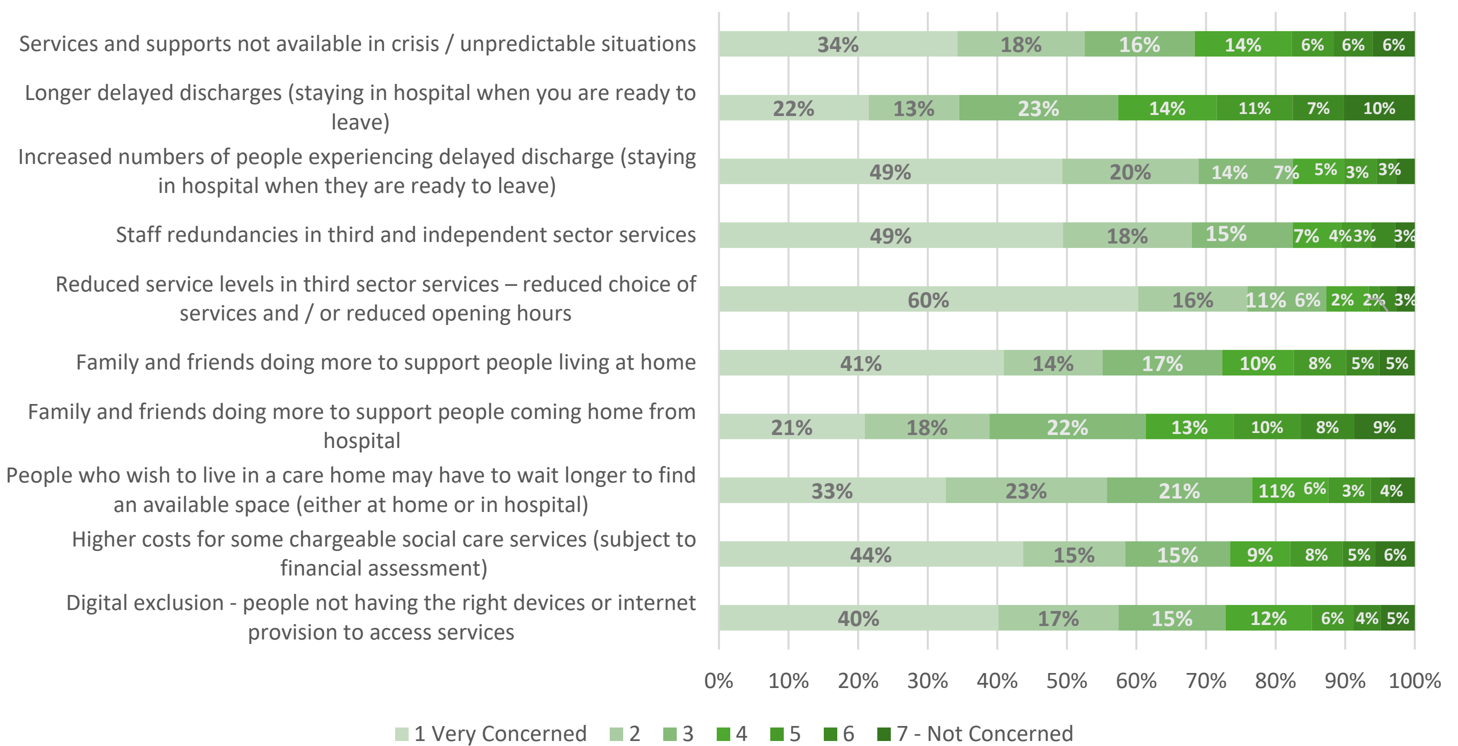
- Family and friends doing more to support people living at home.
- Family and friends doing more to support people coming home from hospital.
- Higher costs for some chargeable social care services (subject to financial assessment).
- Increased numbers of people experiencing delayed discharge (staying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

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

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

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

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



# 5. Section 4 – Impact on you...

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

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

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

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

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

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

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

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

### Question 25 How would this impact on you?

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

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

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

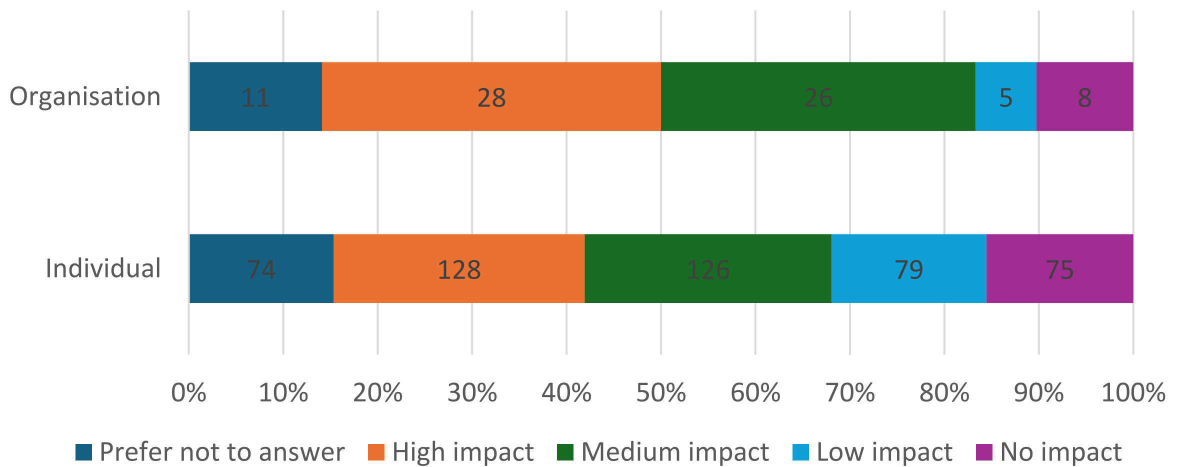
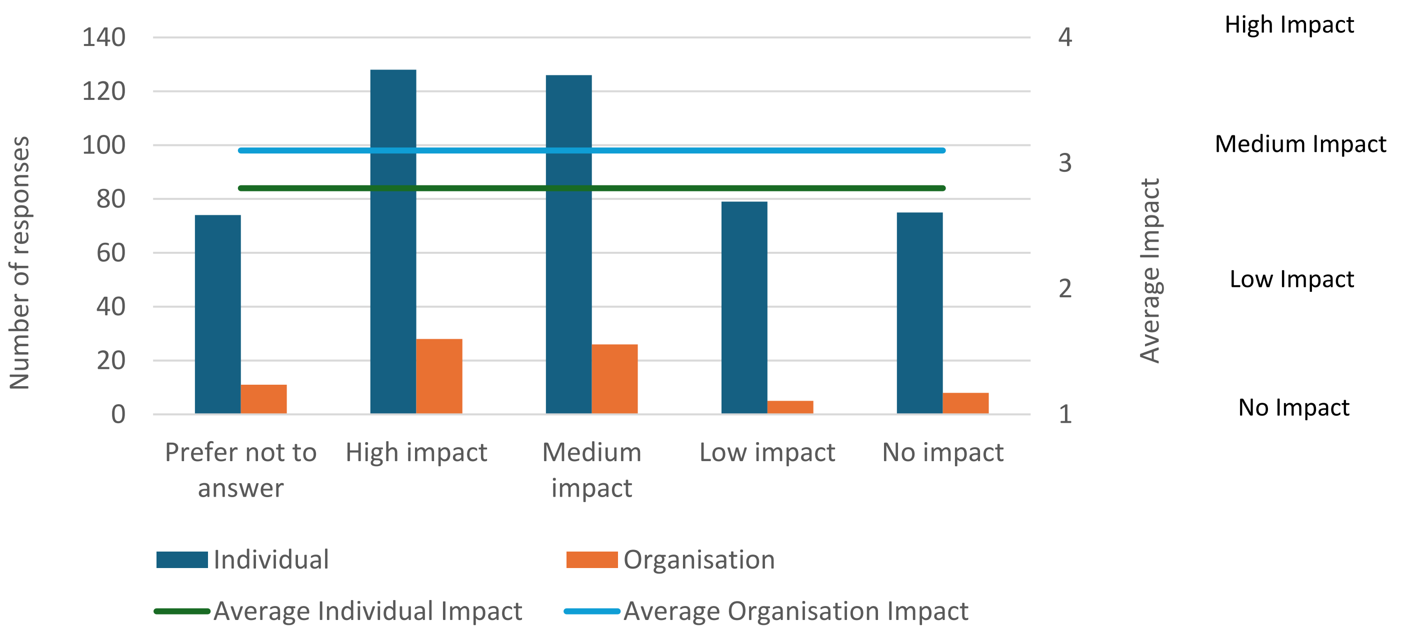



**Chart 13**: Impact of removing flexibility by level of impact



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

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

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

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

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

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

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

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

### Question 27 How would this impact on you?

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

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

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

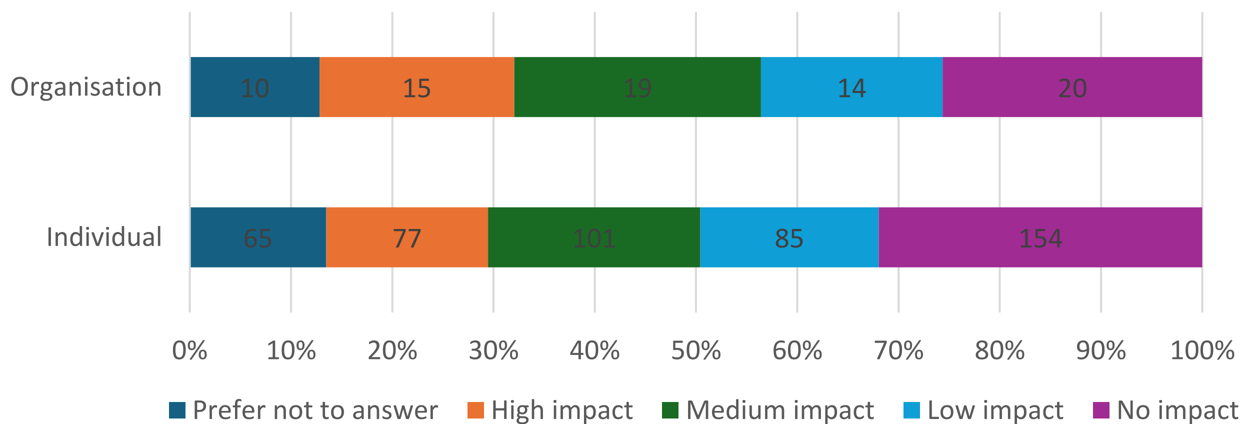
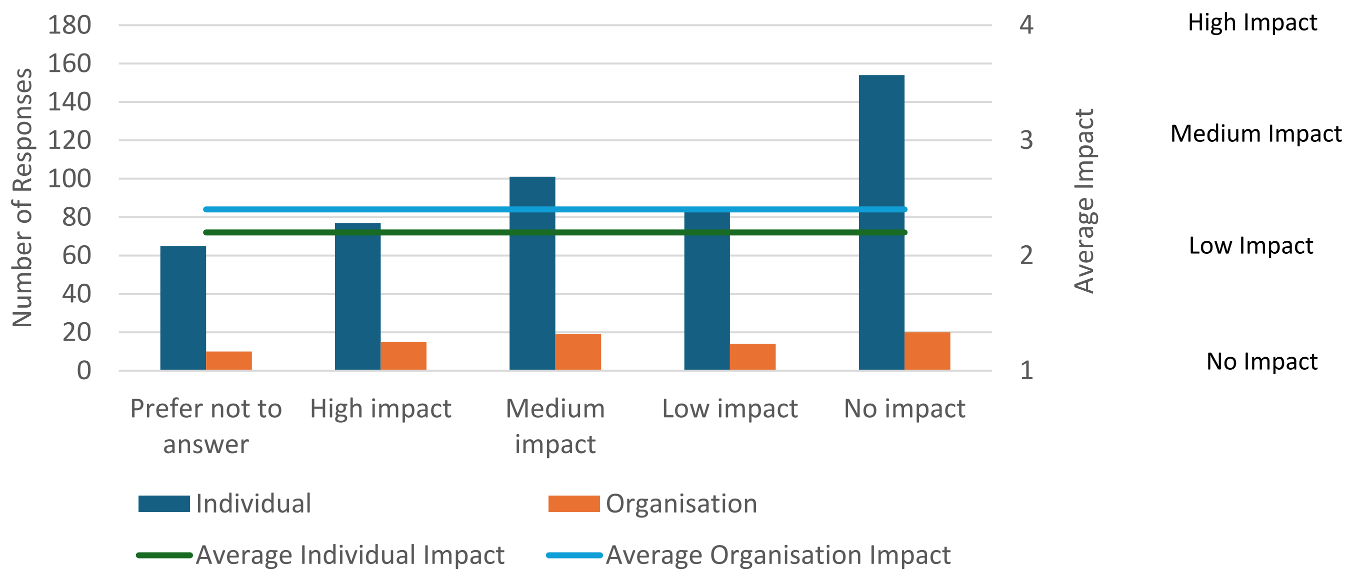


**Chart 15**: Impact of reducing the number of care home placements by level of impact




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

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

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

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

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

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

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

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

### Question 29 How would this impact on you?

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

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

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

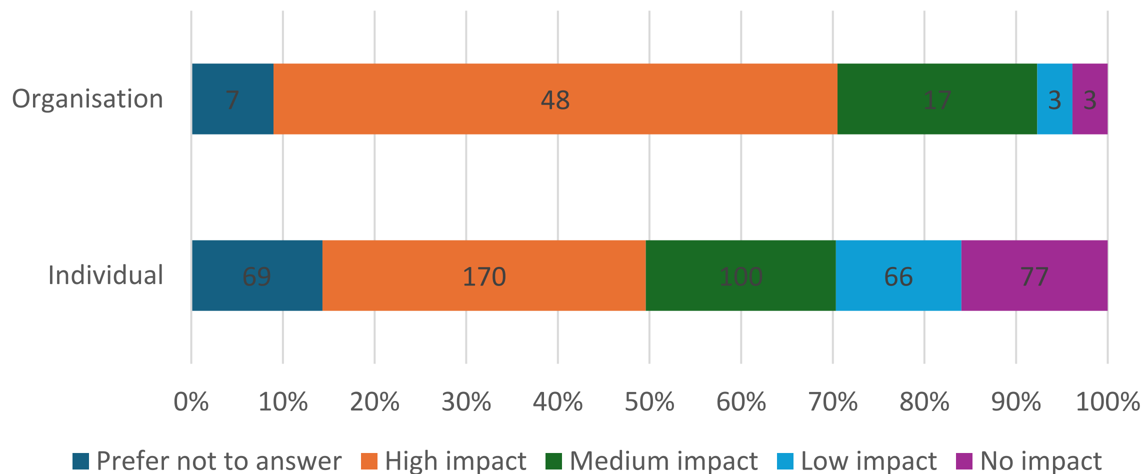
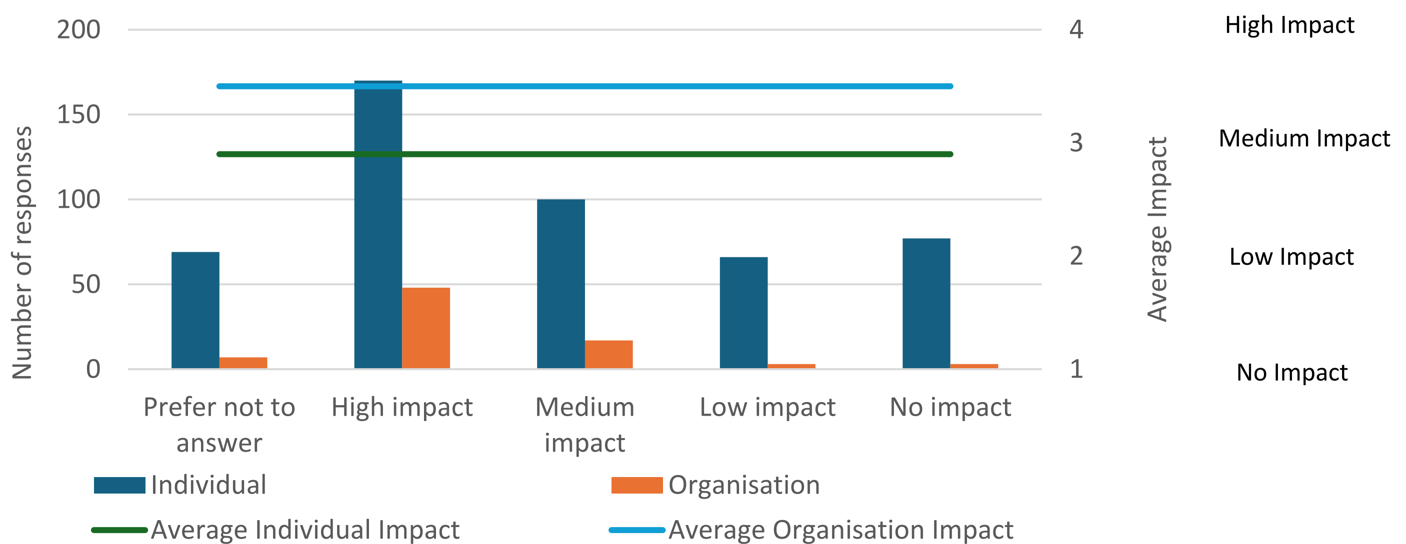



**Chart 17**: Impact of reducing the amount of funding to Third Sector by level of impact




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

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

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

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

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

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

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

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

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

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

Additional sector specific feedback is summarised below:

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

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

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

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

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

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

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

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

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

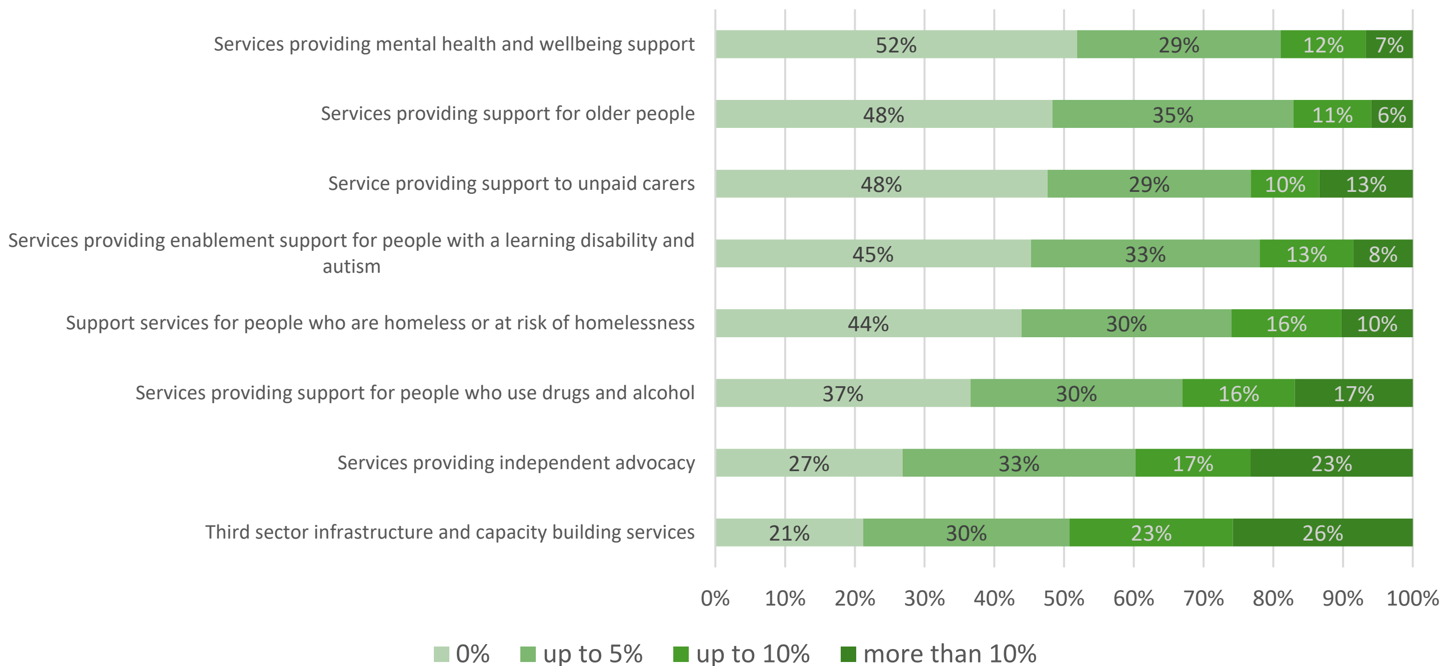
## Question 31 If the IJB were to reduce the level of funding for third sector organisations working in the following areas, what level of reduction would you support?

There were 508 responses to this question.

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

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

**Chart 18**: % level of funding reduction respondents supported




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

### Question 32 How would this impact on you?

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

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

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

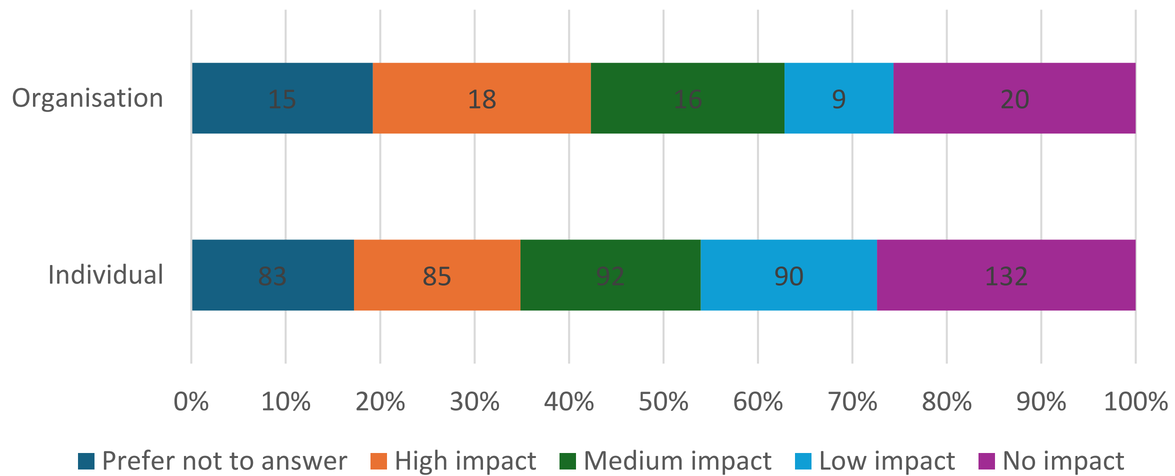
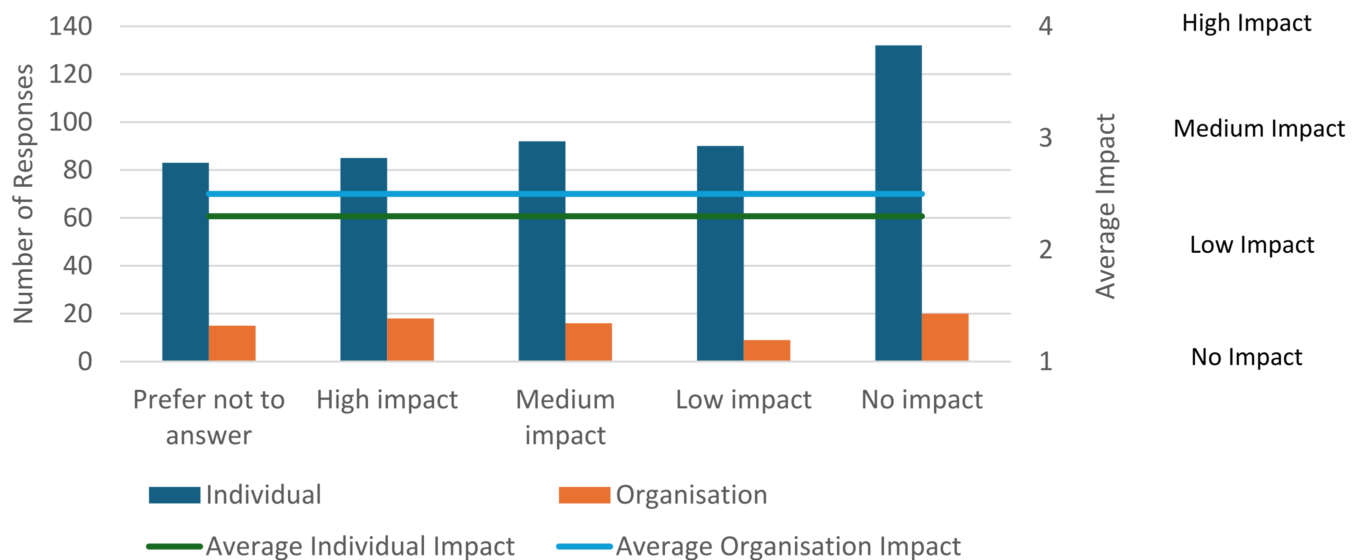



**Chart 20**: Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care by level of impact




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

Palliative and End of Life Care (PEOLC)

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

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

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

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

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

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

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

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

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

Medicine for the Elderly

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

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

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

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

### Question 34 How would this impact on you?

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

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

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

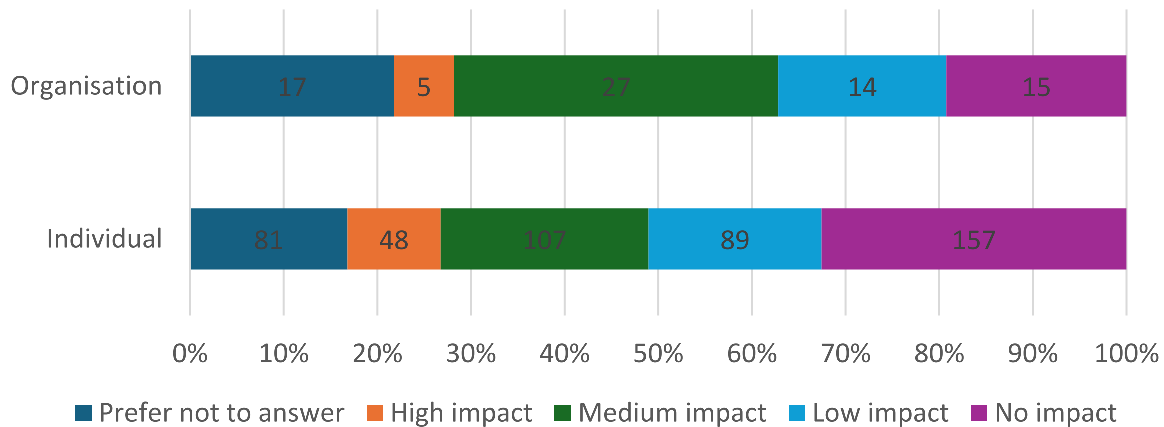
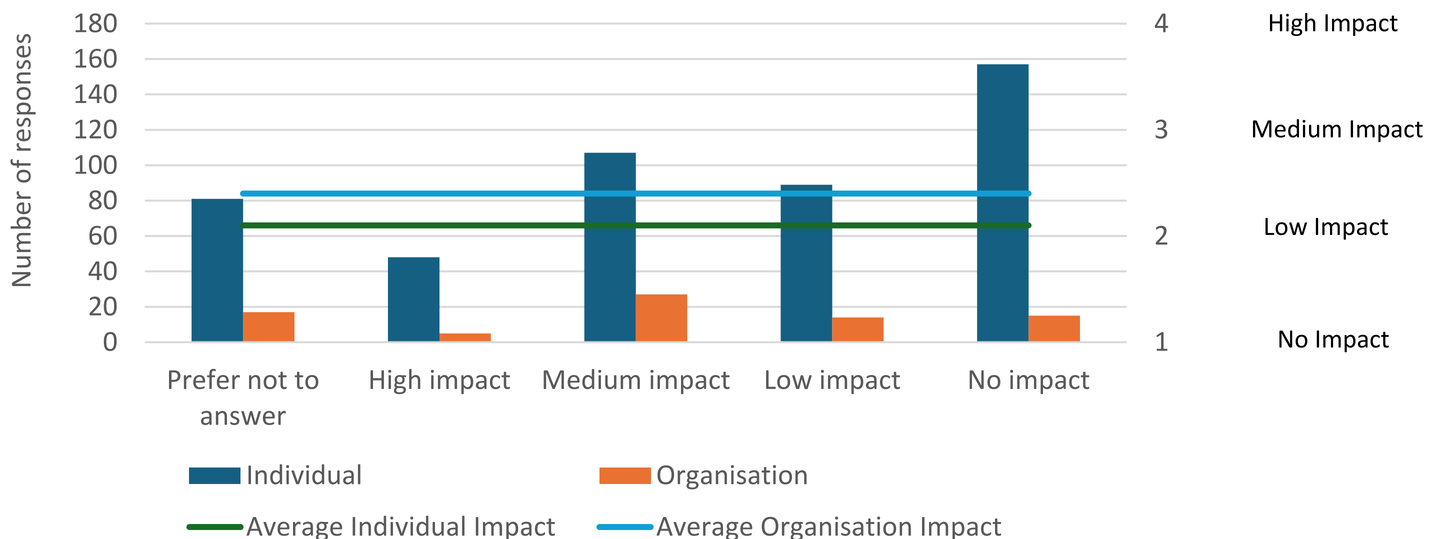



**Chart 22**: Reducing the amount of money the IJB has set aside in reserves by level of impact




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

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

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

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

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

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

## 5.6 Closing the Homeopathy Service for Tayside.

### Question 36 How would this impact on you?

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

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

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

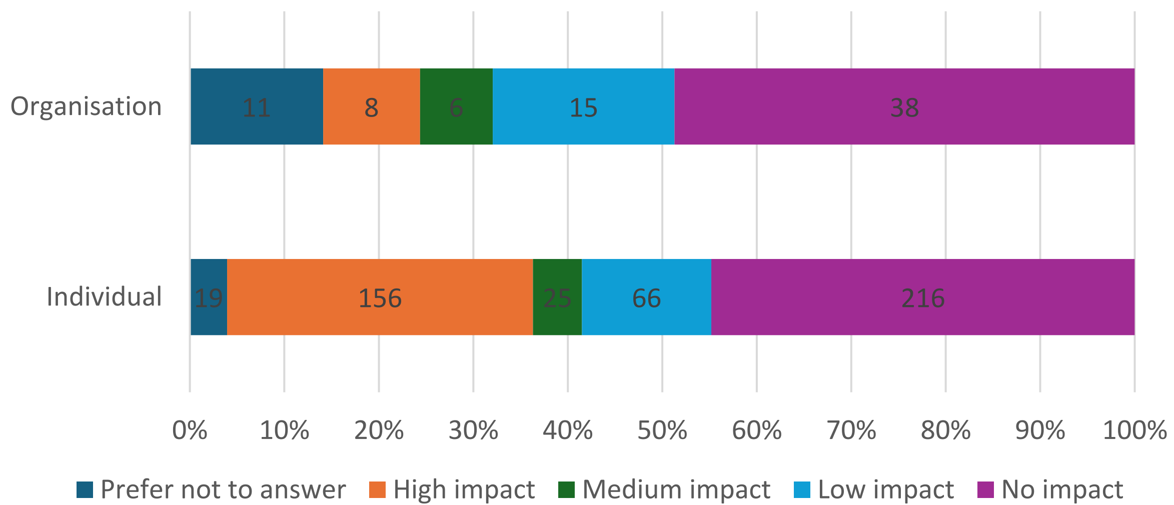
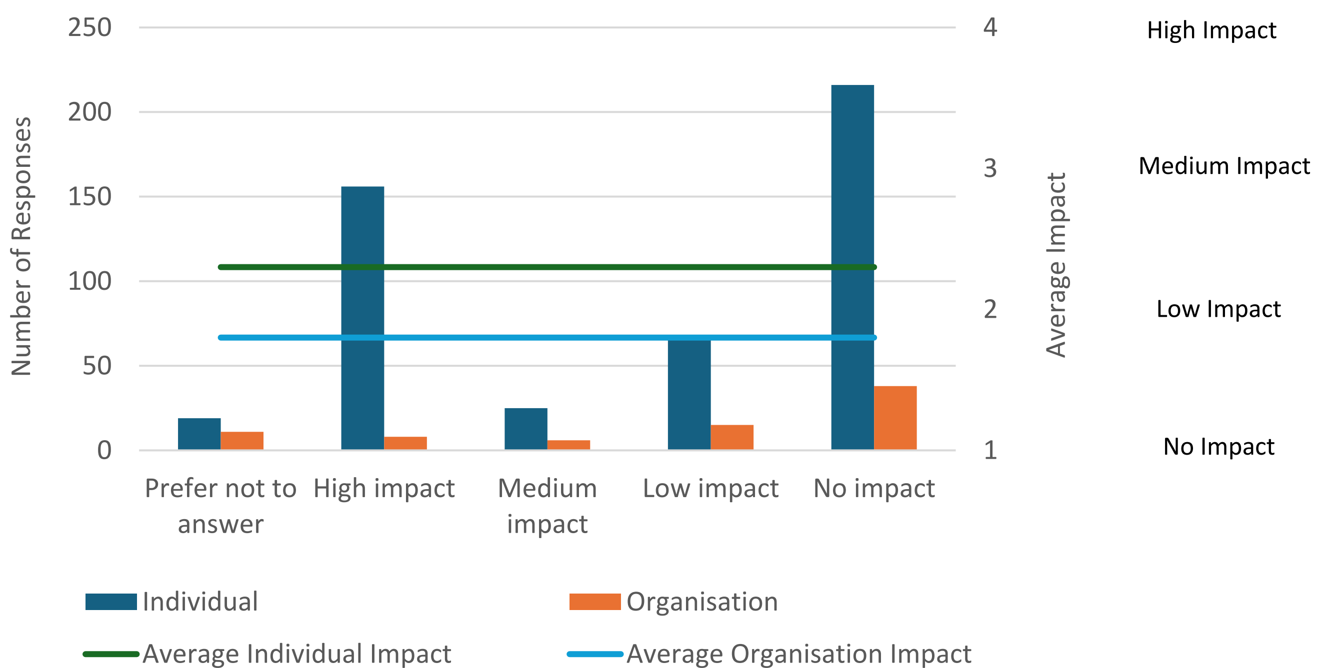



**Chart 24**: Closing the Homeopathy Service for Tayside by level of impact




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

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

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

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

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

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

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

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

### Question 38 How would this impact on you?

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

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

**Chart 25**: Reviewing the Community Meals Service by respondent type

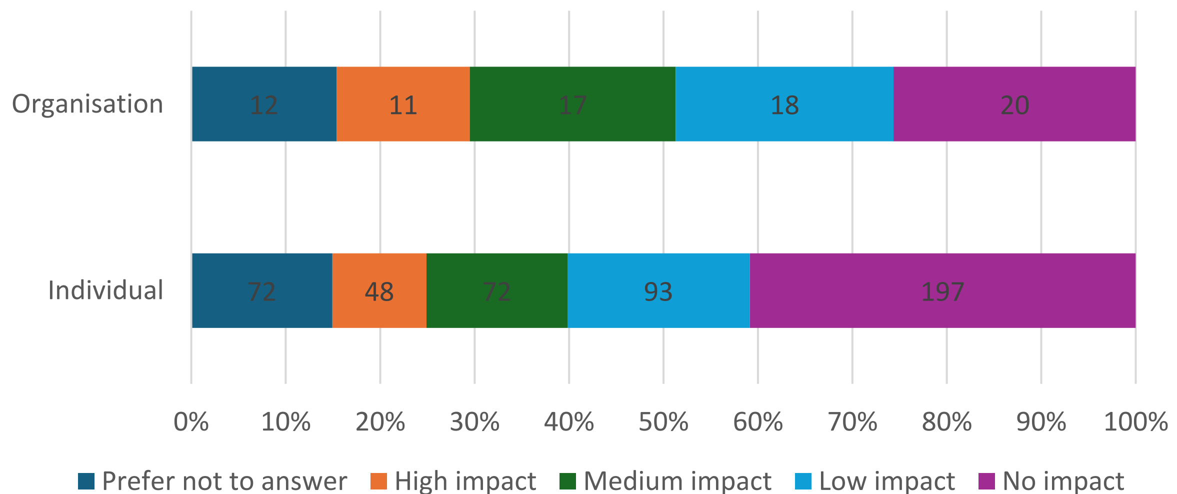
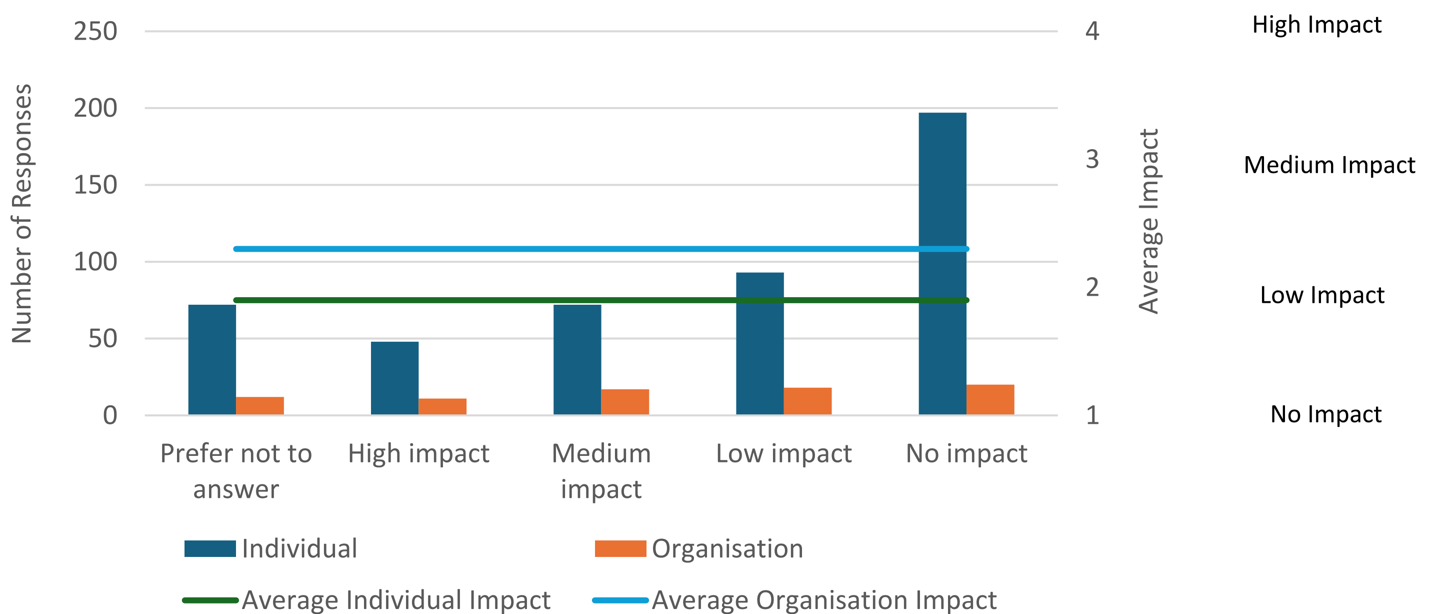



**Chart 26**: Reviewing the Community Meals Service by level of impact



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

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

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

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

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

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

### Question 40 How would this impact on you?

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

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

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

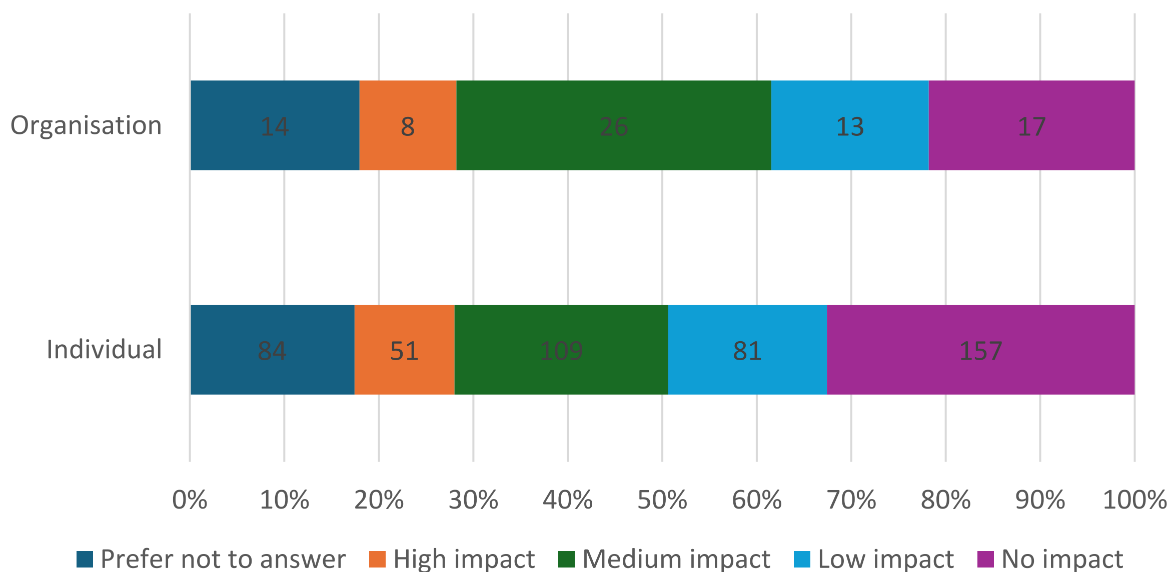
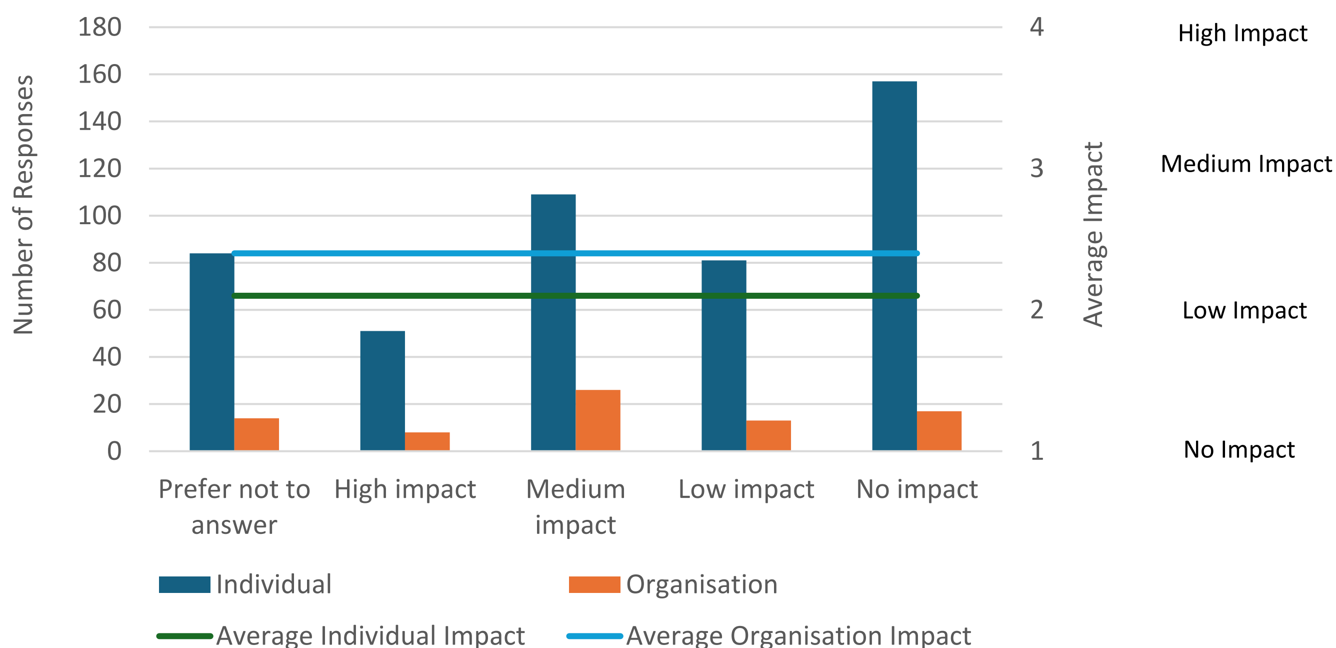


**Chart 28**: Maximising income from chargeable social care services by level of impact




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

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

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

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

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

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

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

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

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

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

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

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

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

### Question 42 How would this impact on you?

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

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

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

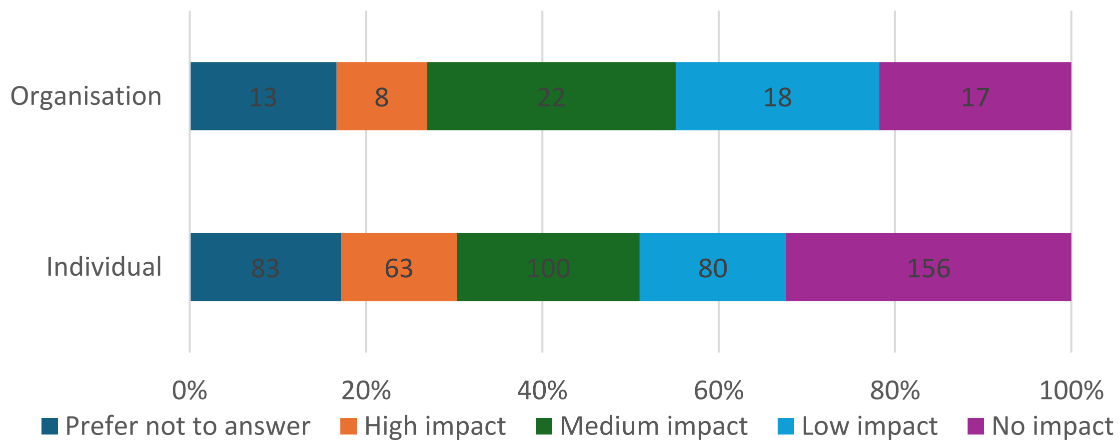
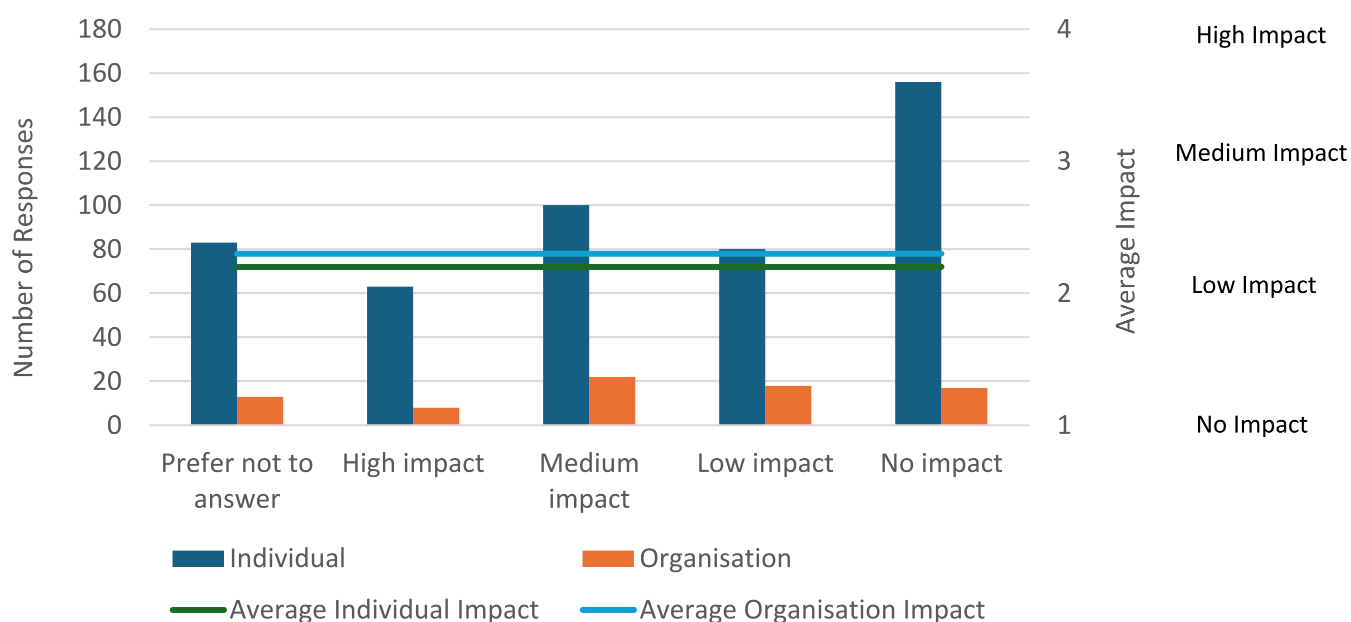


**Chart 30**: Improving the way digital technology is used by level of impact




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

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

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

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

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

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

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

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

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

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

### Question 44 How would this impact on you?

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

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

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

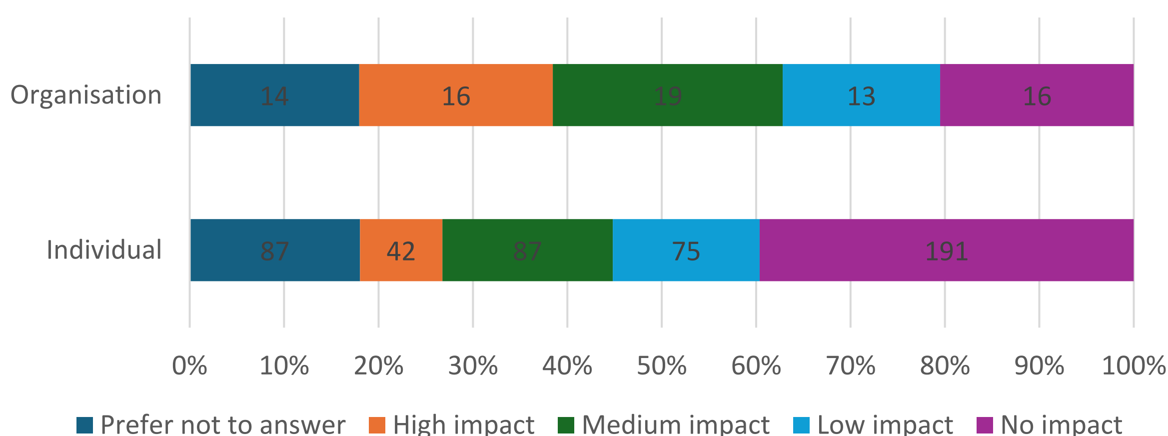
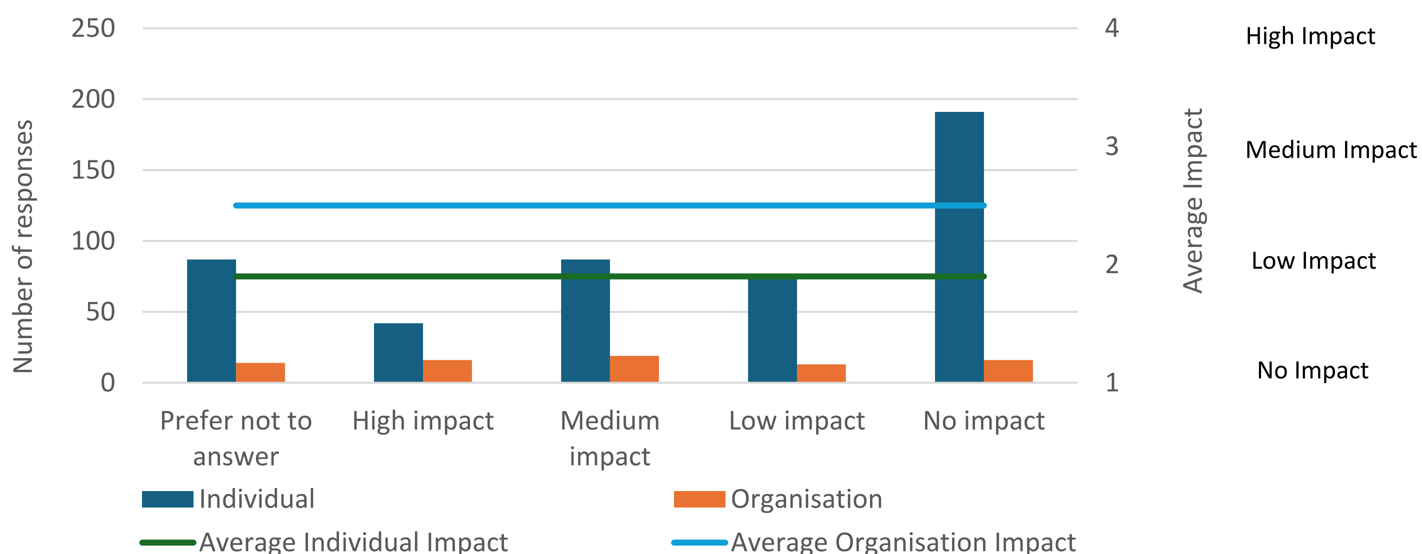



**Chart 32**: Changing the model of service provision for housing with care by level of impact




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

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

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

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

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

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

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

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

## 6.1 Question 45

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

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

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

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

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

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

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

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

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

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

## 6.2 Question 46

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

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

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

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

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

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

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

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

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

# 7. Impacts for Specific Groups or Areas

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

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

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

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

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

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

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

## 7.1 Summary of Highest Ranked Impacts for Specific Groups

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

**Chart 33**: Summary of highest ranked impacts for specific groups

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

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

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

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

[3] Scottish Index of Multiple Deprivation
[4] Local Community Planning Partnership (electoral ward)

## 7.2 Summary of Variation from Average Impact for Specific Groups

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

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

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

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

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

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

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

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

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

[6] Scottish Index of Multiple Deprivation
[7] Local Community Planning Partnership (electoral ward)

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

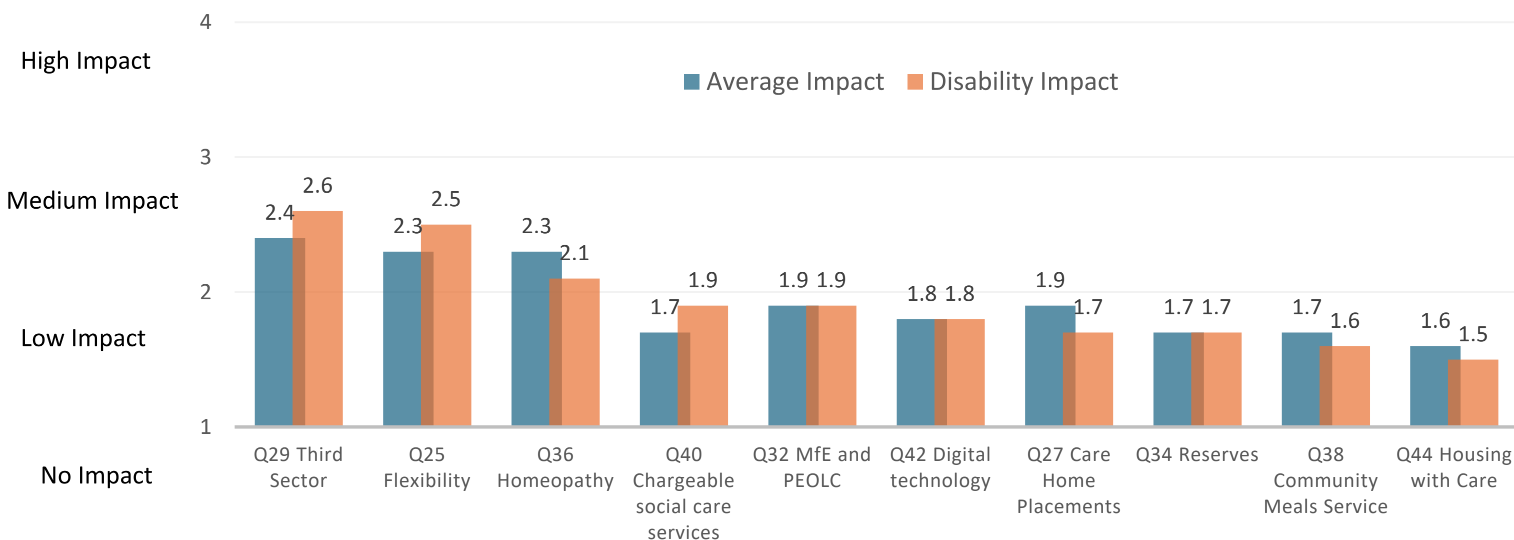
More information on saving options with a variation of 0.5 or more can be found in the sections below.

## 7.3 Protected Characteristics

### 7.3.1 Disability

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

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




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

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

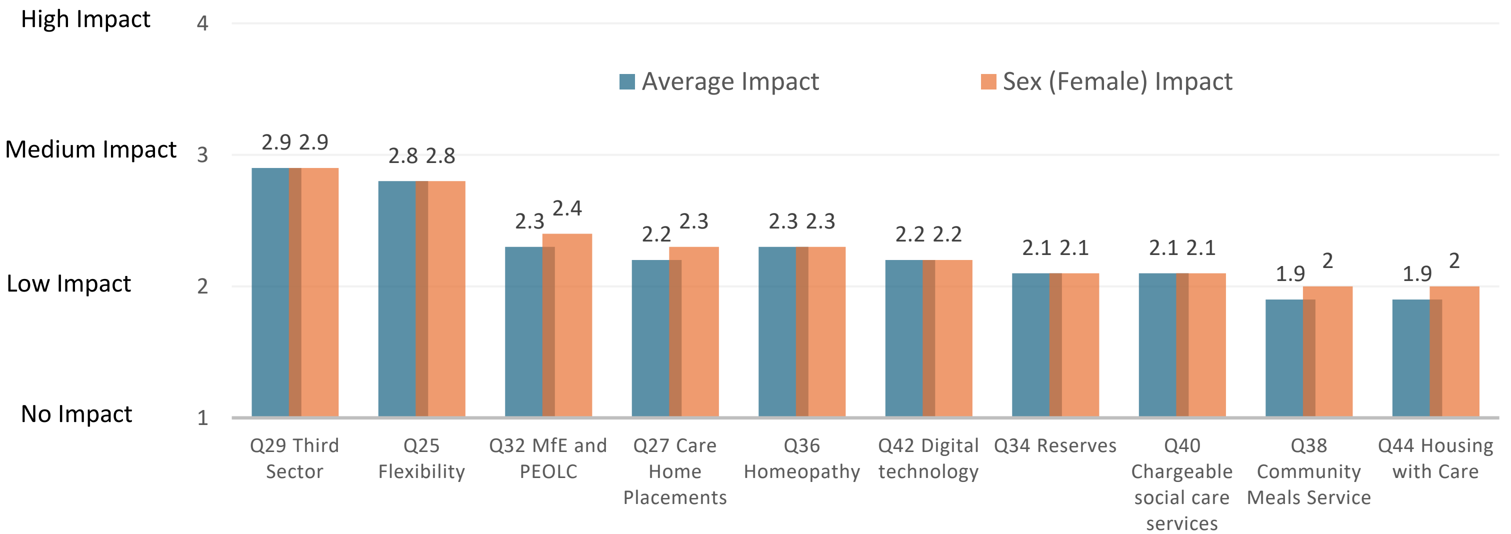
**There were no saving options with differences in average impact rating between people who stated that they have a disability and the overall individual survey sample average of 0.5 or more.**

### 7.3.2 Sex

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

*Females*

**Chart 36:** Average impact for female respondents



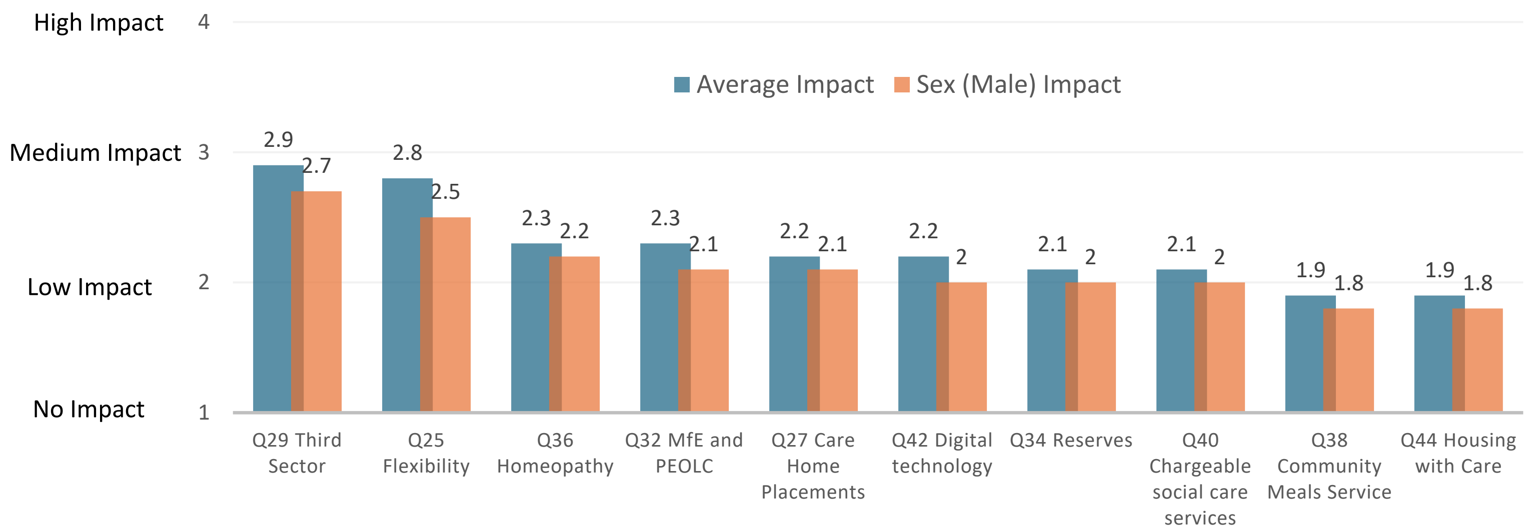

The saving options with the highest average impact rating for females were:

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

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

*Males*

**Chart 37**: Average impact for male respondents




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

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

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

### 7.3.3 Gender reassignment

Unable to further analyse due to small numbers.

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

### 7.3.4 Being pregnant or on maternity leave

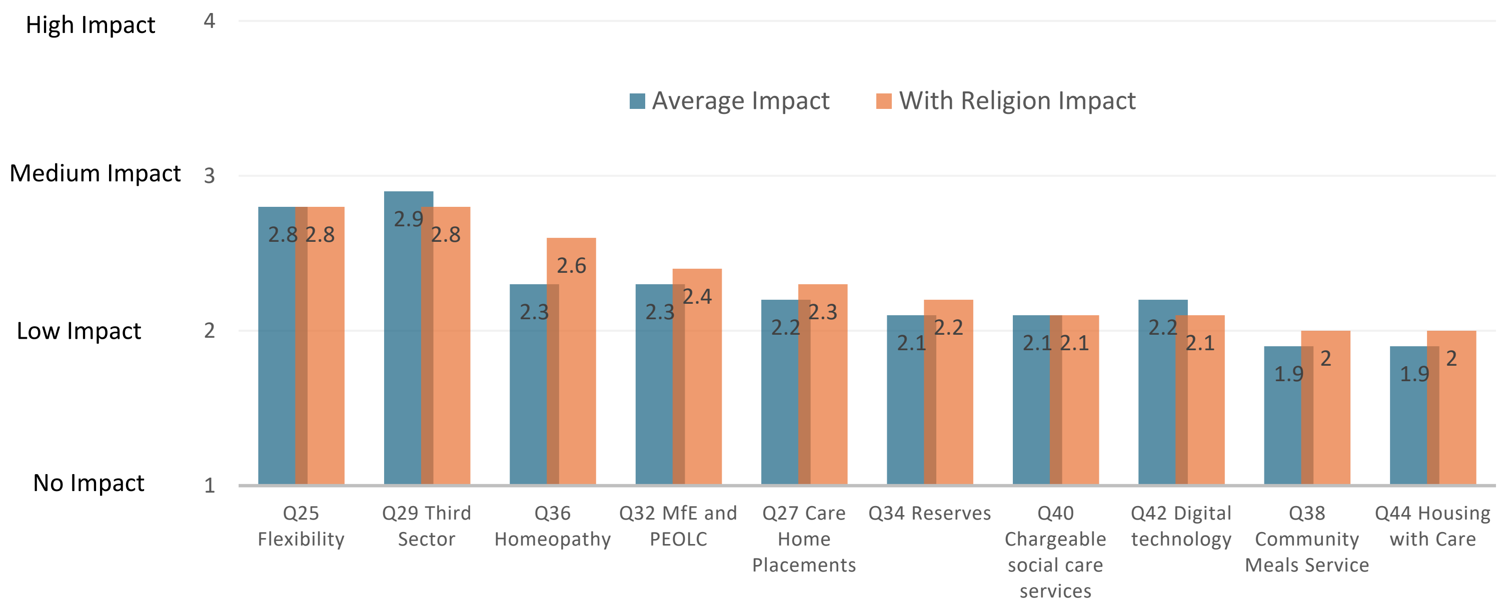
Unable to further analyse due to small numbers.

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

### 7.3.5 Religion or belief

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

**Chart 38**: Average impact for respondents with religion or belief

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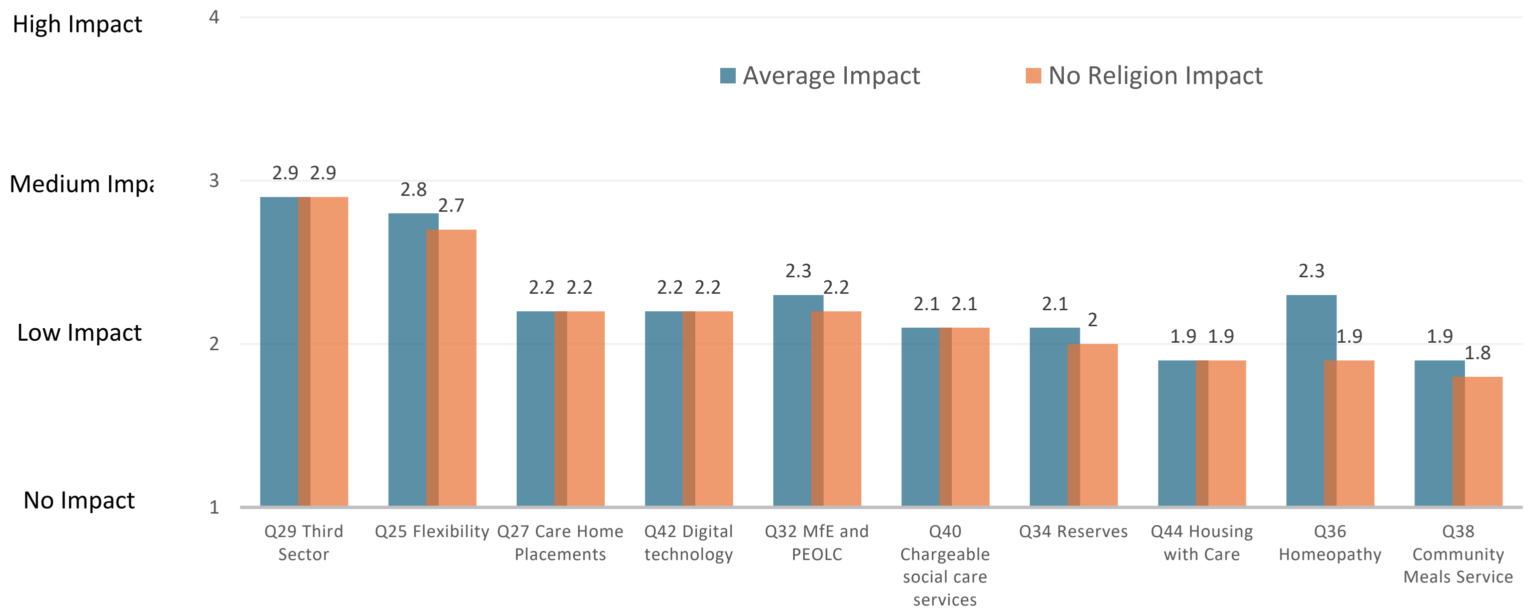
The saving options with the highest average impact rating for people who stated they have a religion or belief were:

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

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

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

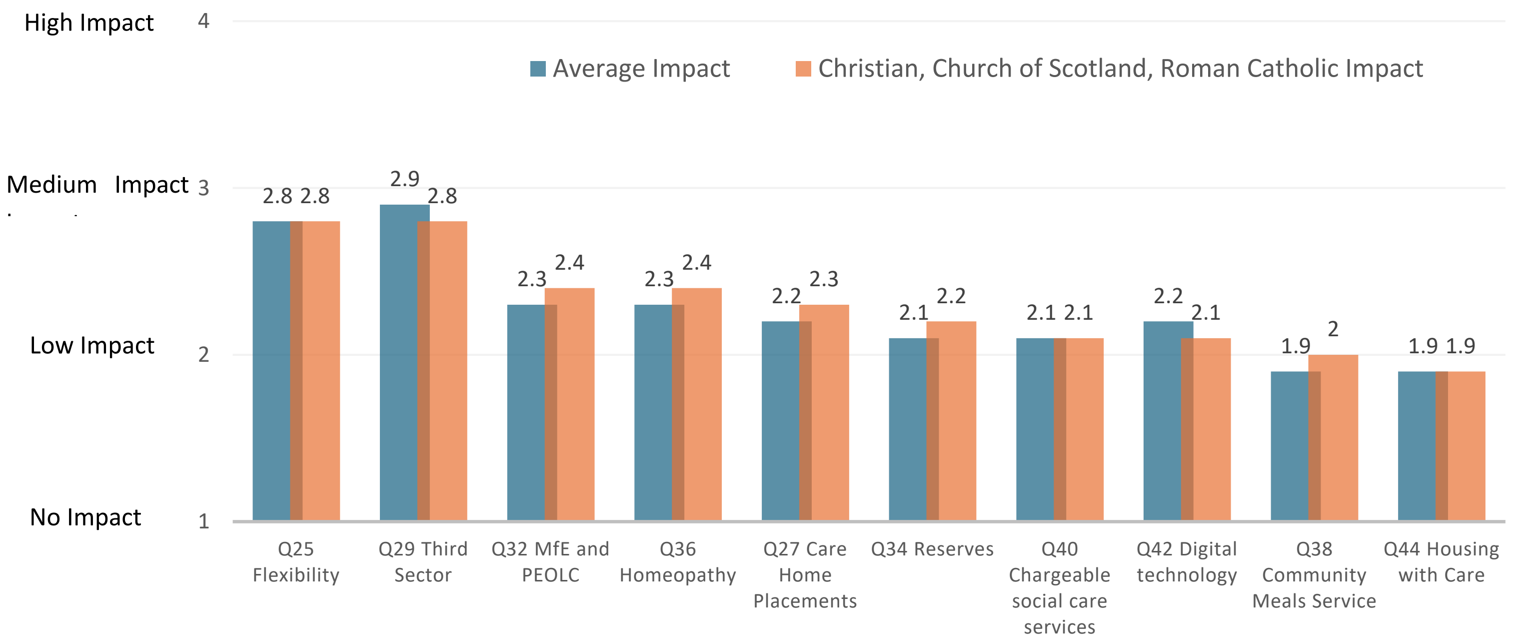



The saving options with the highest average impact rating for people who stated they have no religion or belief were:

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

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

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

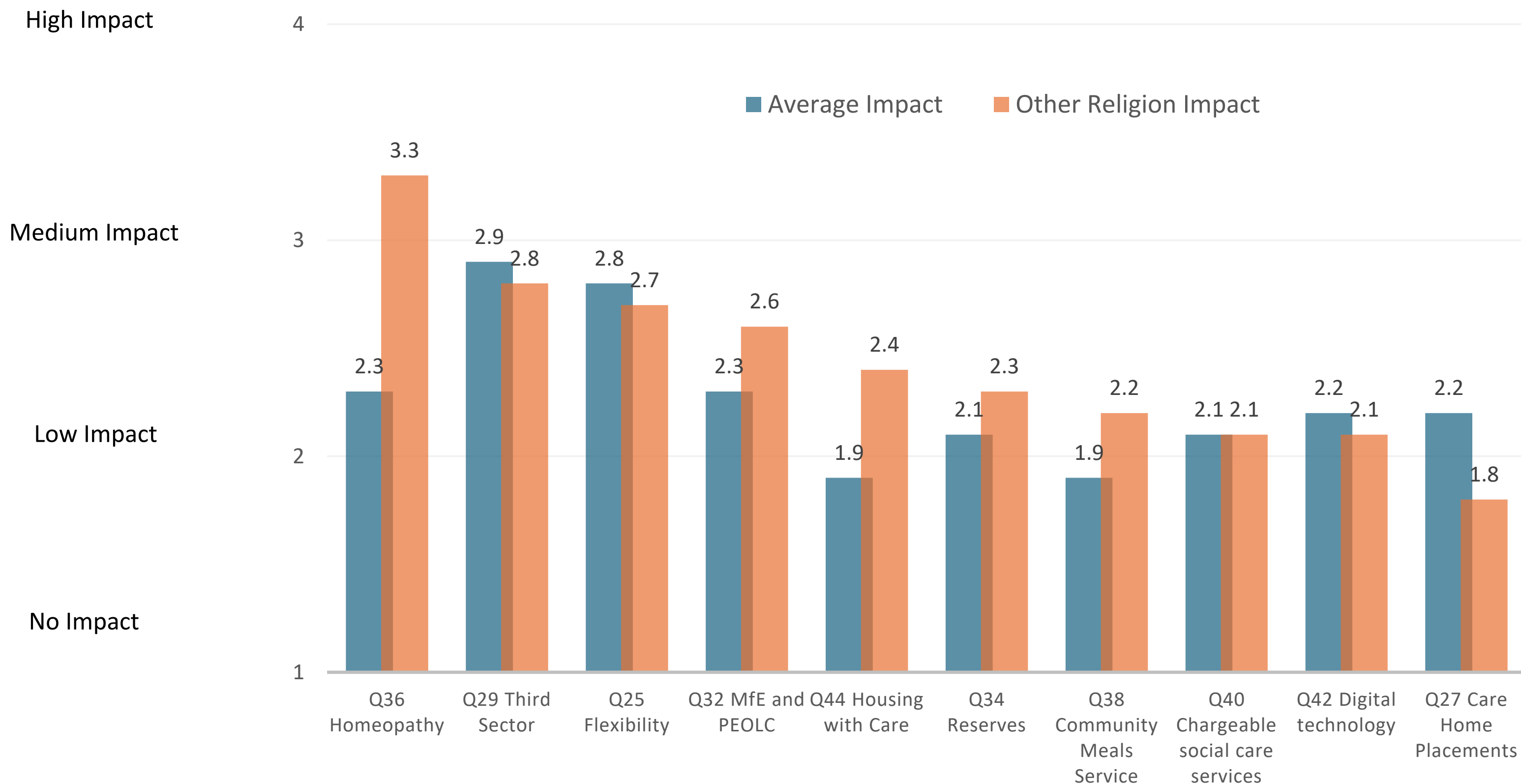



The saving options with the highest average impact rating for people who consider themselves to be Christian, Church of Scotland or Roman Catholic were:

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

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

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




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

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

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

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

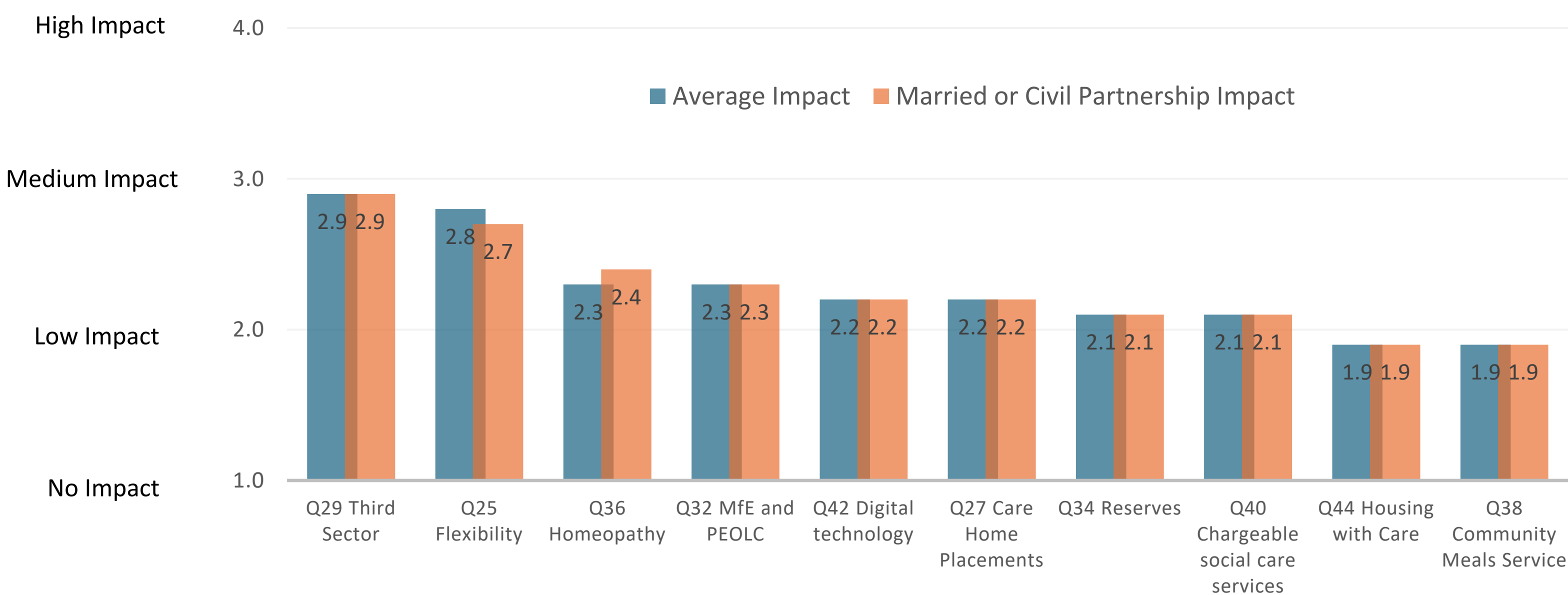
**The 1-point difference between the average impact rating for Closing the Homeopathy Service for Tayside is considered to be significant, however caution should be applied due**

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

### 7.3.6 Being married or in a civil partnership

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

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




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

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

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

### 7.3.7 Age

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

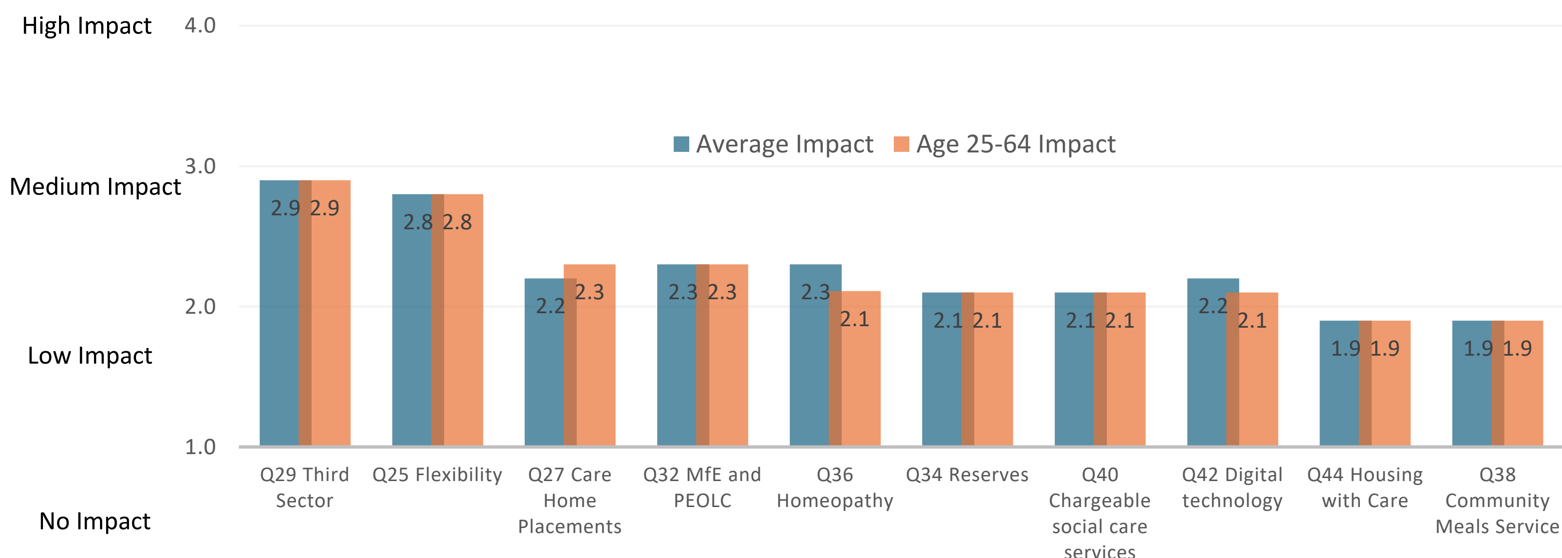
*Age Under 25*

Unable to further analyse due to small numbers.

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

*Age 25 – 64*

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



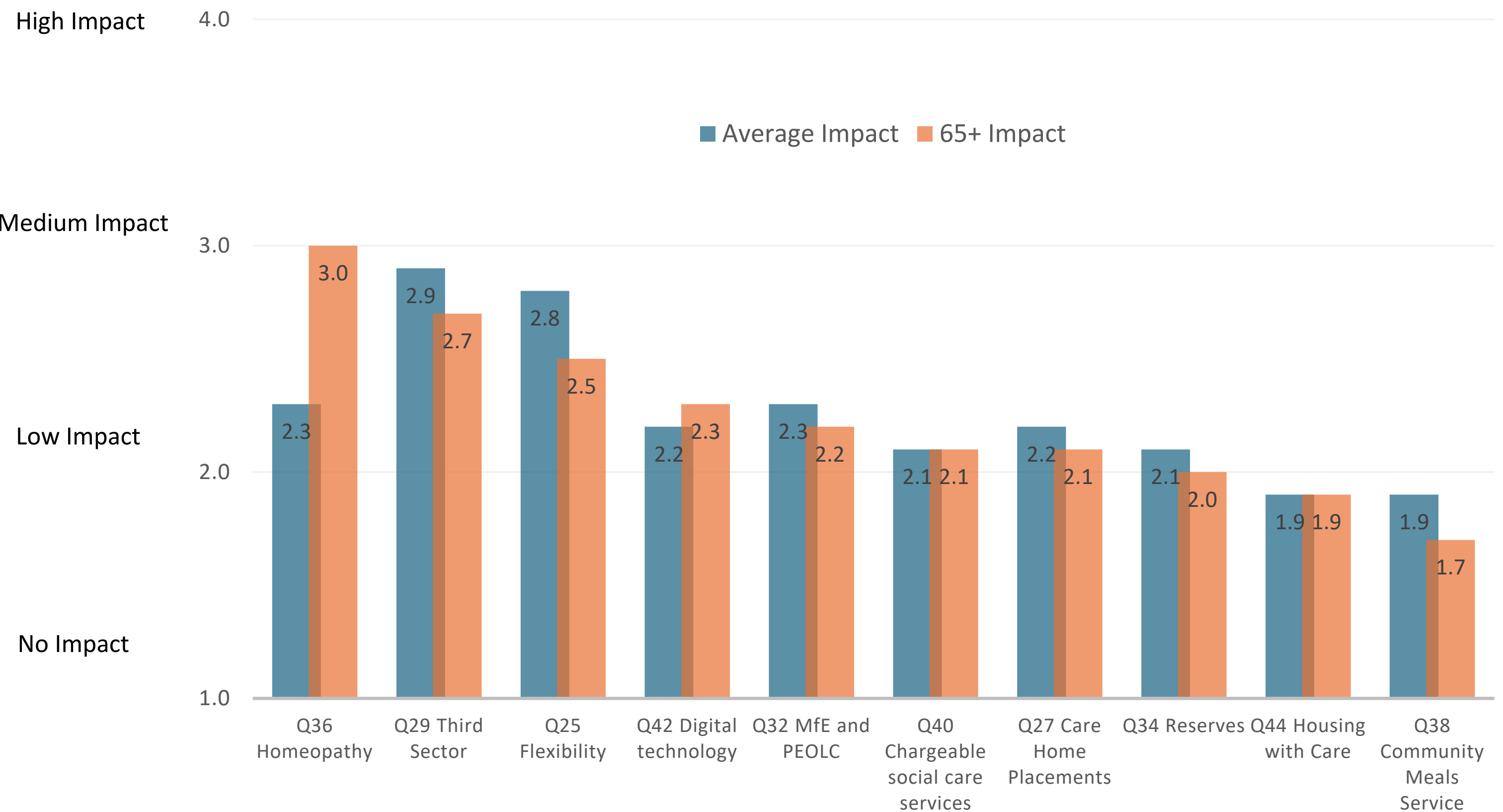

The saving options with the highest average impact rating for people aged 25 – 64 were:

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

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

### *Age 65+*

**Chart 44**: Average impact for respondents aged 65+ years




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

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

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

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

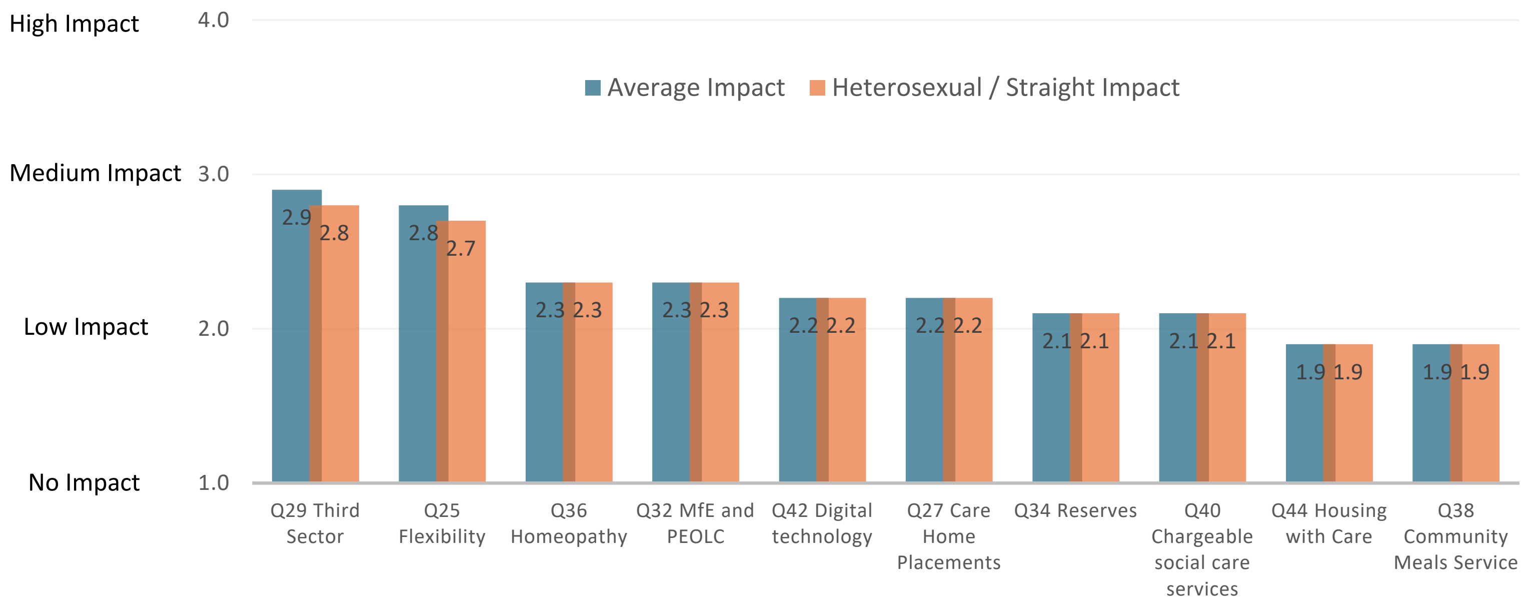
**This difference is not considered to be significant.**

## 7.3.8 Sexual Orientation

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

*Heterosexual / Straight*

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



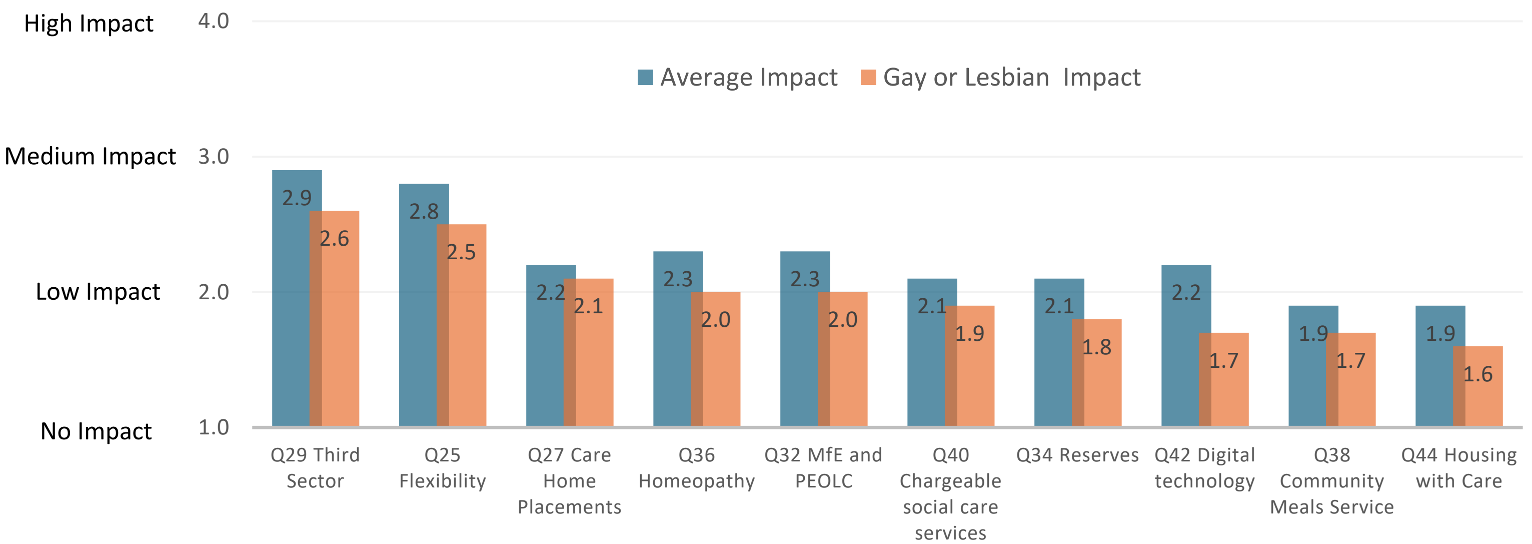

The saving options with the highest average impact rating for people who stated that they are heterosexual / straight were:

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

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

### *Gay or Lesbian*

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



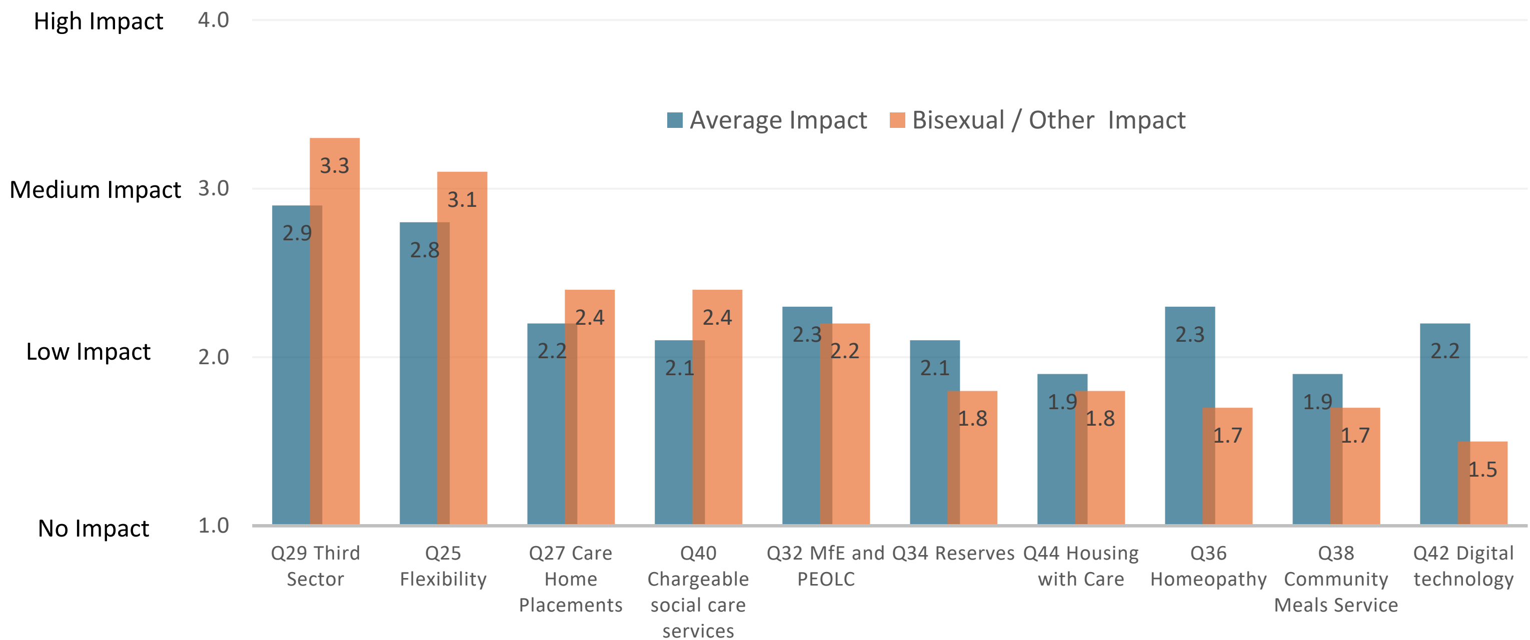

The saving options with the highest average impact rating for people who stated that they are gay or lesbian were:

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

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

*Bisexual / Other*

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




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

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

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

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

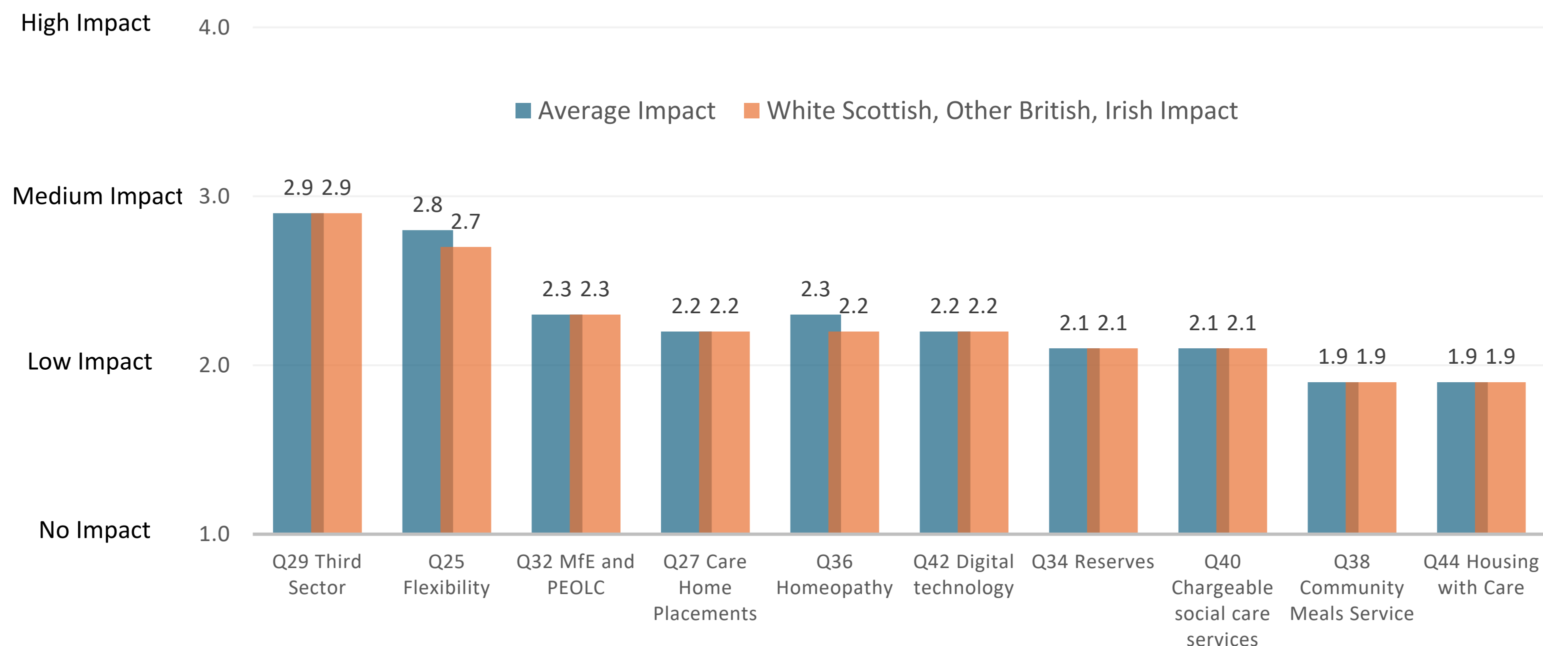
**None of these differences are considered to be significant.**

### 7.3.9 Race

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

*White Scottish / Other British / Irish*

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



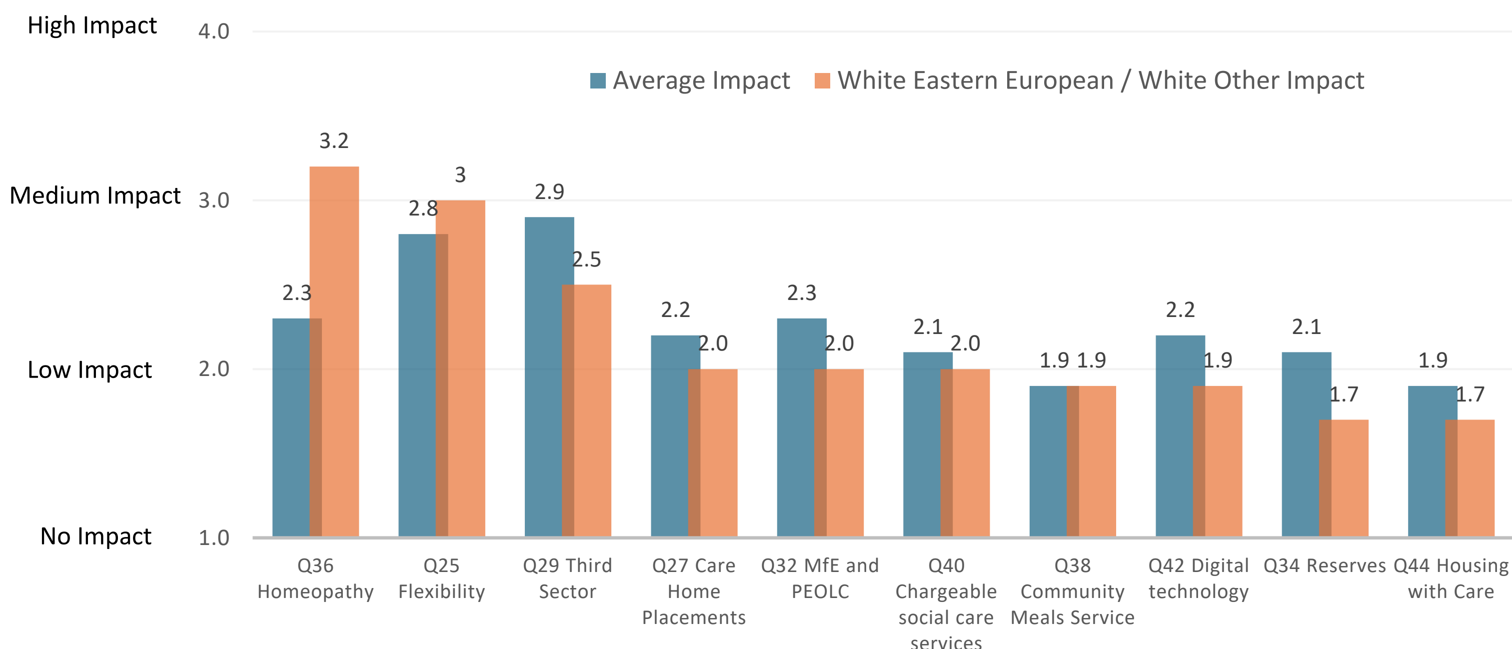

The saving options with the highest average impact rating for people who stated that they are white Scottish / other British / Irish were:

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

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

### *White Eastern European / White Other*

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




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

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

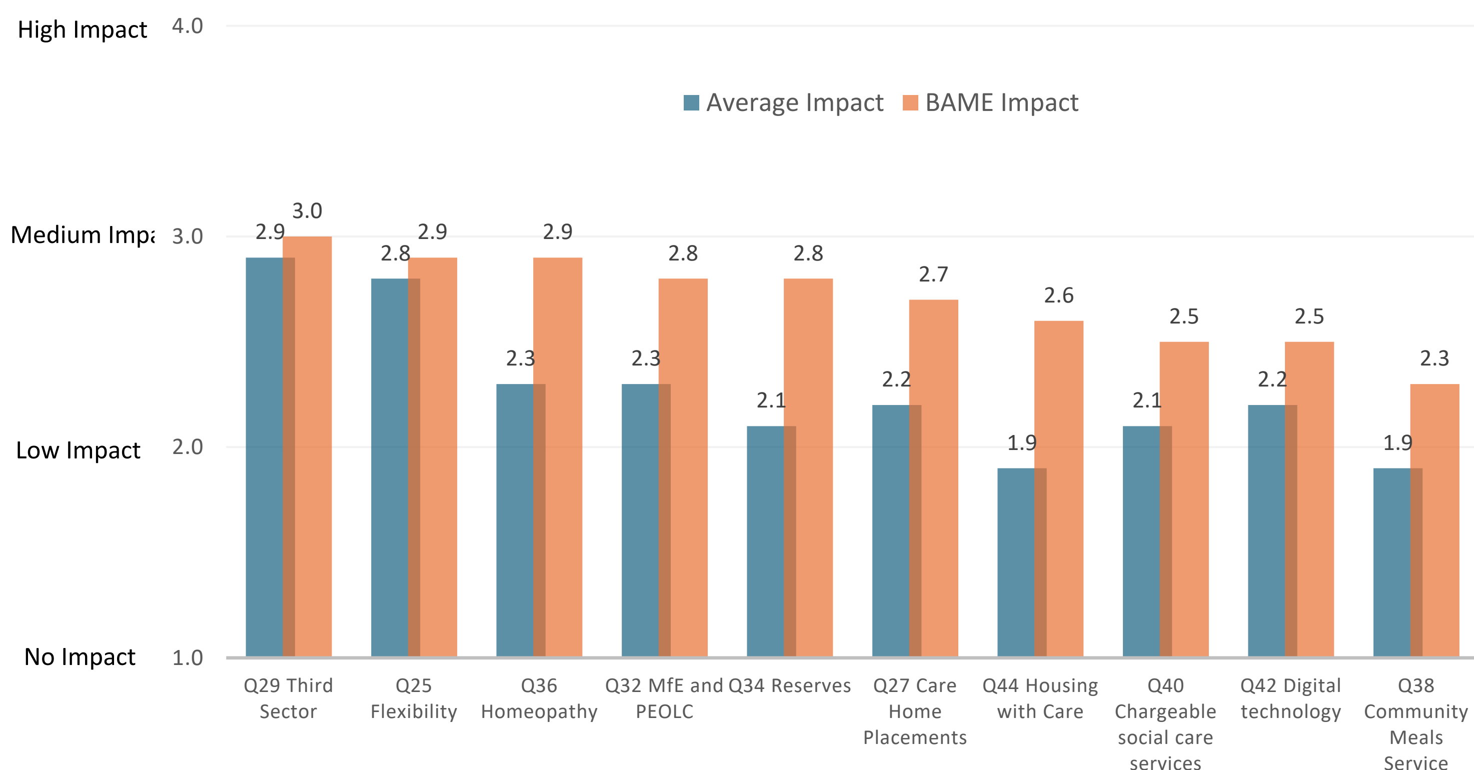
The saving options with differences in average impact rating between people who stated that they are white Eastern European / white other and the overall survey sample average of 0.5 or more were:

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

**This difference is not considered to be significant.**

### *Black and Minority Ethnic*

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




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

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

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

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

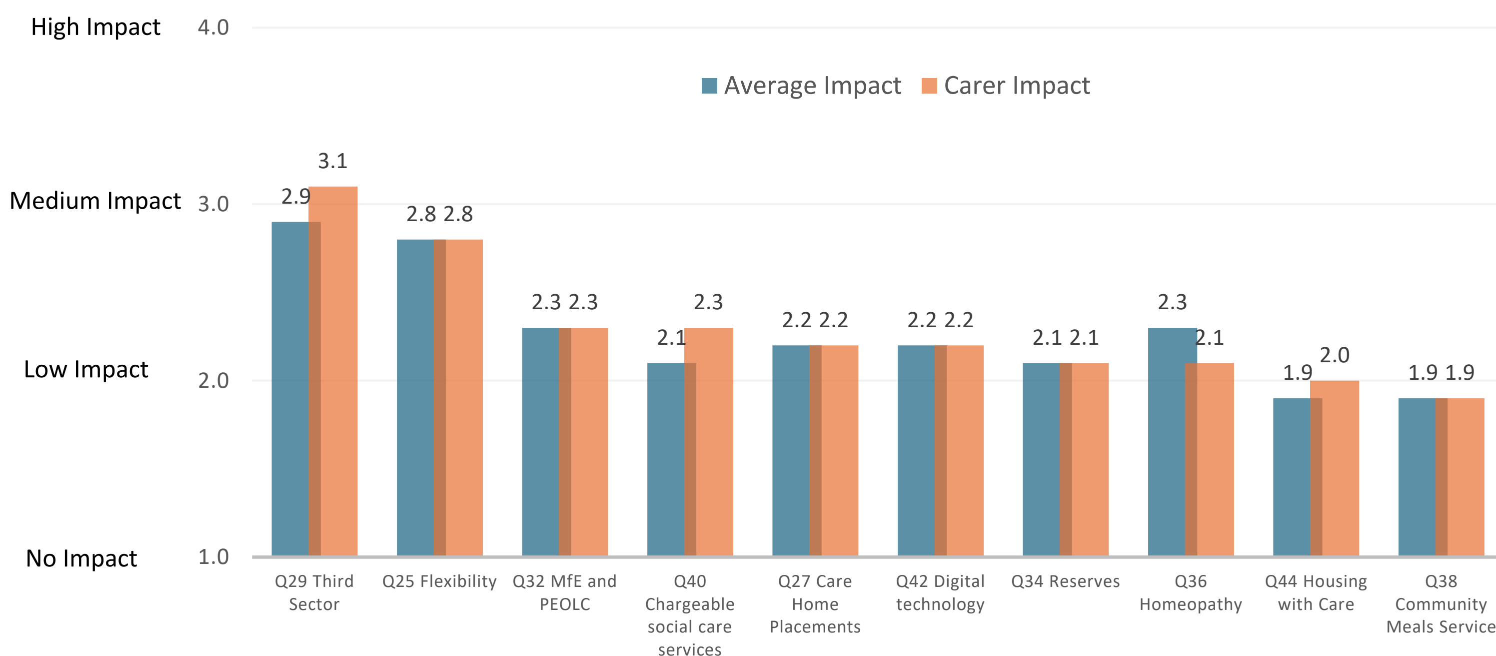
amount of funding available now to meet people's current needs (0.7 difference).
  - Closing the Homeopathy Service for Tayside (0.6 difference).
  - Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home and reducing the number of care home placements the Partnership purchases from the independent (private) sector (0.5 difference).

**None of these differences are considered to be significant.**

### 7.3.10 Providing Unpaid Care

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

**Chart 51**: Average impact for respondents who provide unpaid care




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

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

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

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

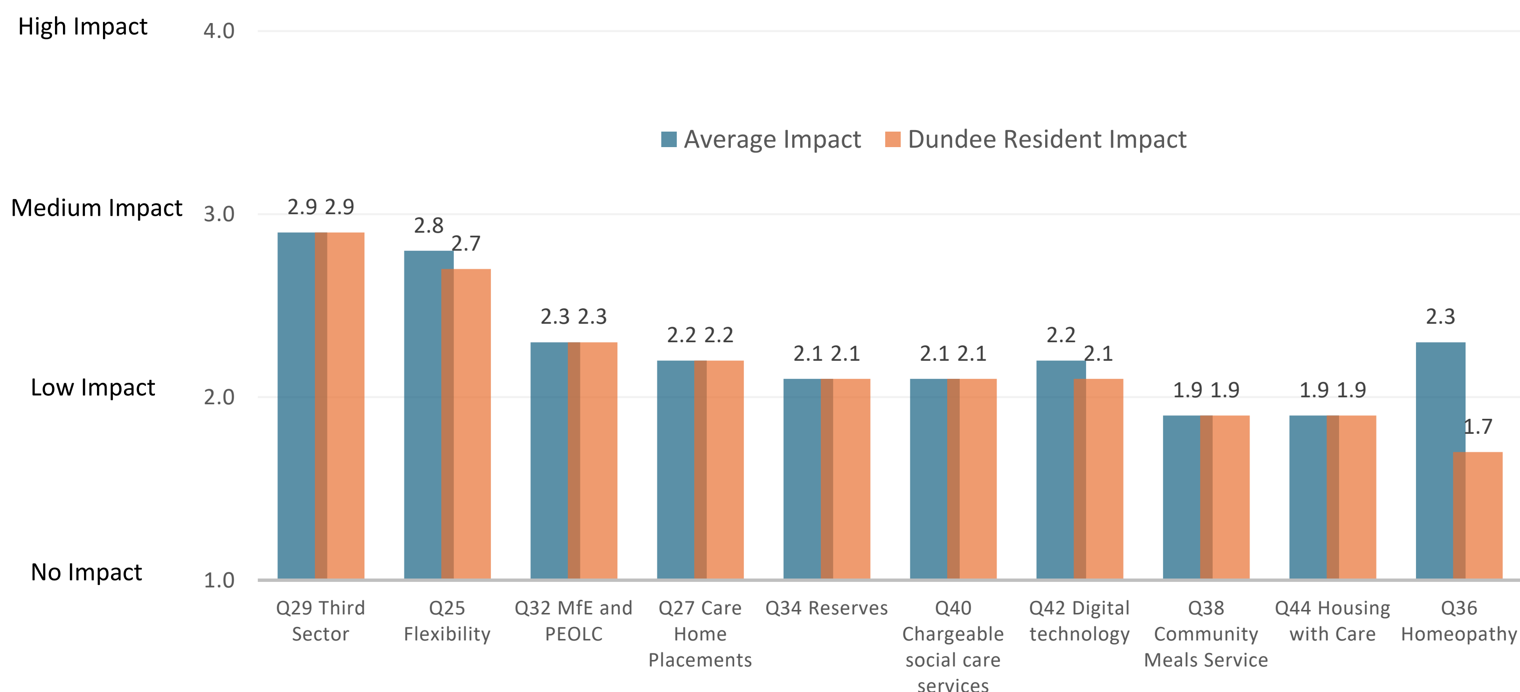
## 7.4 Socio Economic Groups

### 7.4.1 Geographic

*Resident in Dundee*

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

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




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

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

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

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

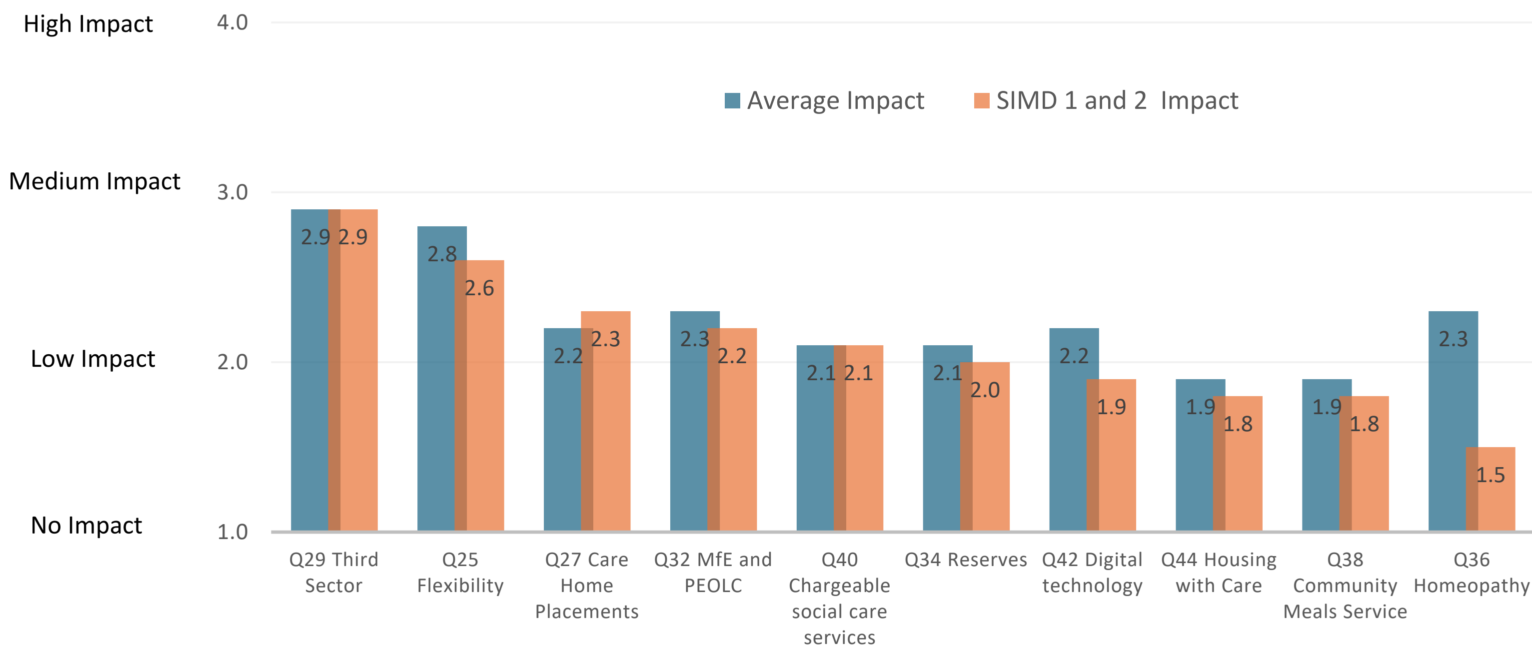
- Saving options where impact was lower:
  - Closing the Homeopathy Service for Tayside (0.6 difference).

**This difference is not considered to be significant.**

### 7.4.2 Scottish Index of Multiple Deprivation [8]

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

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




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

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

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

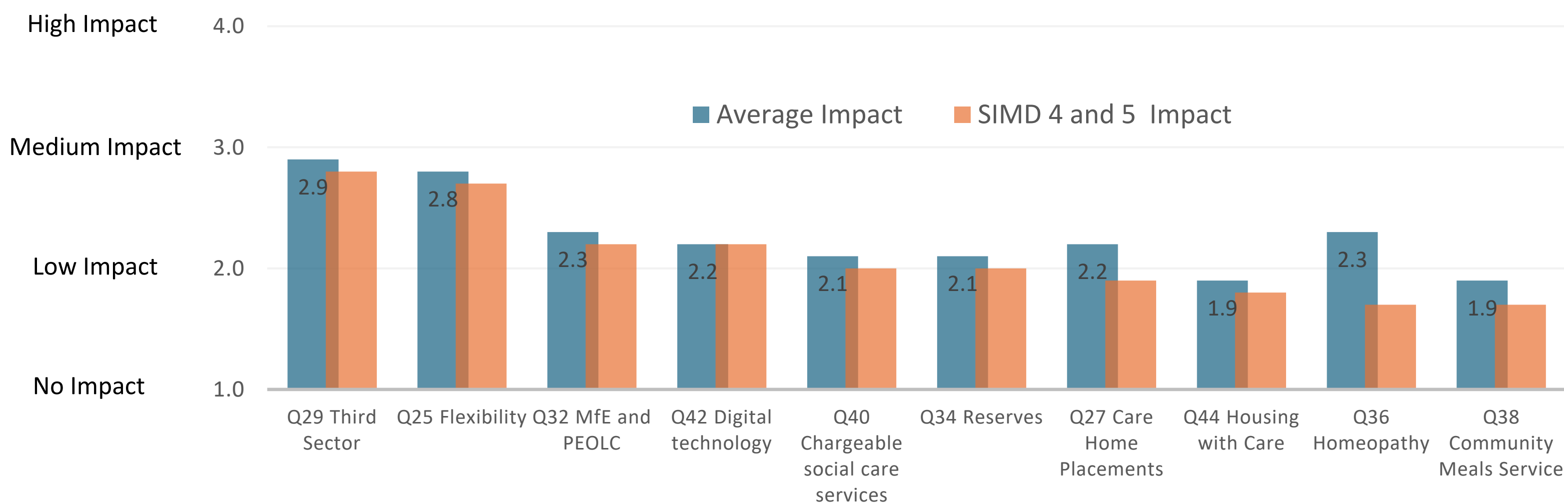
- Reducing flexibility in service budgets that allow them to respond to unexpected increased demand during the year (2.6 – medium).
- Reviewing how care is provided for Medicine for the Elderly and Palliative and End of Life Care to support individuals to be cared for at home (2.2 – medium).

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

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

**This difference is not considered to be significant.**

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




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

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

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

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

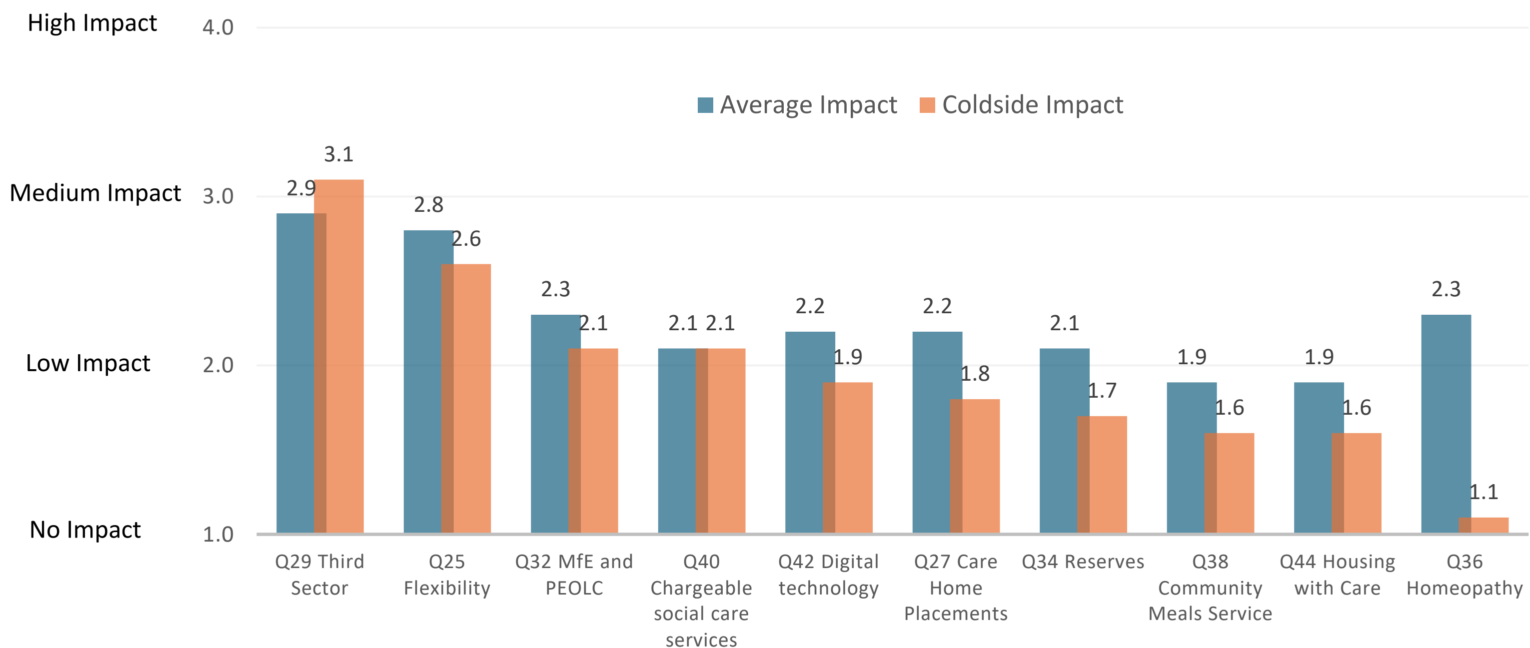
**This difference is not considered to be significant.**

### 7.4.3 Local Community Planning Partnerships (LCPP)

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

*Coldside*

**Chart 55**: Average impact for respondents who reside in Coldside




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

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

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

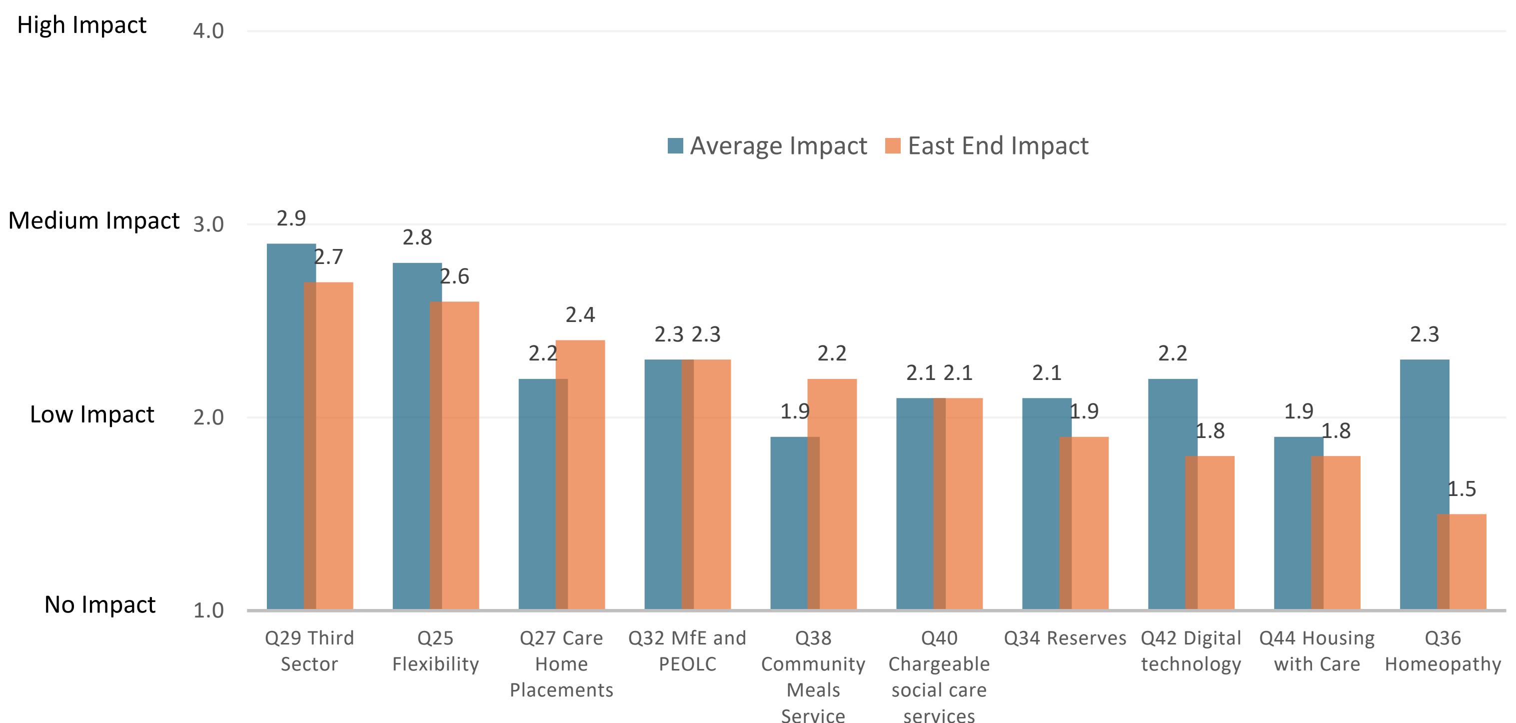
The saving options with differences in average impact rating between people who reside in Coldside and the overall survey sample average of 0.5 or more were:

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

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

### *East End*

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




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

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

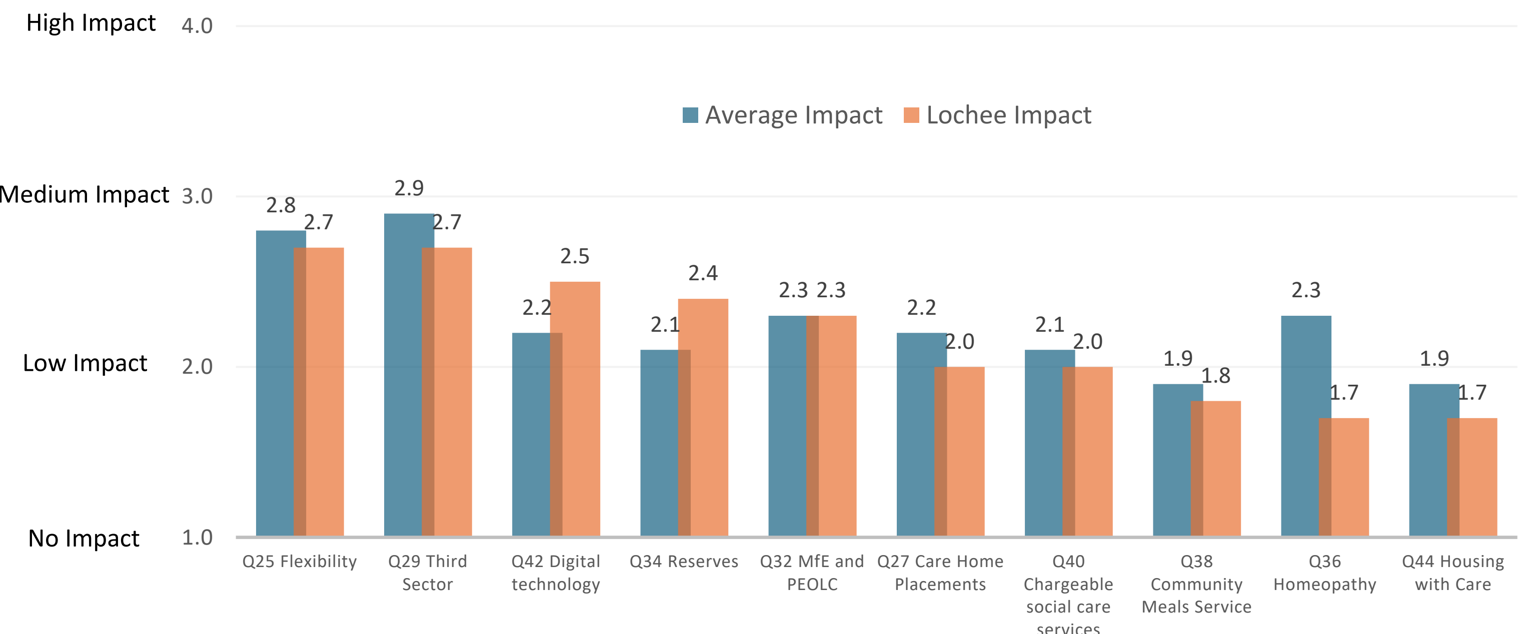
The saving options with differences in average impact rating between people who reside in the East End  and the overall survey sample average of 0.5 or more were:

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

**This difference is not considered to be significant.**

### *Lochee*

**Chart 57**: Average impact for respondents who reside in Lochee




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

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

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

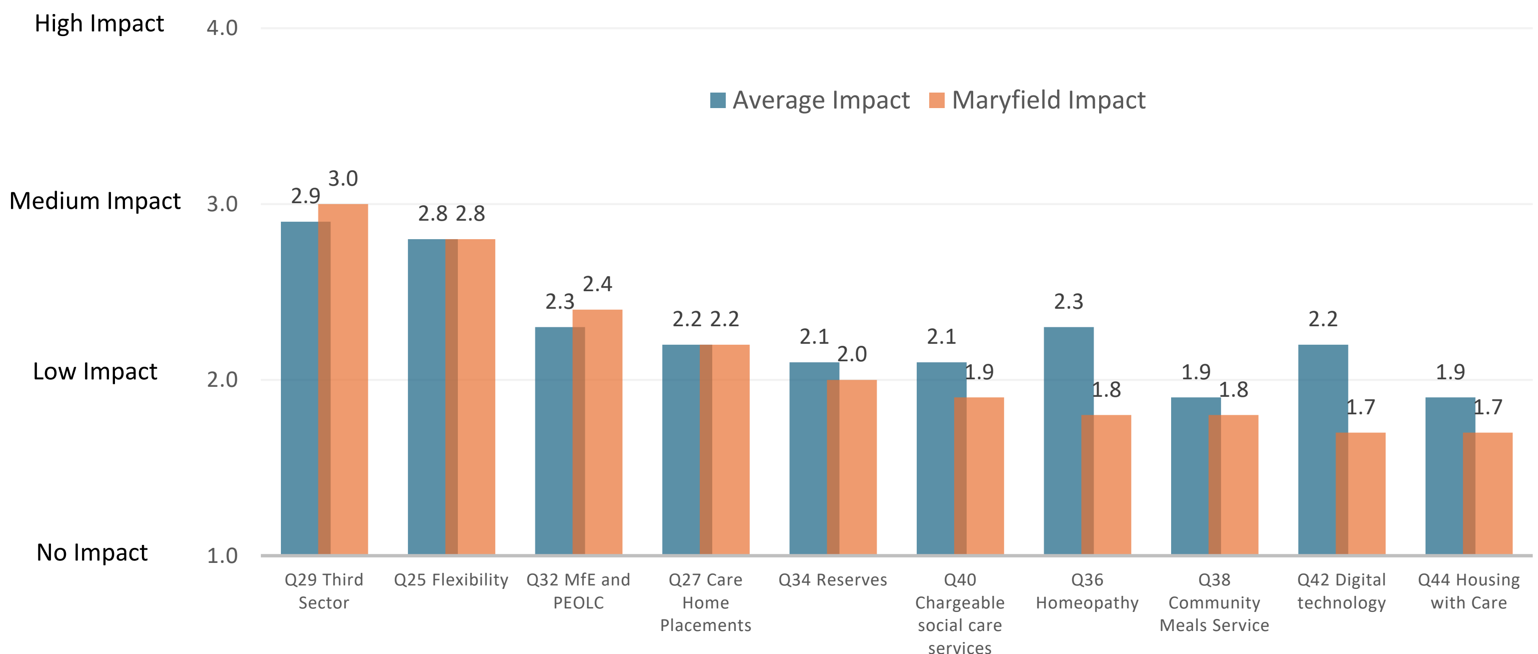
The saving options with differences in average impact rating between people who reside in Lochee and the overall survey sample average of 0.5 or more were:

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

**This difference is not considered to be significant.**

### *Maryfield*

**Chart 58**: Average impact for respondents who reside in Maryfield




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

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

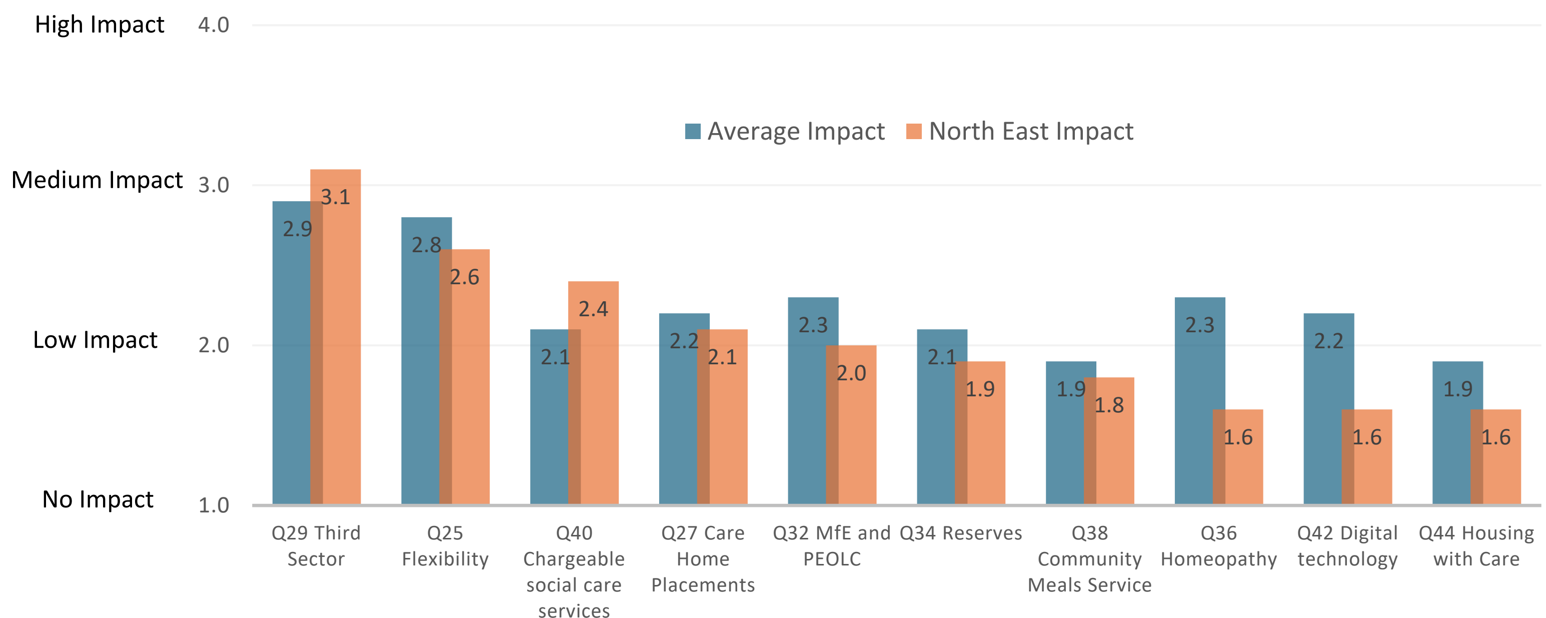
The saving options with differences in average impact rating between people who reside in Maryfield and the overall survey sample average of 0.5 or more were:

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

**This difference is not considered to be significant.**

### *North East*

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




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

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

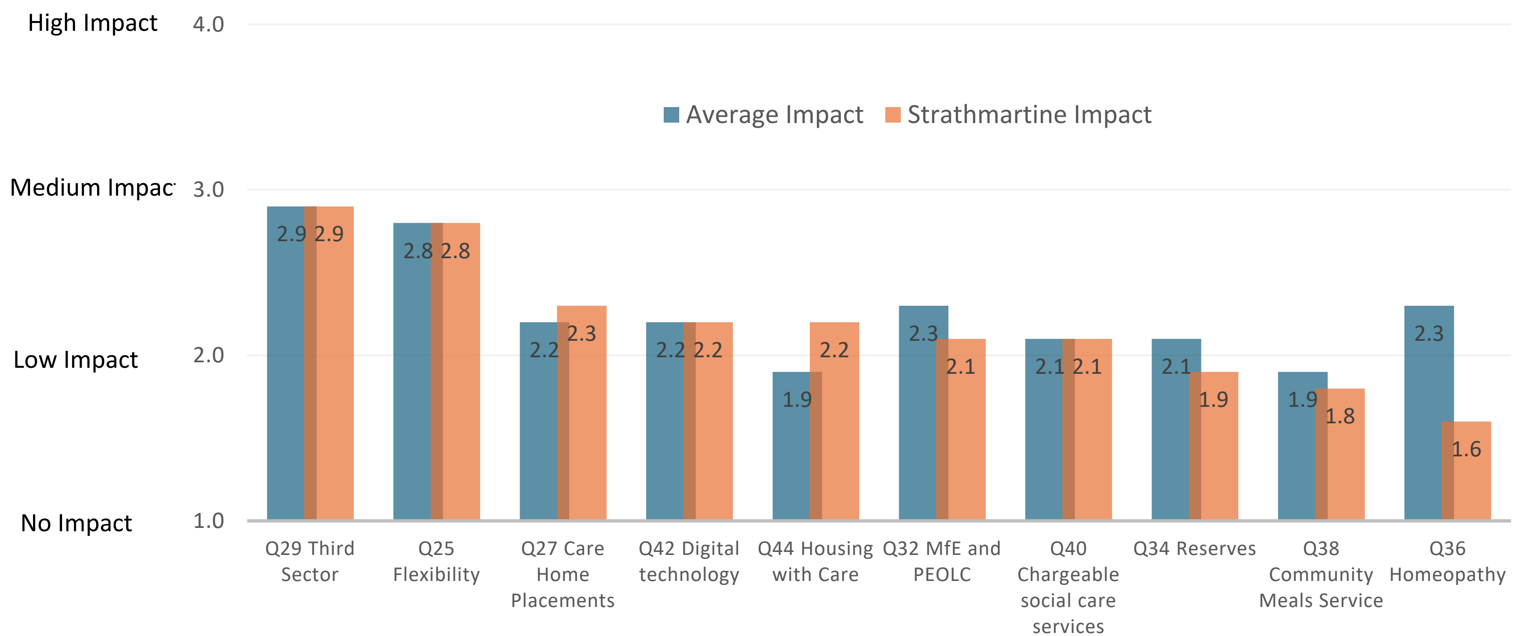
The saving options with differences in average impact rating between people who reside in the North East and the overall survey sample average of 0.5 or more were:

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

**None of these differences are considered to be significant.**

### *Strathmartine*

**Chart 60**: Average impact for respondents who reside in Strathmartine




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

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

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

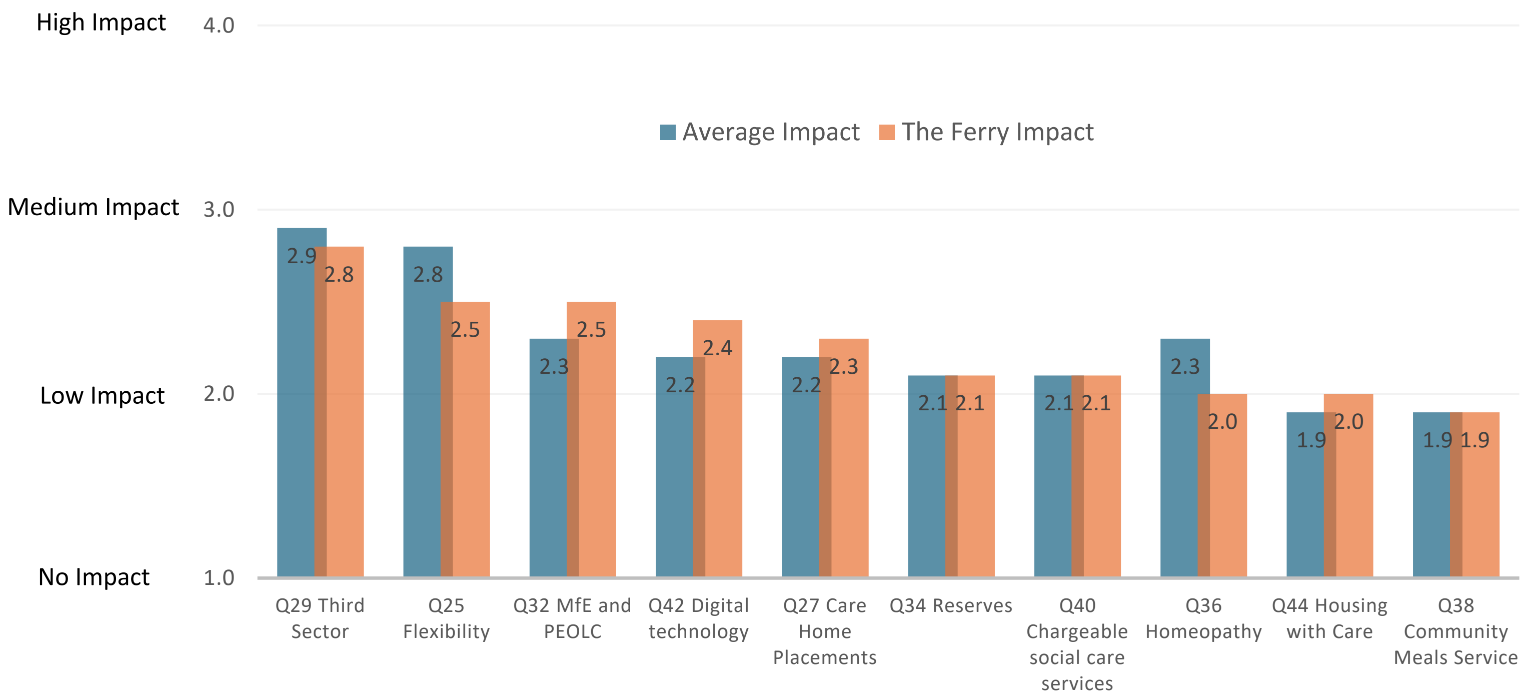
- Saving options where impact was lower:
    - Closing the Homeopathy Service for Tayside (difference 0.7).

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

**None of these differences are considered to be significant.**

### *The Ferry*

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



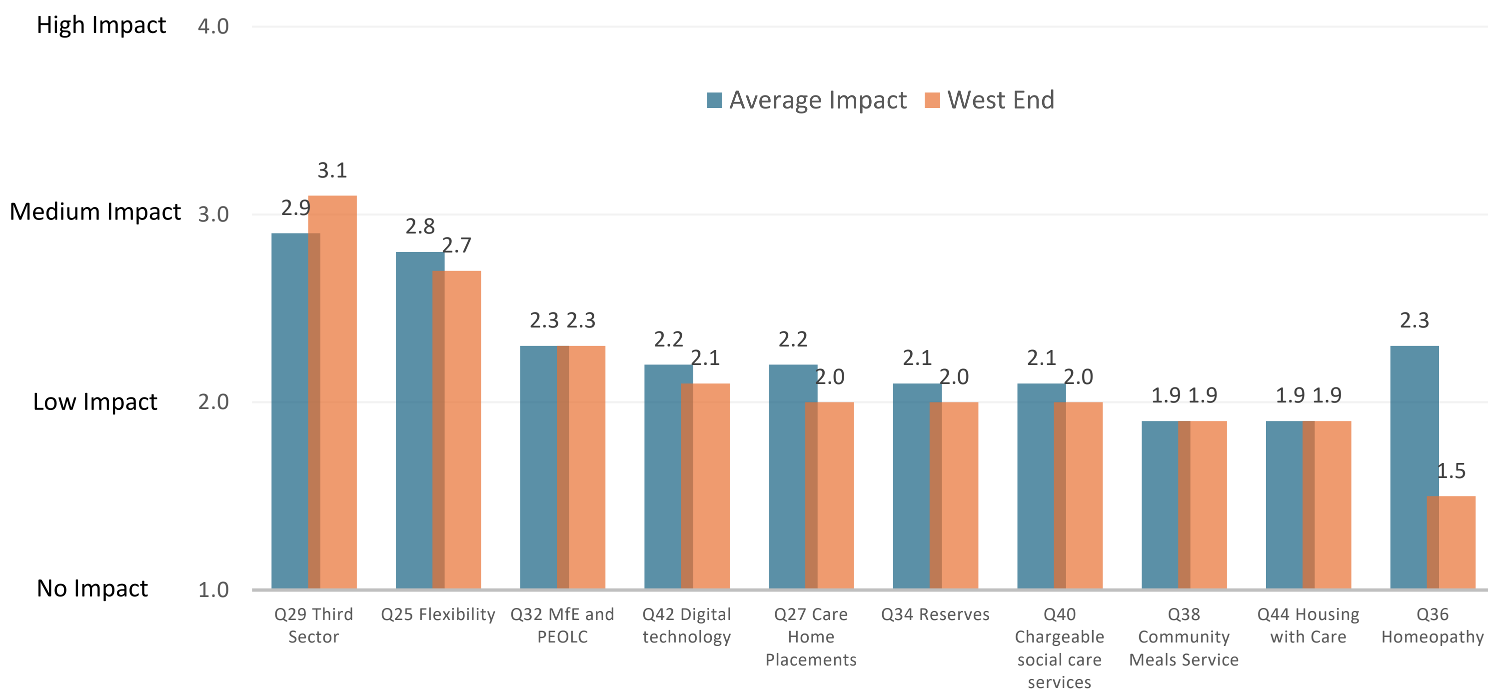

The saving options with the highest average impact rating for people who reside in The Ferry were:

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

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

## *West End*

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




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

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

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

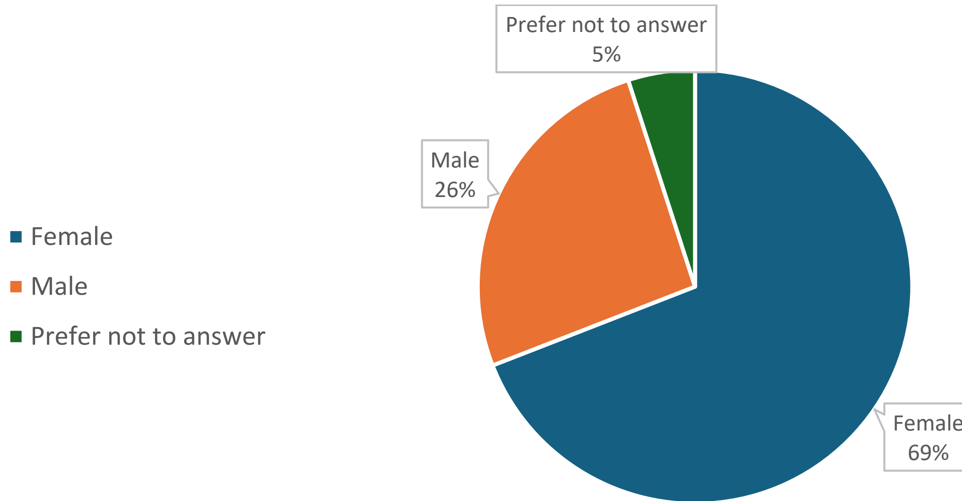
- Saving options where impact was lower:
  - Closing the Homeopathy Service for Tayside (0.8 difference).

**None of these differences are considered to be significant.**

# Appendix 1 – Demographics

## Sex

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

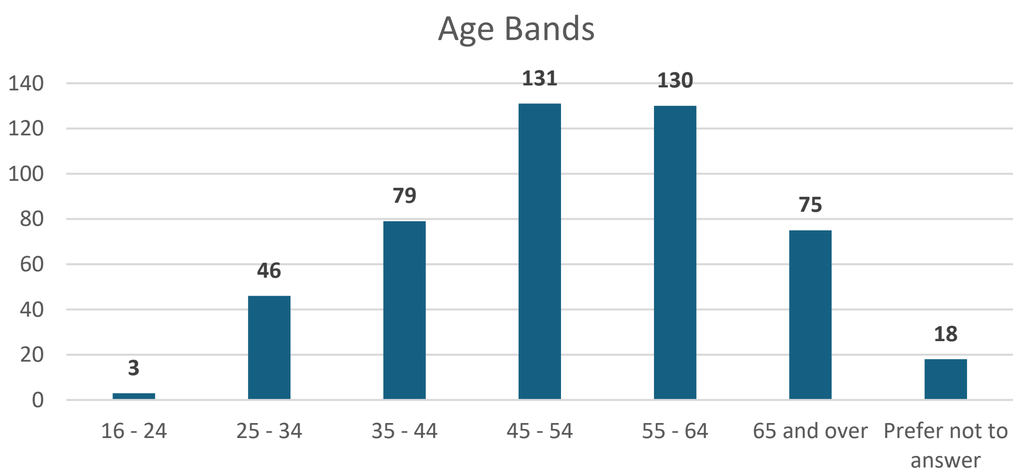



Most respondents (69%) were female and 26% were male. Some Respondents (5%) chose not to answer this question.

## Age

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

**Chart 64**: Age groups of respondents (482 respondents)

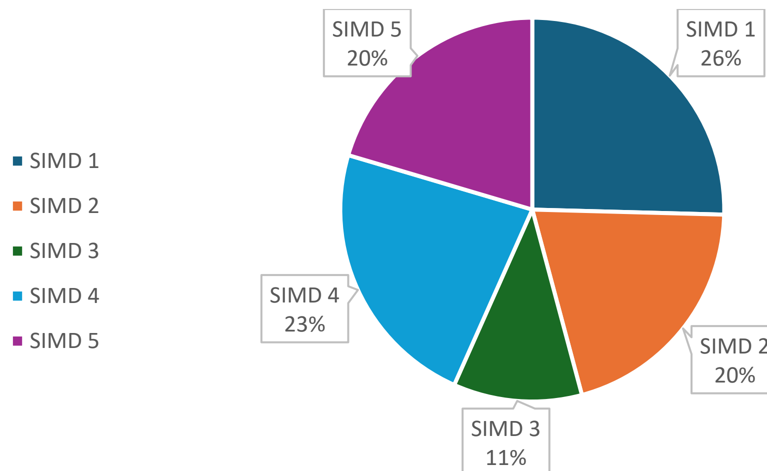



Most respondents were ages 45-64.

## Deprivation

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

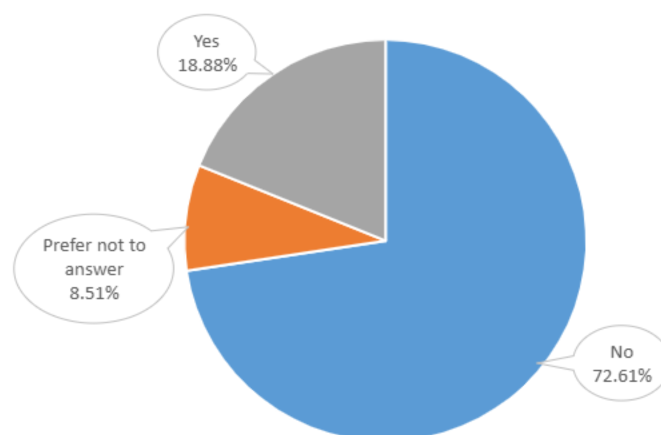
**Chart 65**: Scottish Index of Multiple Deprivation (SIMD) derived from postcodes (220 respondents)




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

## Disability

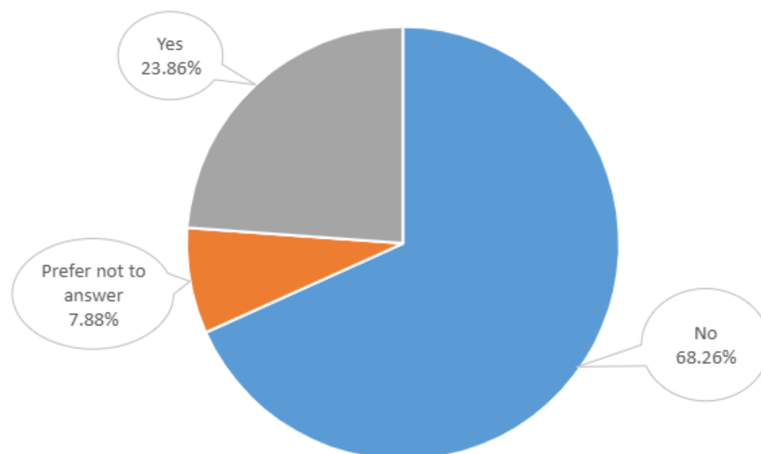
**Chart 66**: Disability reported by respondents (482 respondents)




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

## Long-term health condition

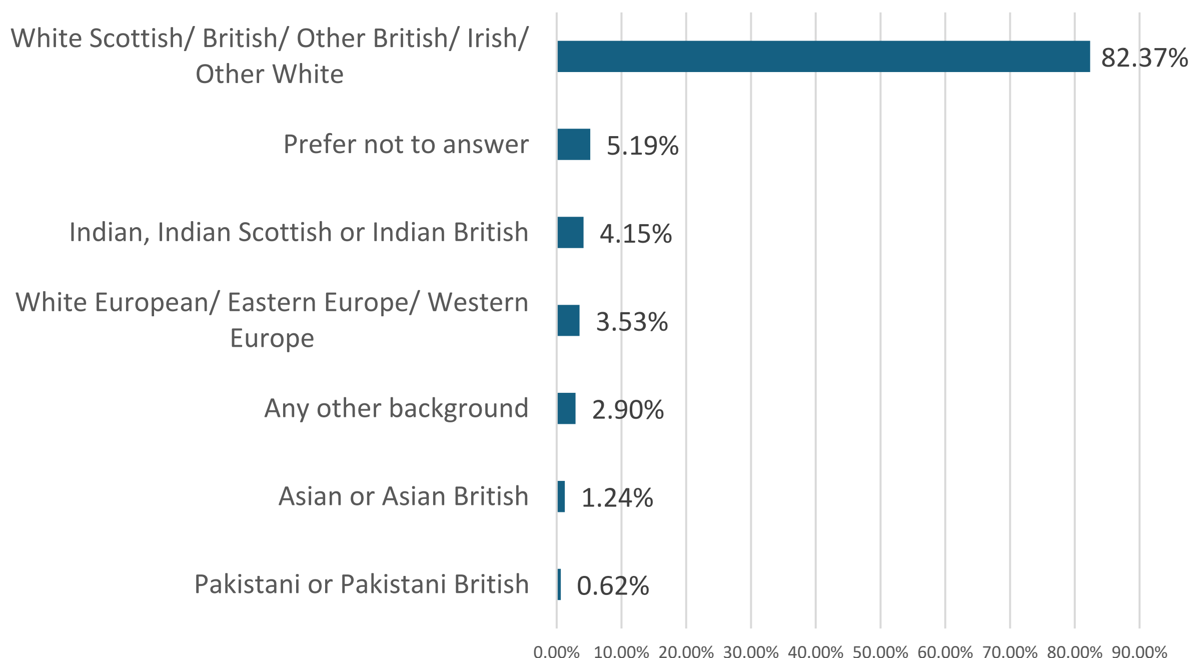
**Chart 67**: Respondents who reported if their day to day activities were limited because of a health problem or disability (482 respondents)




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

## Ethnicity

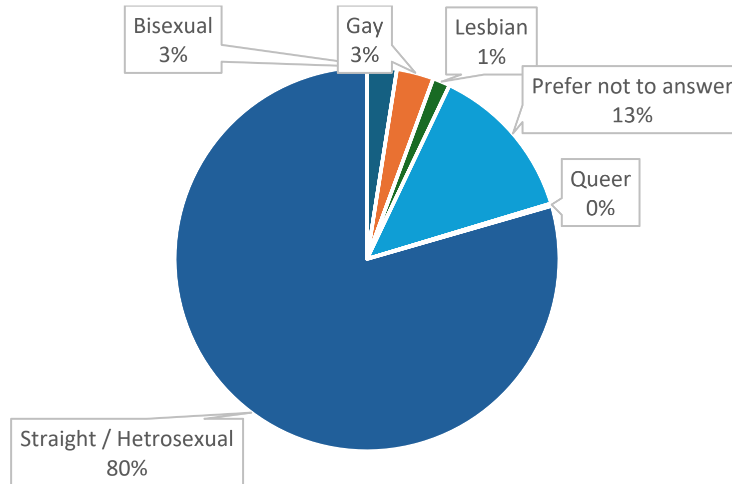
**Chart 68**: Ethnicity of respondents (482 respondents)




Approximately 12% of respondents are from minority ethnic groups

## Sexual orientation

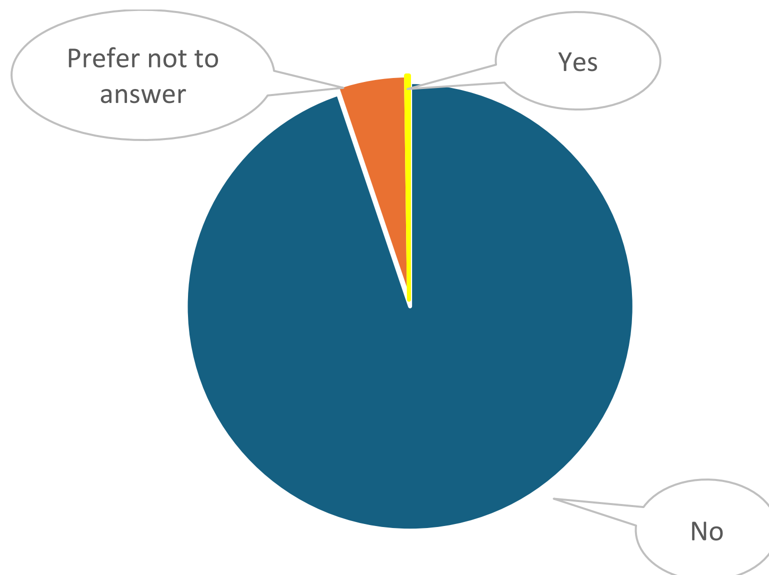
**Chart 69**: Sexual Orientation of respondents (482 respondents)




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

## Gender Reassignment

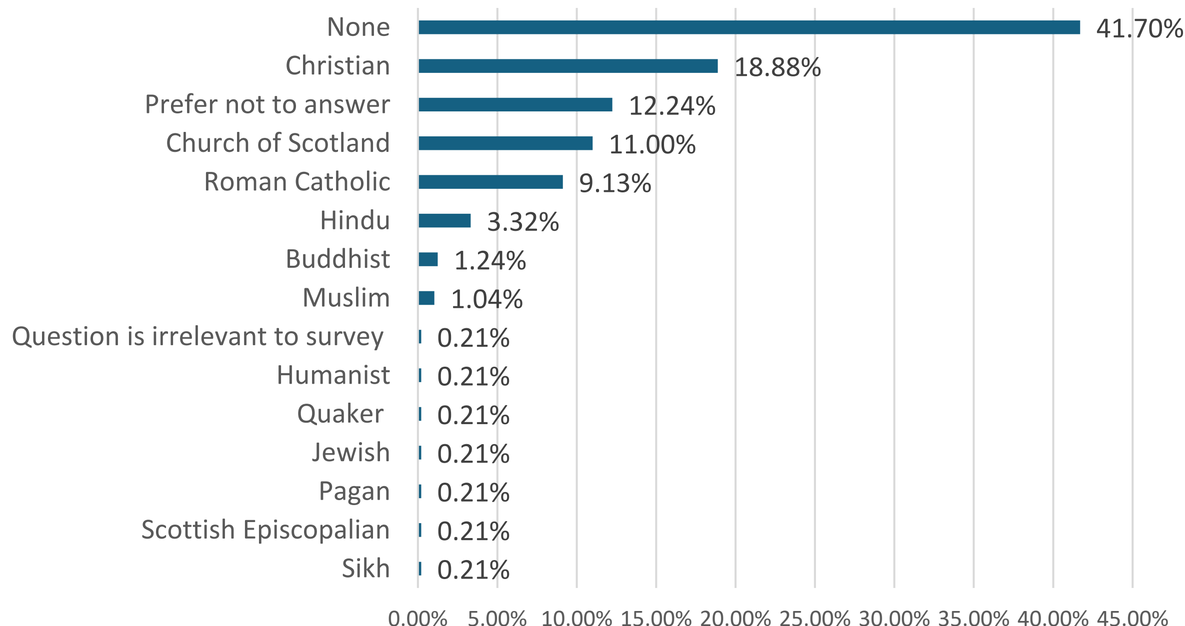
**Chart 70**: Gender reassignment (482 respondents)




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

## Religion

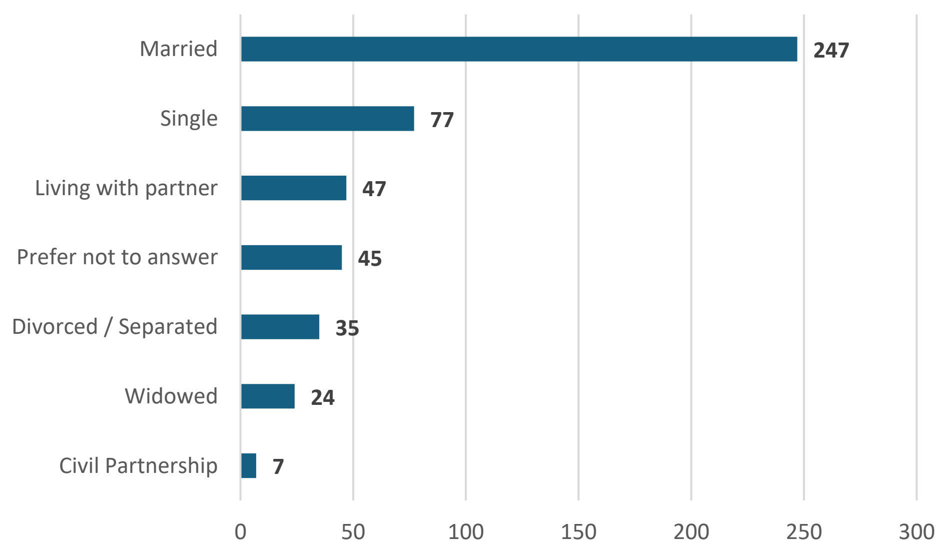
**Chart 71**: Religion of respondents (482 respondents)




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

## Legal marital status

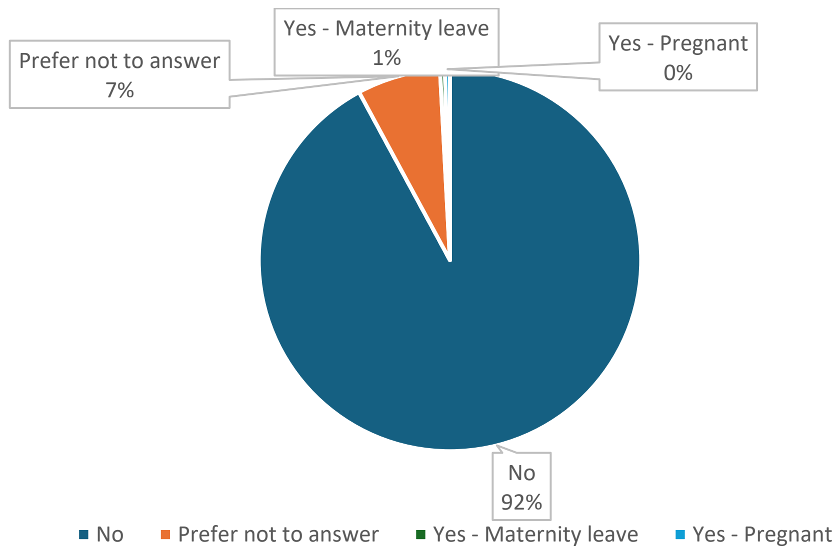
**Chart 72**: Marital status of respondents (482 respondents)



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

## Pregnancy or maternity leave

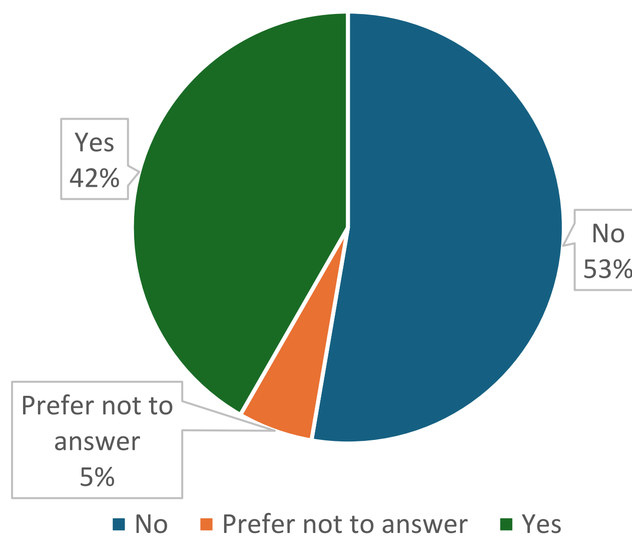
**Chart 73**: Respondents who are pregnant or on maternity leave




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

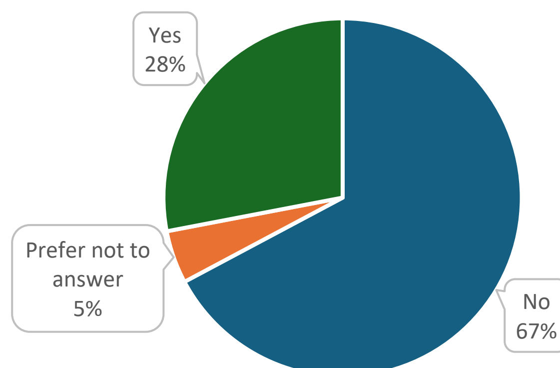
## Unpaid care

**Chart 74**: Respondents who provide unpaid care



## Dependent children

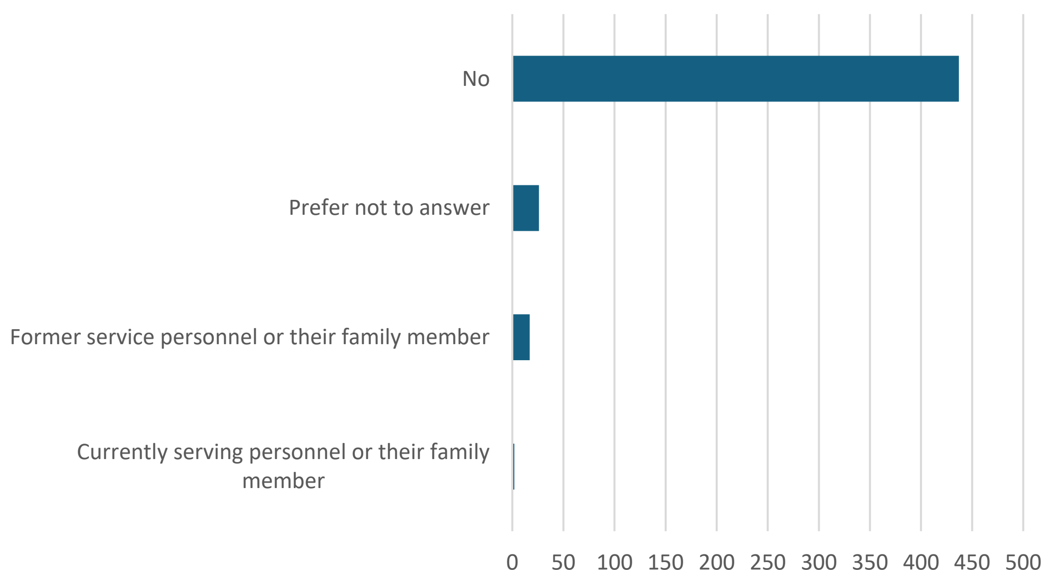
**Chart 75**: Respondents with dependent children under the age of 18




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

## Armed forces

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




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

# Appendix 2 – Saving Options

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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