Results Report

March 2026

Contents

1. Introduction

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

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

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

21 paper versions of the survey were received and entered into the online format, alongside the 544 responses received directly online. In addition, 13 further detailed responses were received directly to the Health and Social Care Partnership in alternative formats[1]. These written responses gave feedback in relation to some of the specific options outlined within section 4 of the questionnaire. Key themes from submissions have been incorporated within this report and more detailed information regarding impacts on specific organisations will be included, where relevant, in the equality and fairness impact assessments submitted to the IJB for any saving proposals that progress beyond the consultation stage.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

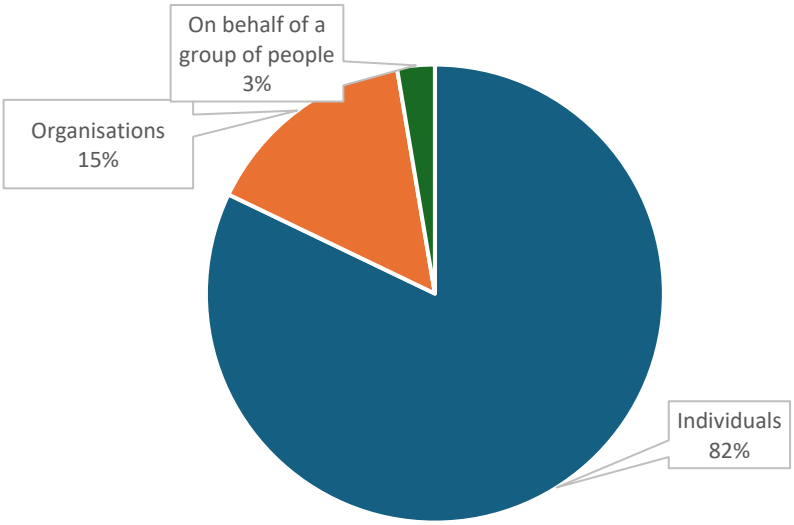
2. Section 1 – About you…

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

2.1 Question 1 – Respondent Type

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

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

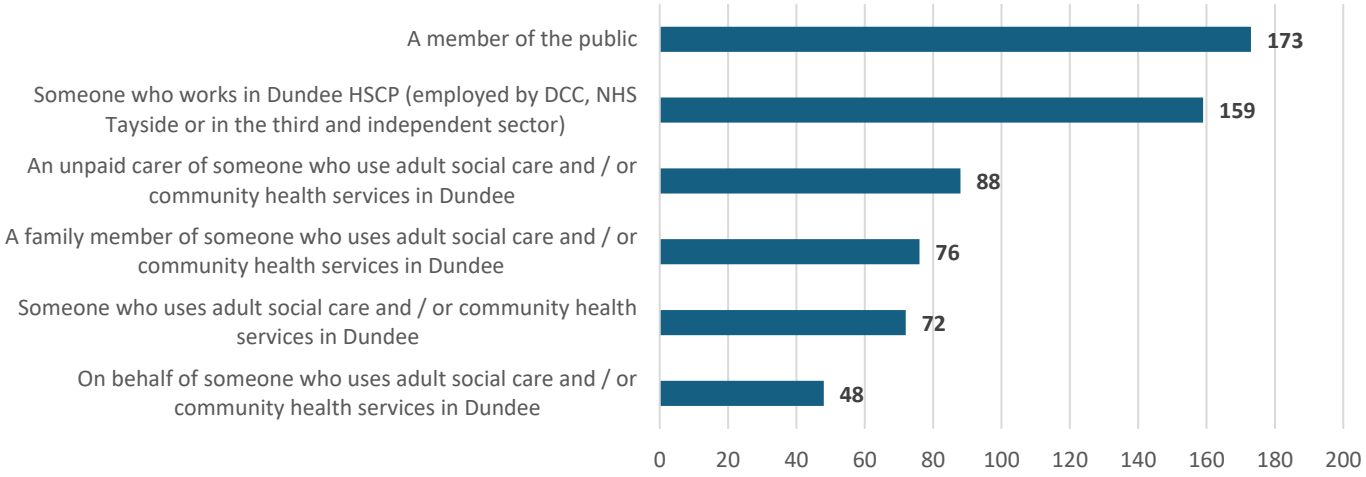


2.2

2.2 Question 2 – Individual Respondents

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

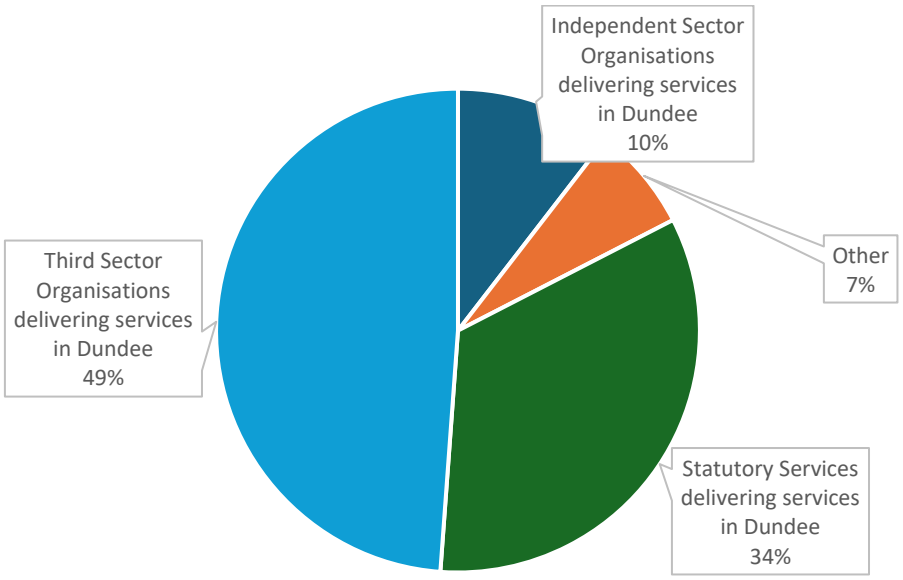
Chart 2: Description of who the respondents are (450 respondents)



2.3 Question 20 – Organisation Respondents

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

Chart 3*:* Type of Organisations (86 respondents)

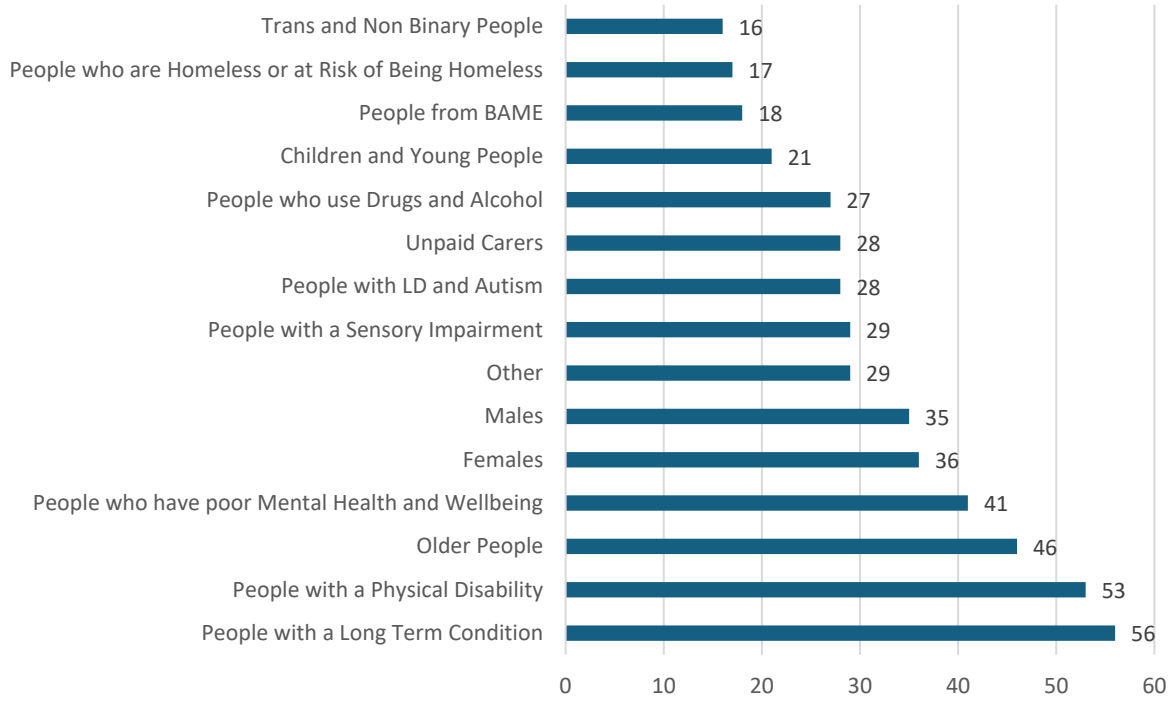


2.4 Question 22 – Focus of Organisations

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

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

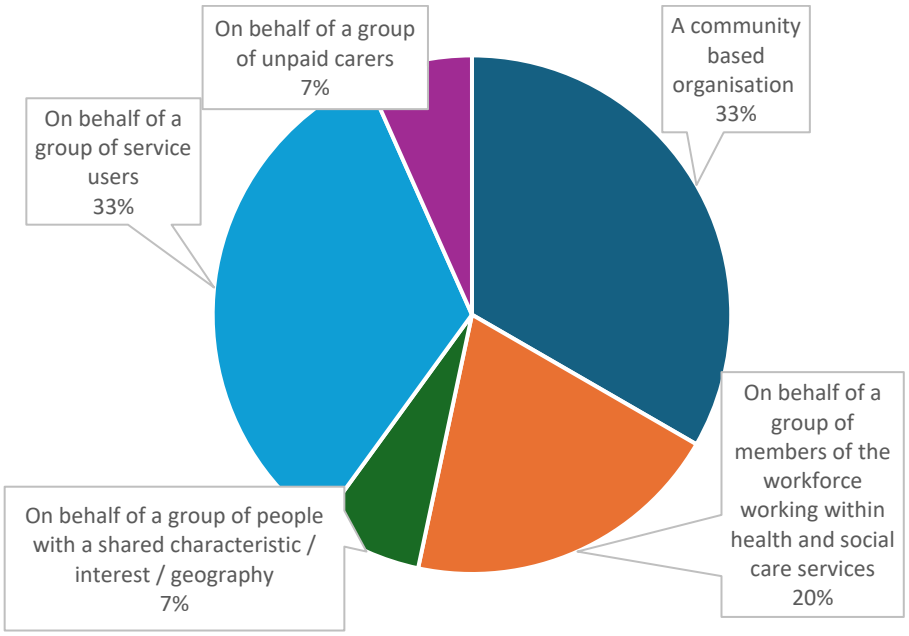
Chart 4*:* Groups of people that organisations focus on (101 respondents)



2.5 Question 21 – Group Respondents

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

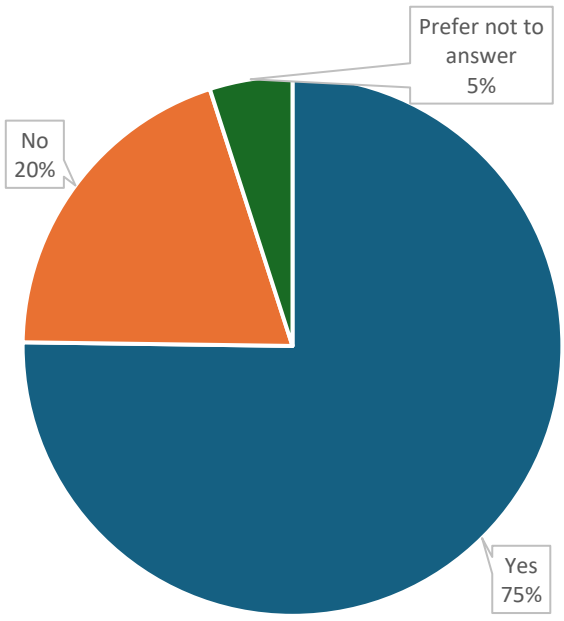
Chart 5: Types of group who responded (15 respondents)



2.6 Question 6 – Area of Residence

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

Chart 6: Resident in Dundee (441 respondents)



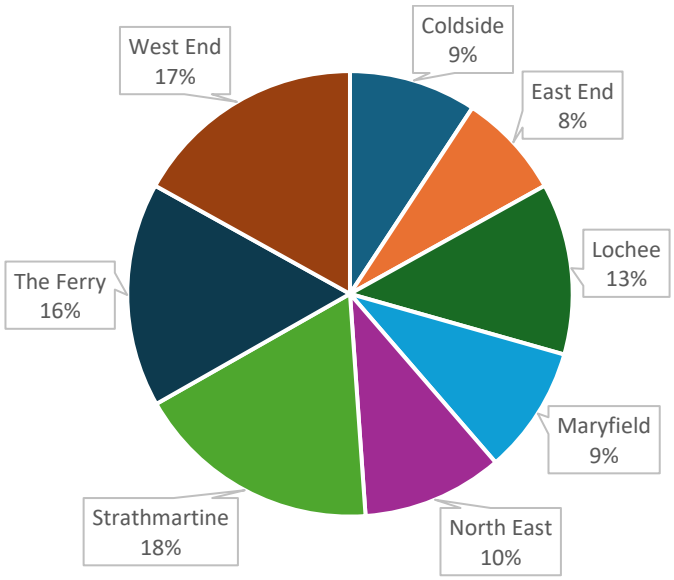
2.7 Question 7 – LCPP and SIMD

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

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

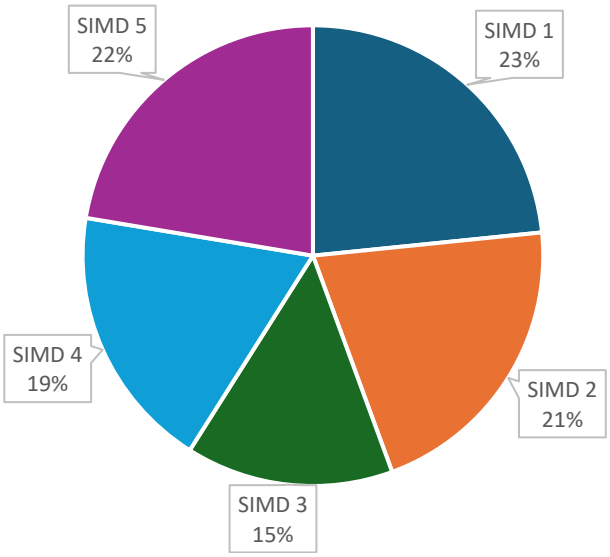
When looking at the Dundee postcodes in more detail there were responses from all eight LCPP areas (wards) in Dundee although the number of responses varied by LCPP. Most responses were from residents from Strathmartine (18%), West End (17%) and The Ferry (16%) and fewest responses from residents in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

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



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

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



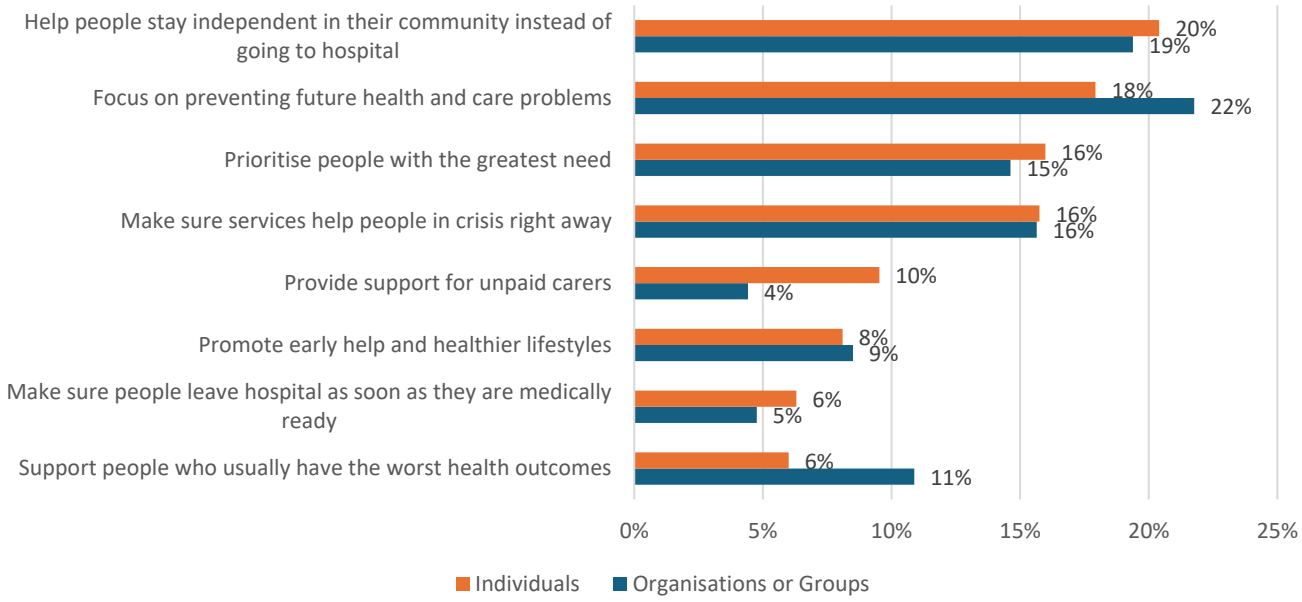
[5] [5] Scottish Index of Multiple Deprivation

3 Section 2 – What is important to you…

3.1 Question 23 – Targeting of Services

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

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



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

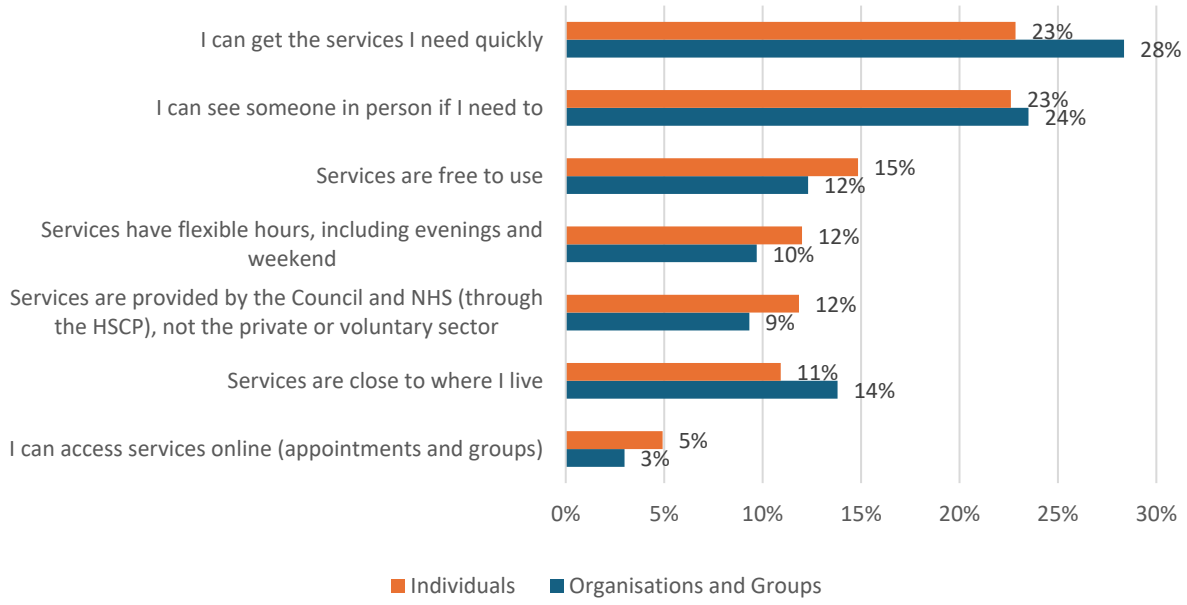
- Help people stay independently in their community instead of going to hospital (20% of responses from individuals and 19% of responses from organisations and groups)
- Focus on preventing future health and care problems (18% of responses from individuals and 22% of responses from organisations and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

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

3.2 Question 24 – Delivery of Services

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

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



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

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

4 Section 3 – Impact on you…

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

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

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

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

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

- 0 - 1 represent no impact[6]
- 1.1 - 2 represent low impact
- 2.1 – 3 represent medium impact
- 3.1 – 4 represent high impact.

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

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

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

Question 25 – How would this impact on you?

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

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

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

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

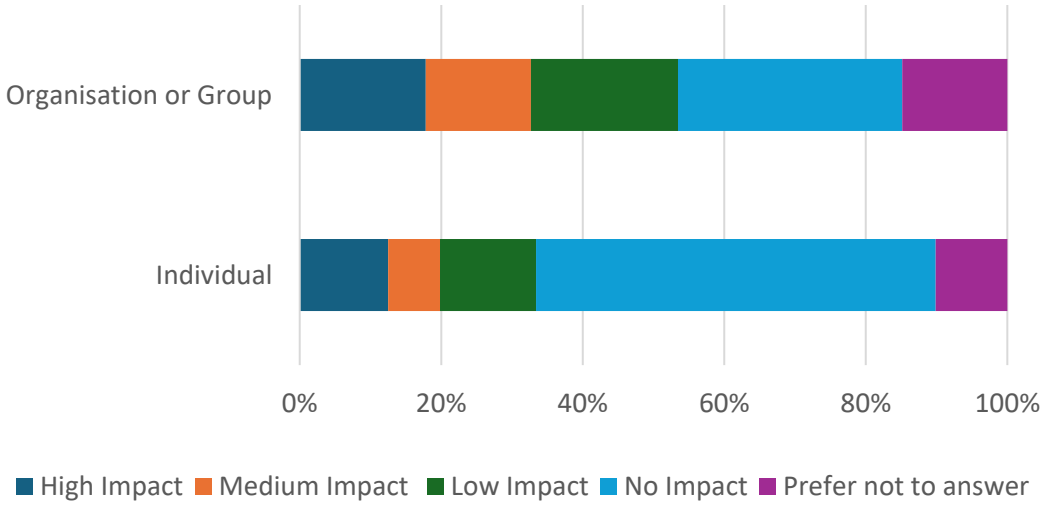
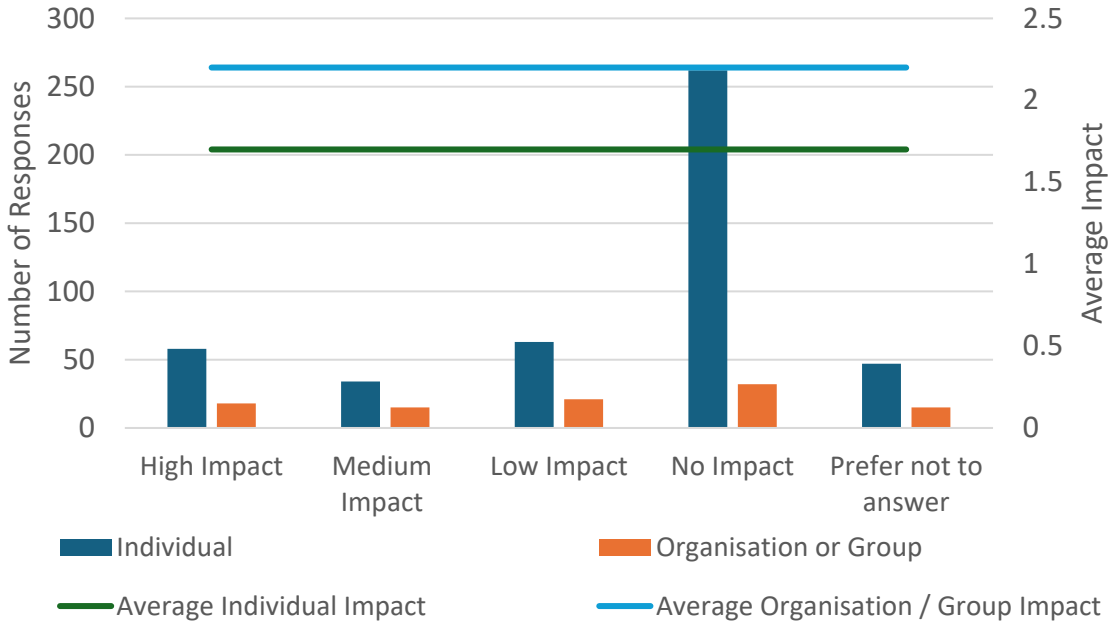


Chart 12: Impact of removing funding for Food Train and Bharatiya Ashram Lunch Club by level of impact



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

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

Key themes from these responses were:

Perception of a False Economy

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

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

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

Risks for Vulnerable Groups

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

Views on Proposed Mitigations

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

The Food Train

Disproportionate Impact on Vulnerable People

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

Risk to Health, Prevention, and Inequalities

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

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

Impact on Independent, Dignity, and Wider Supports

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

Concerns about Suitability of Mitigations

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

Bharatiya Ashram Lunch Club

Risk of Service Closure and Disproportionate Impact

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

Isolation, Inclusion, and Cultural Impact

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

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

Concerns about Mitigations and Sustainability

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

Key Themes from Consultation Sessions and Other Submissions

The Food Train

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

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

Bharatiya Ashram Lunch Club

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

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

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

Question 27 - How would this impact on you?

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

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

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

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

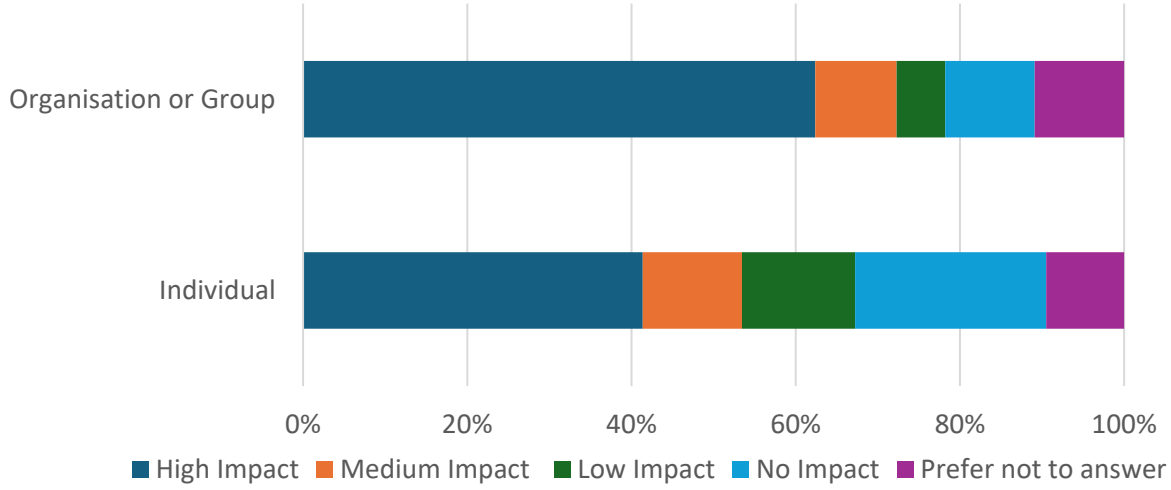
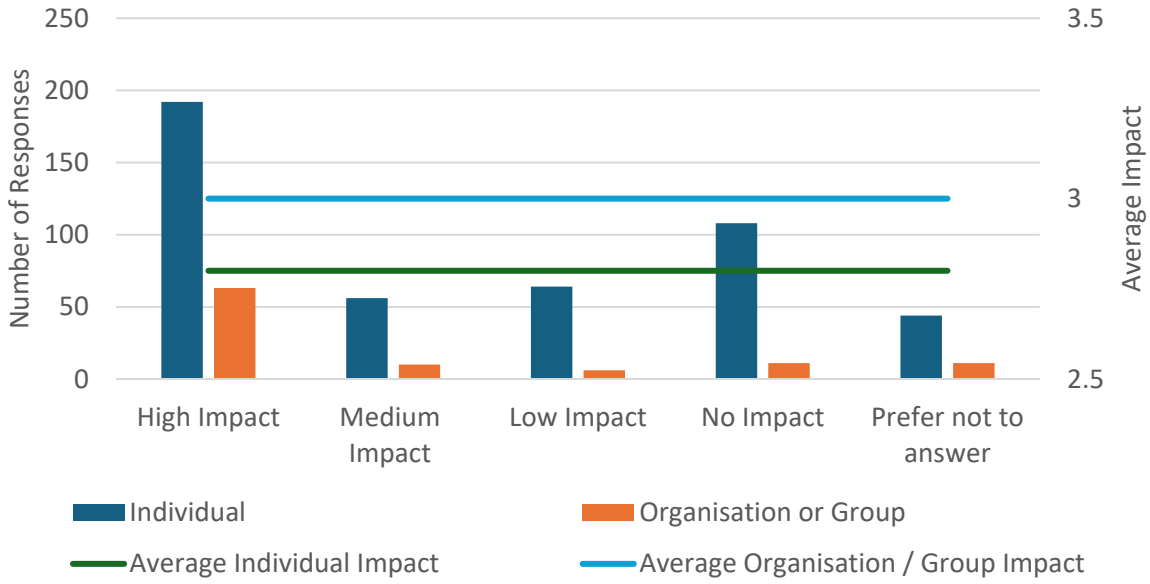


Chart 14: Impact of reducing the amount of funding to Third and Independent Sector by level of impact



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

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

Key themes from these responses were:

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

Financial Fragility and Sustainability

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

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

Shift in Demand to Statutory Services

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

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

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

Loss of Prevention and Early Intervention

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

Workforce Impacts and Risk to Service Quality

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

Impacts of Co-ordination, Partnership Working and System Sustainability

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

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

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

Lived Experience and Personal Impact

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

Sector Specific Feedback

Additional sector specific feedback is summarised below:

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

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

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

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

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

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

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

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

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

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

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

Suggested Mitigations and Alternative Approaches

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

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

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

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

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

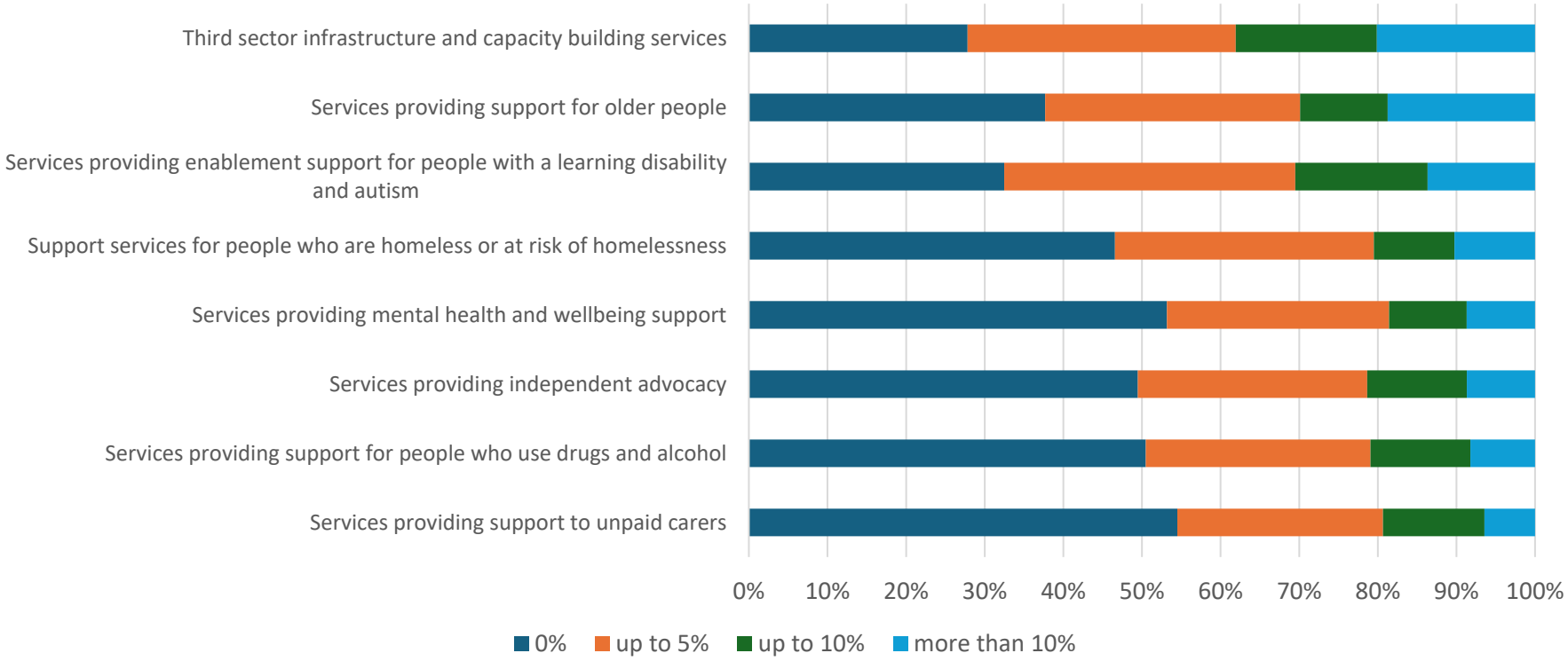
There were 513 responses to this question.

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

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

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

Chart 15: % level of funding reduction respondents supported



Key Themes from Consultation Sessions and Other Submissions

Concerns about Flat Rate Reduction

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

Preventative Value of Services

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

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

Impact on Vulnerable People and Service Capacity

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

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

Workforce and Volunteer Pressures

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

Financial Fragility and Long-Term Sustainability Risks

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

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

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

Alternative Mitigations

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

4.3 Tayside Nutrition and Dietetics Service

Question 30 - How would this impact on you?

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

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

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

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

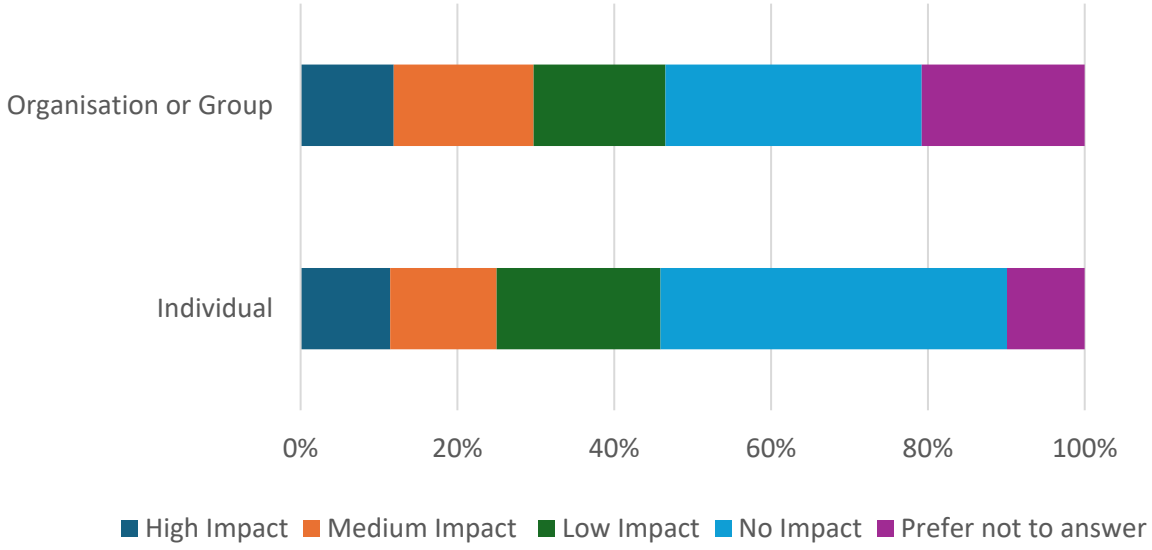
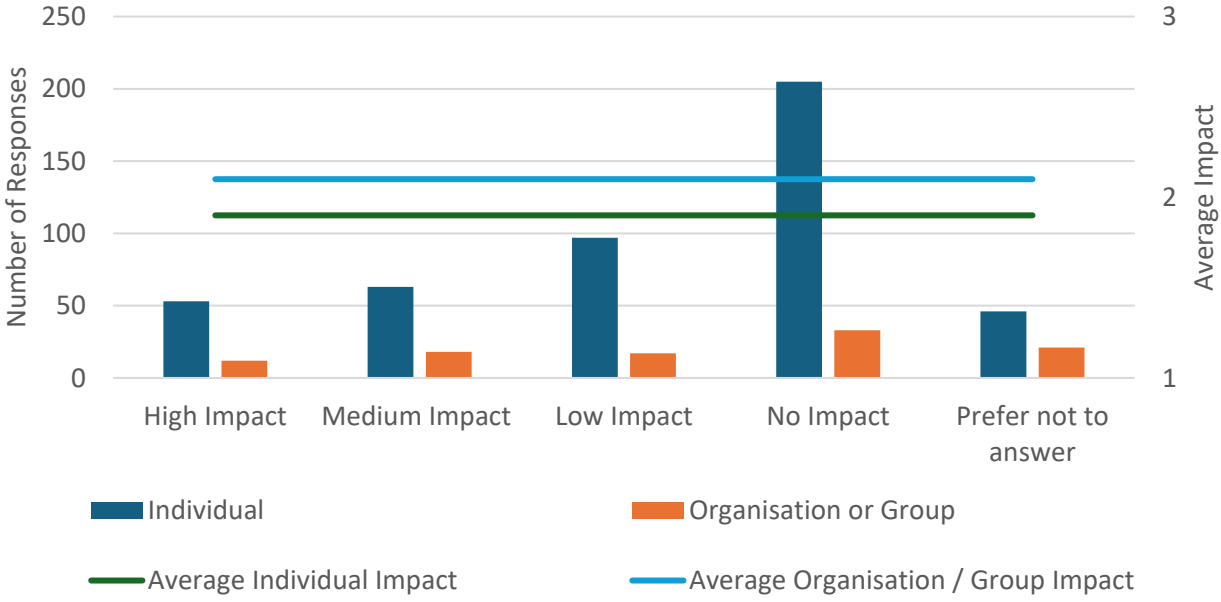


Chart 17: Impact of funding for the Tayside Nutrition and Dietetics Service by level of impact



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

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

Key themes from these responses were:

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

Risk of Reduced Capacity and Delayed Access

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

Undermining Prevention

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

Prioritisation and Risk of Narrowing Access

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

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

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

Impact Across the Wider Health and Social Care System

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

Digital Barriers and Risk of Widening Inequalities

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

Workforce Impacts and Service Sustainability

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

Suggested Mitigations to Reduce Negative Impacts

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

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

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

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

Key Themes from Consultation Sessions and Other Submissions

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

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

Question 32 - How would this impact on you?

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

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

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

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

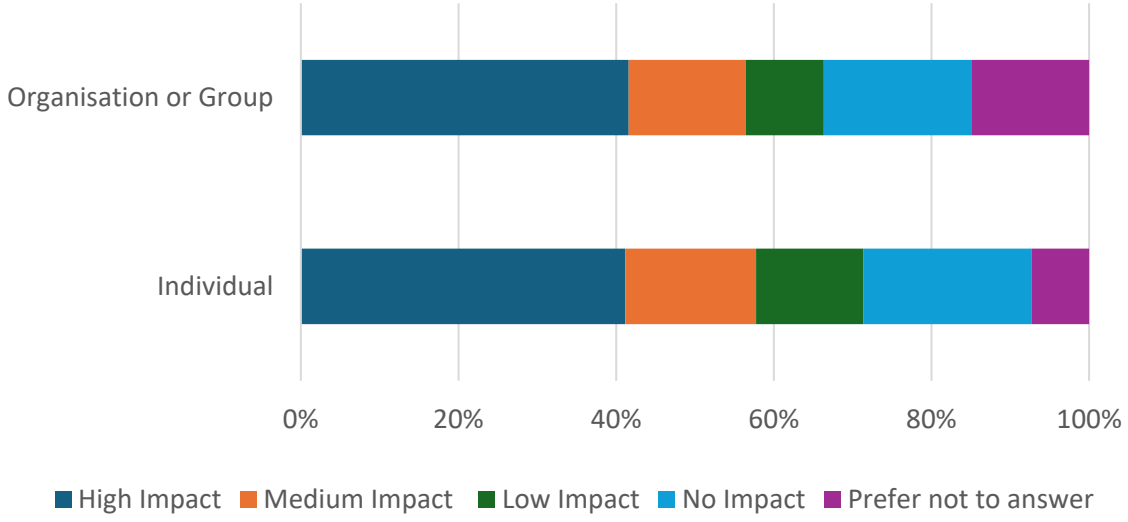
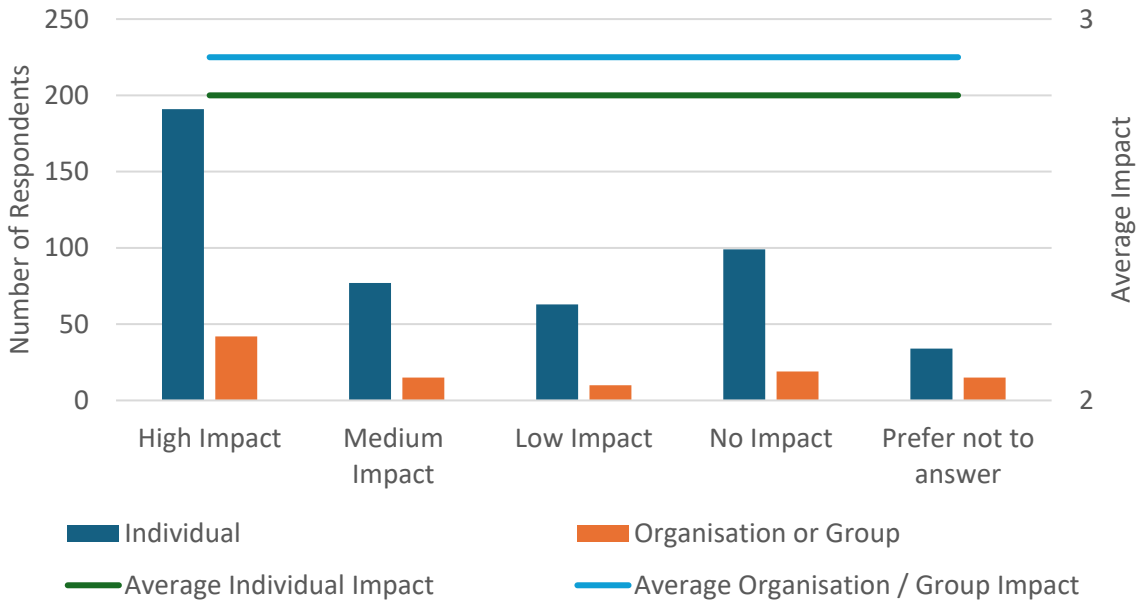


Chart 19: Impact of review of Physiotherapy and Occupational Therapy by level of impact



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

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

Key themes from these responses were:

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

Lived Experience and Personal Impact

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

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

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

Reduced Access and Loss of Independence

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

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

Risk of Physical Deterioration, Increased Falls and Mental Wellbeing Impacts

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

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

Importance of Specialist Neurological Rehabilitation

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

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

False Economy and Systems Impact (including on unpaid carers)

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

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

Workforce Pressures and Loss of Specialist Skills

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

Value of Community AHP Services

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

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

Approach to the Review Process

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

Alternative Mitigations

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

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

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

Key Themes from Consultation Sessions and Other Submissions

Reduced Access

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

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

Mental Health and Emotional Impacts

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

Suggested Mitigations

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

Reductions to Specialist Neurological Rehabilitation, Community and MSK

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

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

Managing Demand

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

4.5 Provision of Equipment – Occupational Therapy

Question 34 - How would this impact on you?

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

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

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

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

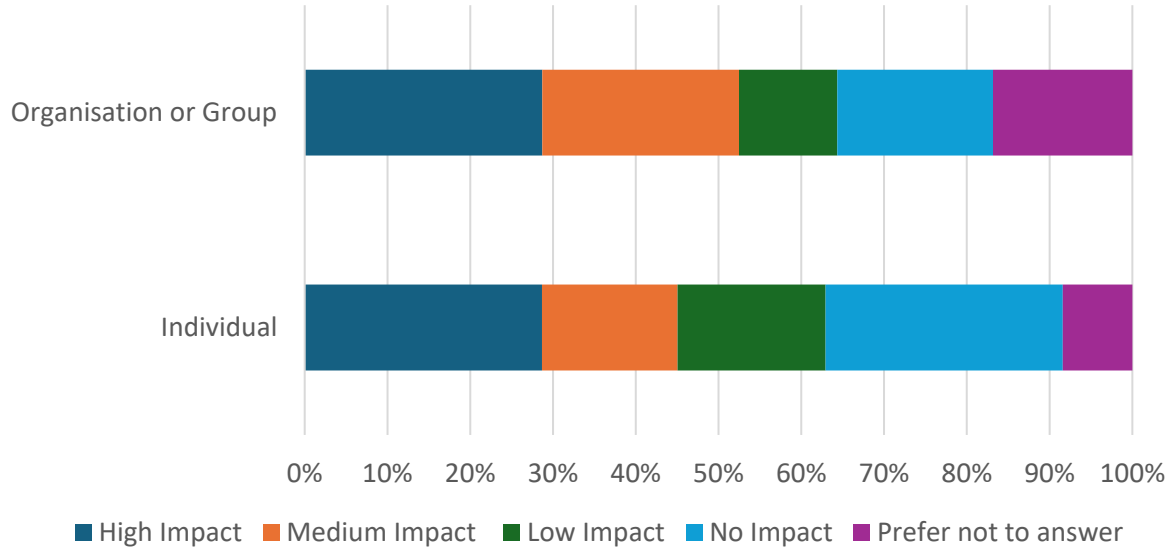
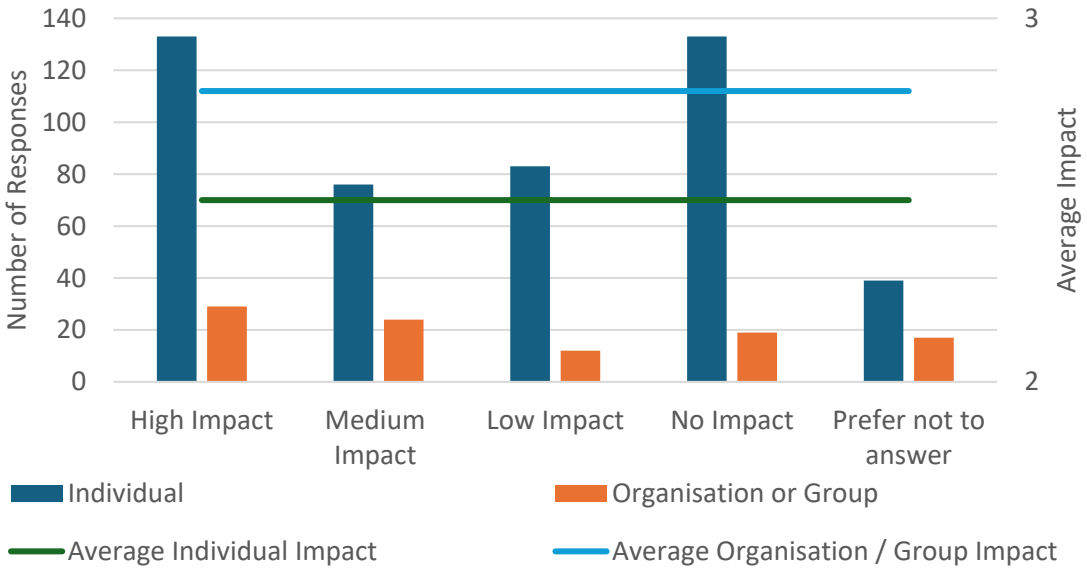


Chart 21: Impact of reducing provision of equipment by level of impact



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

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

Key themes from these responses were:

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

Risks to Safety, Rehabilitation and Hospital Flow

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

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

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

Impact on Independence, Dignity and Daily Living

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

System-Wide Pressures and Increased Demand

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

Health Inequalities

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

Alternative Approaches

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

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

Alternative Funding Routes and Safety Risks

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

Key Themes from Consultation Sessions and Other Submissions

Affordability and Charging Models

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

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

Safety, Inequalities and System Impact

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

Staff Wellbeing and Complaints

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

4.6 Older People's Mental Health Services – Weekend Services

Question 36 - How would this impact on you?

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

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

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

Chart 22: Impact of reducing weekend services by respondent type

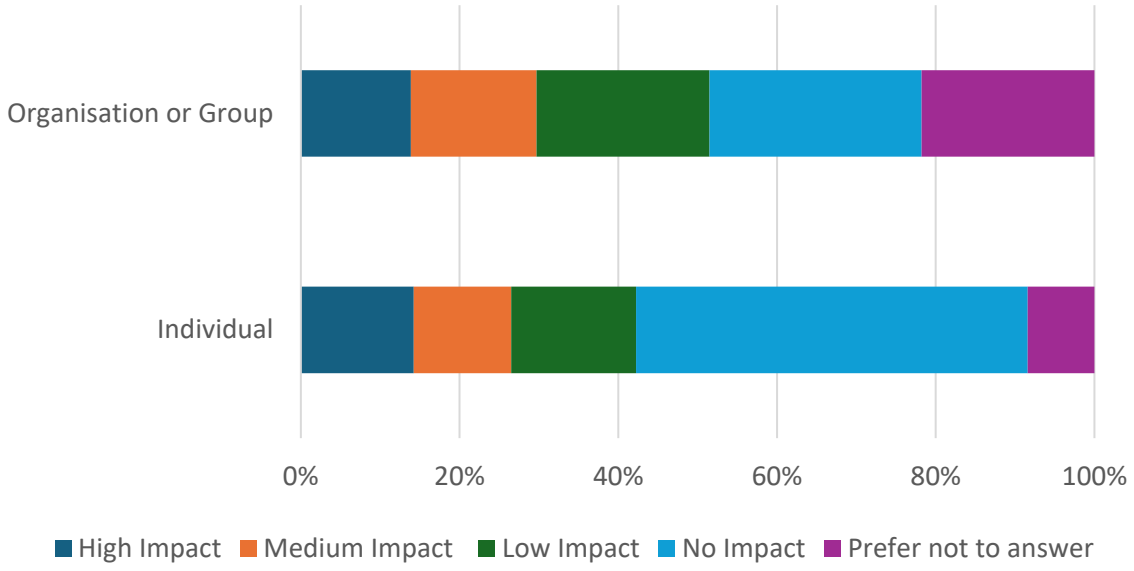
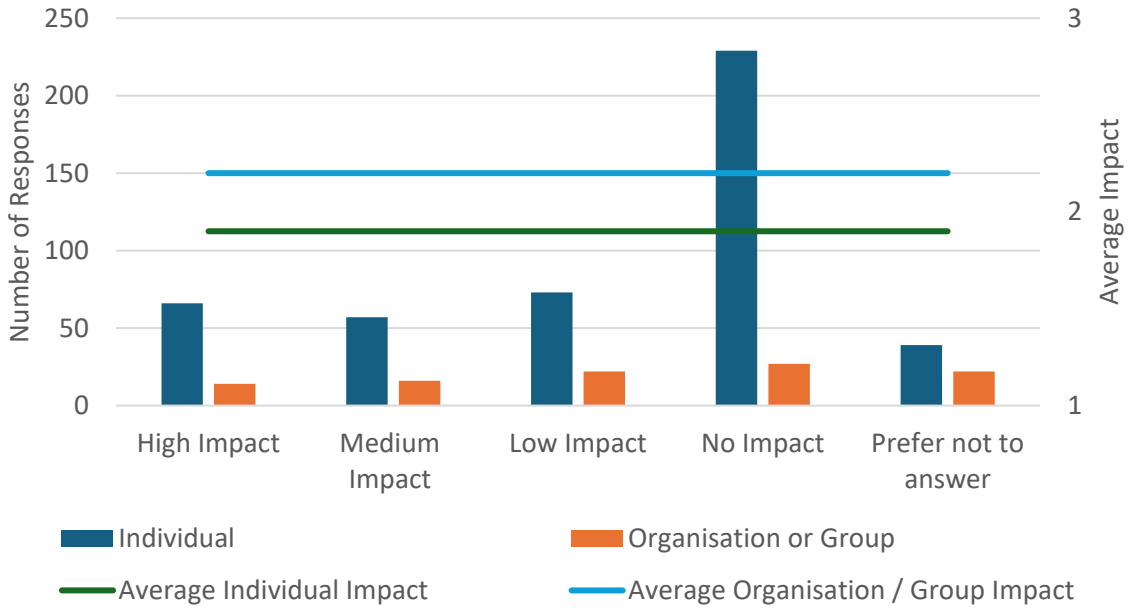


Chart 23: Impact of reducing weekend services by level of impact



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

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

Key themes from these responses were:

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

Reduced Weekend Cover

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

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

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

Displacement of Demand

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

Hospital Flow and Discharge Planning

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

Specialist Mental Health Expertise

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

Impact on Families and Unpaid Carers

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

Alternative Mitigations

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

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

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

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

Key Themes from Consultation Sessions and Other Submissions

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

4.7 Review of The Corner

Question 38 - How would this impact on you?

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

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

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

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

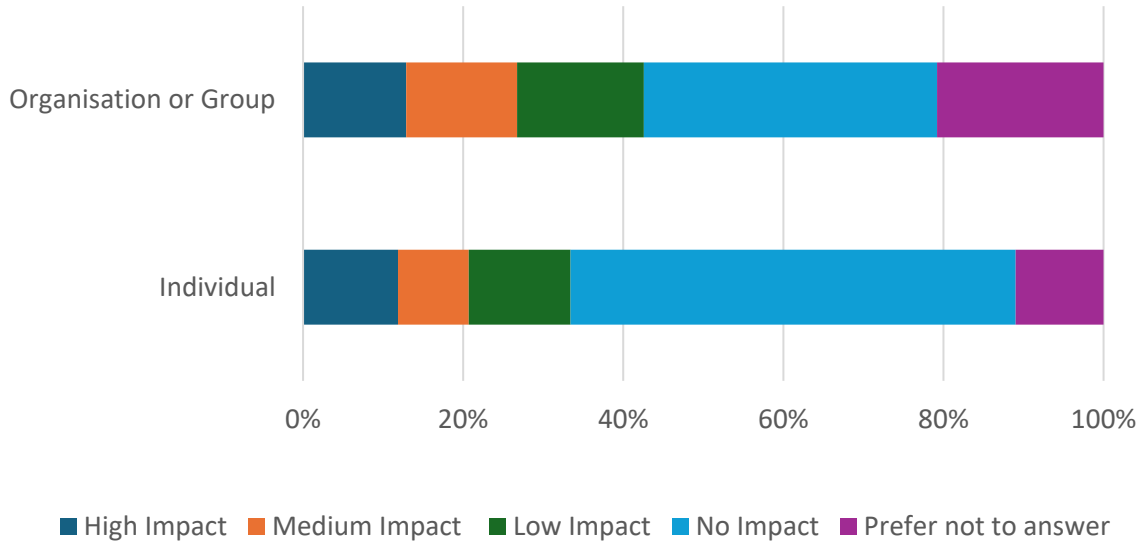
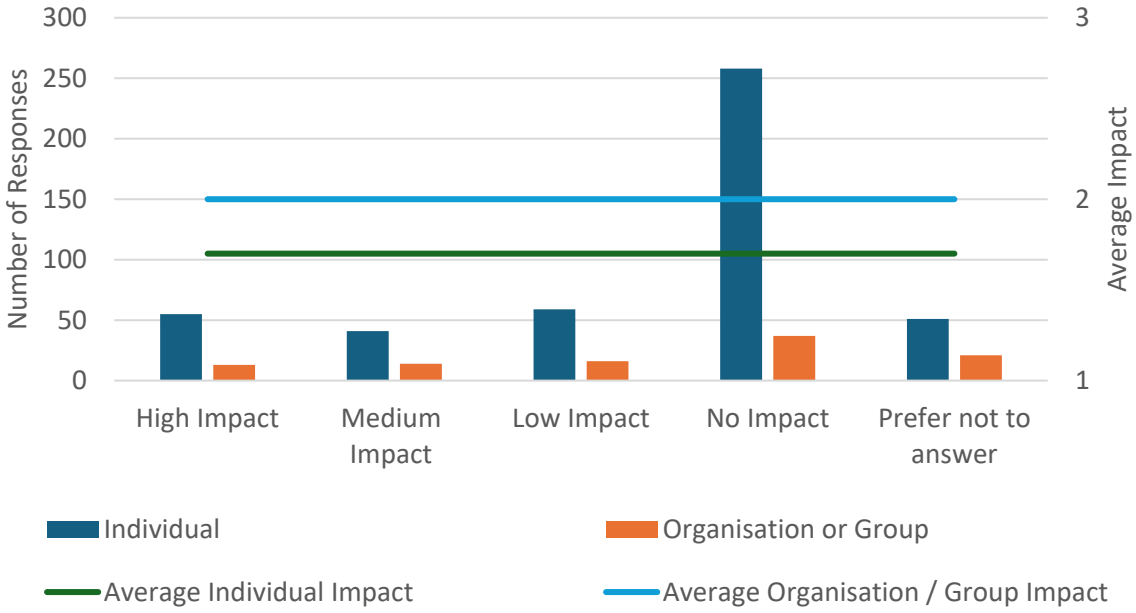


Chart 25: Impact of review of The Corner by level of impact



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

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

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

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

Key themes from these responses were:

Early Help and Preventative Support

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

Displacement of Demand

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

Impact on Young People's Outcomes

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

Vulnerable and Marginalised Groups

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

Reviewing or Refocusing the Service

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

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

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

Key Themes from Consultation Sessions and Other Submissions

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

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

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

5.1 Question 40 – Alternative ways to save money

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

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

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

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

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

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

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

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

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

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

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

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

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

Key Themes from Consultation Sessions and Other Submissions

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

- Further investment in digital tools, such as Magic Notes[14] , to improve efficiency and release resources to focus on direct service delivery. This could include extending software licenses to include third-sector services.
- Removing barriers to staff signposting service users to alternative services and sources of support in the private sector (such as practical support for cleaning, meals, equipment purchases etc).
- Having an ongoing mechanism for the workforce to submit ideas for cost savings and an effective mechanism to consider and respond to these.
- Allowing people from outwith Dundee to access services such as respite and the Mackinnon Centre on a paid for basis to make sure all capacity is fully used and maximise income.
- Ensuring that any unspent budget from Self-Directed Support direct payments is recovered on a timely way.
- Investing in additional capacity to support service reviews and transformation work that would support a more strategic and long-term approach to financial sustainability.

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

5.2 Question 41 – Any other feedback

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

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

Importance of Prevention and Early Intervention

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

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

Reductions to Community-Based AHP-Led Services

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

Impact on Unpaid Carers

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

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

Role and Vulnerability of Third Sector Services

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

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

Workforce Pressures, Morale and Sustainability

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

Fairness and Equality

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

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

Transparency and Decision-Making

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

Funding and Investment in Health and Social Care

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

Key Themes from Consultation Sessions and Other Submissions

Frustration about Wider Investment Priorities

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

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

Lack of Resource Shift to Community Services

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

Staffing Levels, Workloads and Career Progression

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

Charging and Means-Testing in Current Economic Conditions

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

Future Consultations

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

6 Impacts for Specific Groups of Areas

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

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

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

- 0 - 1 represent no impact[15]
- 1.1 - 2 represent low impact
- 2.1 – 3 represent medium impact
- 3.1 – 4 represent high impact.

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

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

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

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

6.1 Summary of Highest Ranked Impacts for Specific Groups

Chart 26: Summary of highest ranked impacts for specific groups

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

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

[16] Scottish Index of Multiple Deprivation
[17] Local Community Planning Partnership

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

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

6.2 Summary if Variation from Average Impact for Specific Groups

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

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

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

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

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

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

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

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

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

Equality or Fairness Group	Sample Size	Food Train & Bharatiya Ashram Lunch Club	Tayside Nutrition & Dietetics Service	The Corner	Older People Mental Health	OT Equipment	Review of Physiotherapy & Occupational Therapy	Third & Independent Sector Services
1.0 or more than 1.0 less than average		**0.5 – 0.9 less than average**		**0.5 – 0.9 greater than average**			**1.0 or more than 1.0 greater than average**	
TOTAL INDIVIDUAL SAMPLE	**464**	**1.7**	**1.9**	**1.7**	**1.9**	**2.5**	**2.8**	**2.8**
White Eastern European / White Other	**5**	Not available due to small numbers						
Black Minority Ethnic groups	**21**	-0.3	-0.1	0.5	0.0	-0.3	0.3	0.0
Unpaid care	**441**	-0.1	-0.2	0.0	-0.1	-0.1	-0.1	0.2
Resident in Dundee	**349**	0.1	0.0	0.1	0.0	-0.1	-0.1	0.1
SIMD[18] 1 & 2	**131**	0.2	0.0	0.2	0.1	-0.1	-0.2	0.4

[18] Scottish Index of Multiple Deprivation

Equality or Fairness Group	Sample Size	Food Train & Bharatiya Ashram Lunch Club	Tayside Nutrition & Dietetics Service	The Corner	Older People Mental Health	OT Equipment	Review of Physiotherapy & Occupational Therapy	Third & Independent Sector Services
1.0 or more than 1.0 less than average		0.5 – 0.9 less than average		0.5 – 0.9 greater than average			1.0 or more than 1.0 greater than average	
TOTAL INDIVIDUAL SAMPLE	**464**	**1.7**	**1.9**	**1.7**	**1.9**	**2.5**	**2.8**	**2.8**
SIMD 4 and 5	**121**	0.1	0.0	0.1	0.0	0.1	0.0	0.0
LCPP[19] - Coldside	**29**	0.3	0.3	0.2	0.3	0.4	0.2	0.5
LCPP - East End	**24**	0.4	0.2	0.1	0.0	0.1	0.0	0.2
LCPP - Lochee	**39**	-0.2	0.0	0.1	-0.1	-0.1	-0.2	0.2
LCPP - Maryfield	**29**	0.0	0.0	0.2	-0.2	-0.4	-0.3	0.0

[19] Local Community Planning Partnership (electoral ward)

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

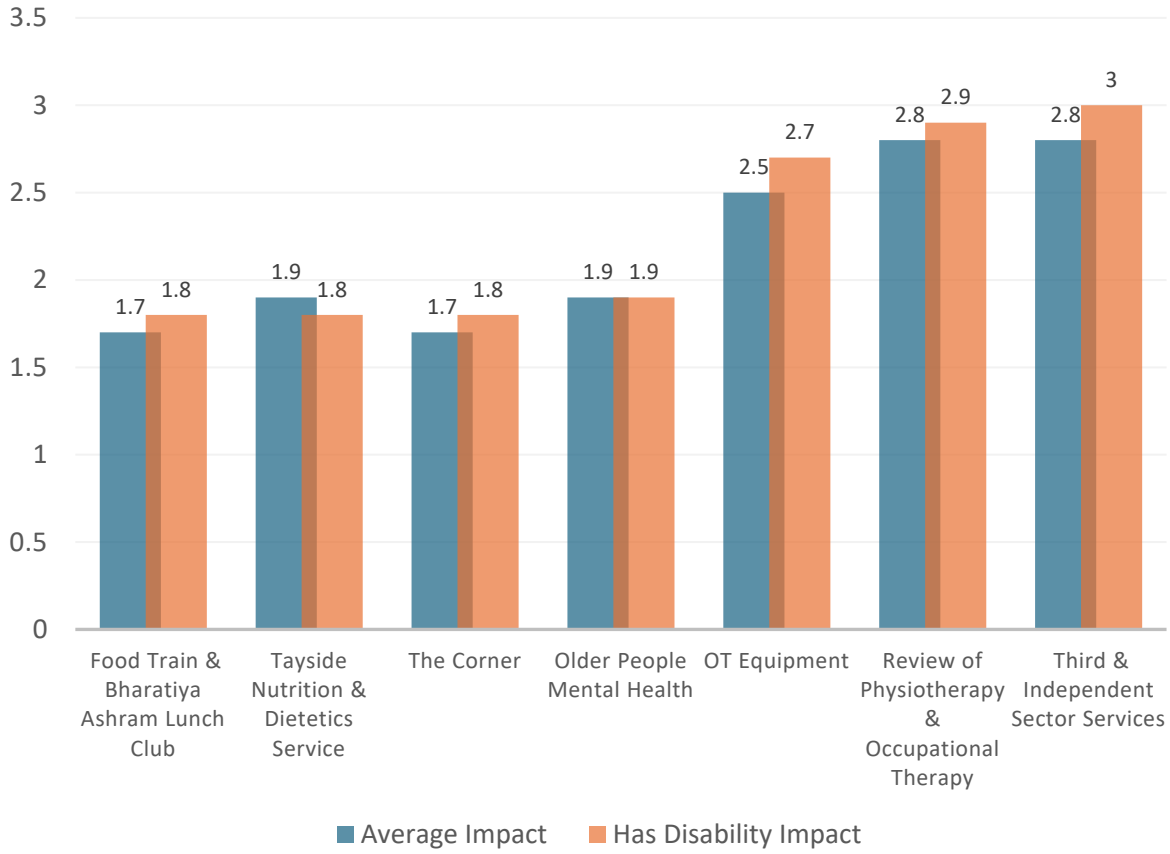
More information on saving options with a variation of 0.5 or more can be found in the sections below.

6.3 Protected Characteristics

6.3.1 Disability

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

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



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

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

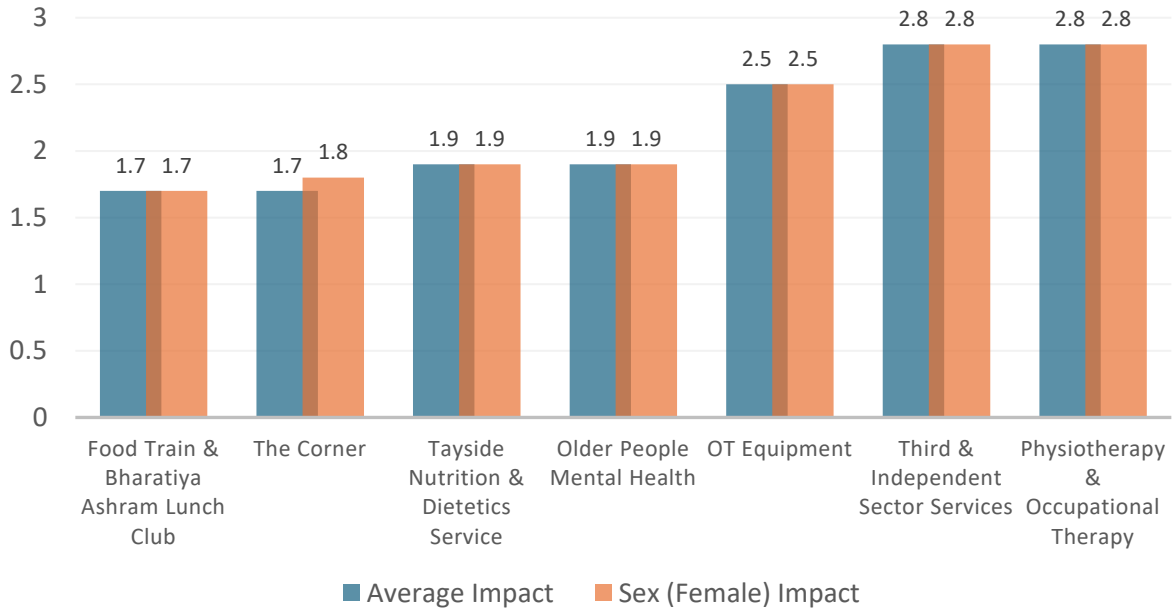
There were no saving options with differences in average impact rating between people who stated that they have a disability and the overall individual survey sample average of 0.5 or more.

6.3.2 Sex

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

Females

Chart 29: Average impact for female respondents



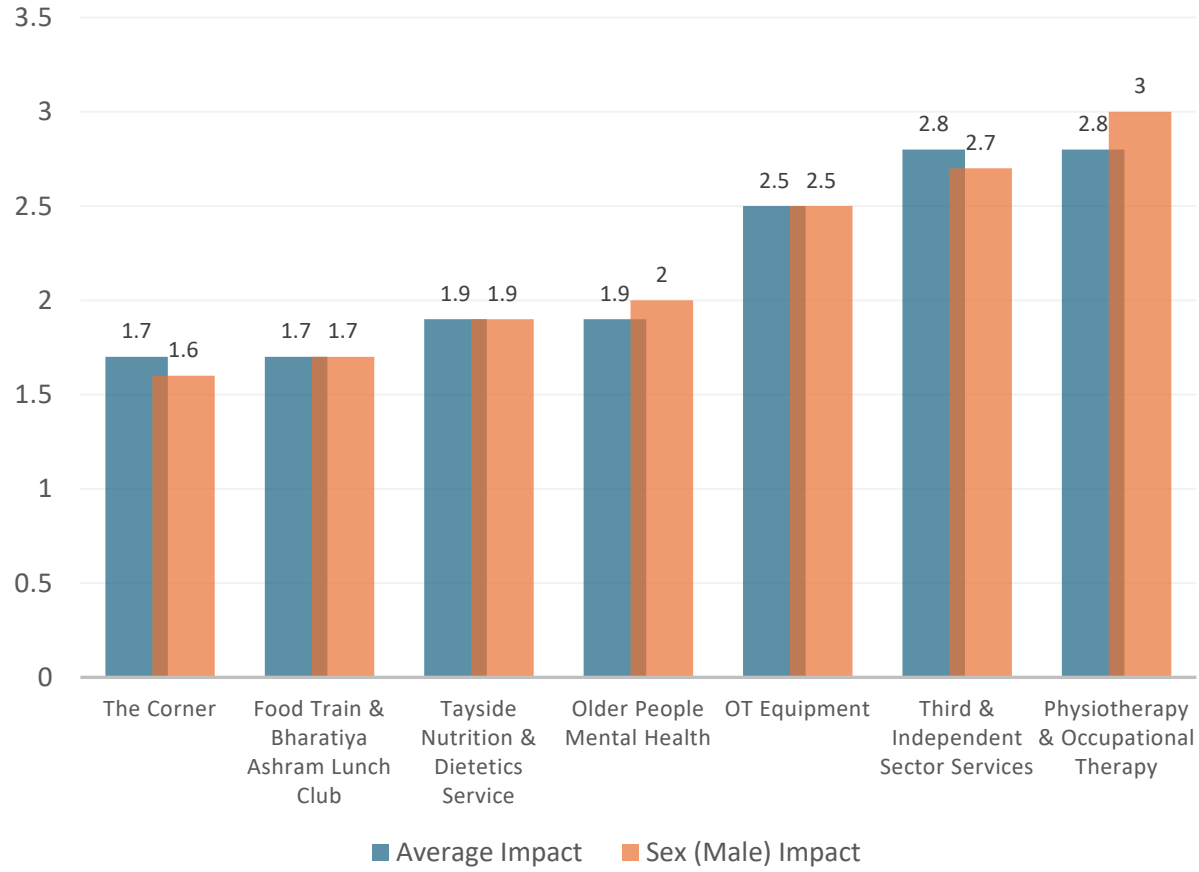
The saving options with the highest average impact rating for females were:

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

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

Males

Chart 30: Average impact for male respondents



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

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

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

6.3.3 Gender Reassignment

Unable to further analyse due to small numbers.

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

6.3.4 Being pregnant or on maternity leave

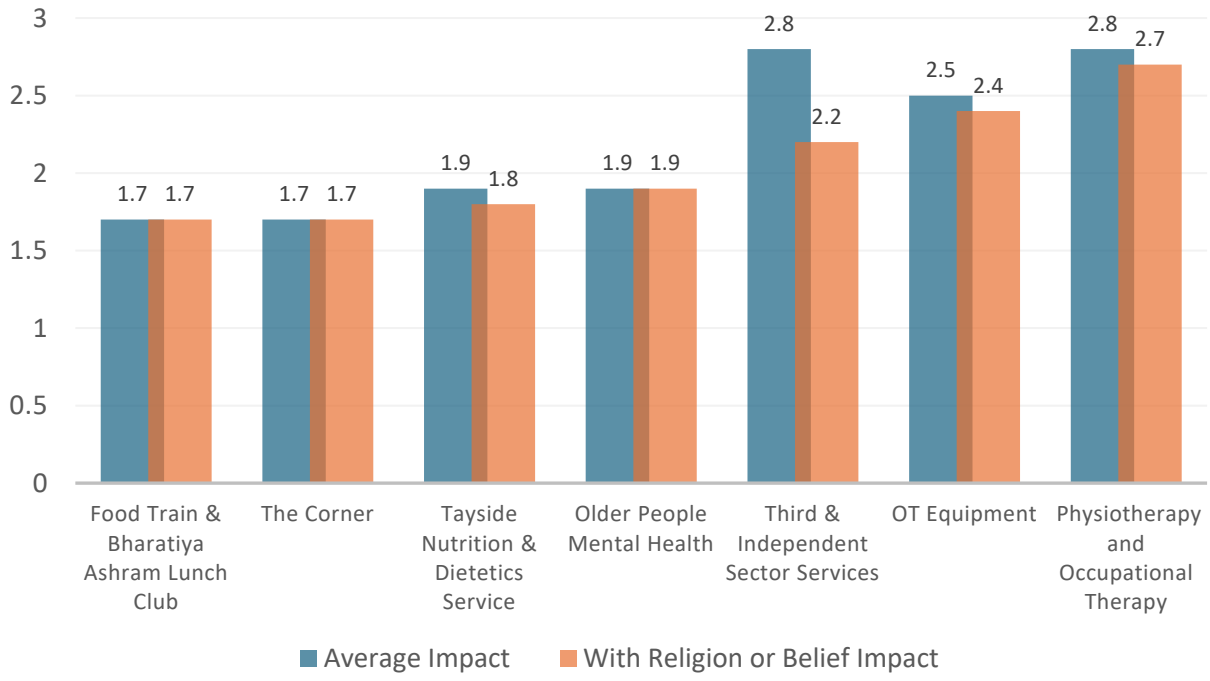
Unable to further analyse due to small numbers.

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

6.3.5 Religion of Belief

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

Chart 31: Average impact for respondents with religion or belief



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

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

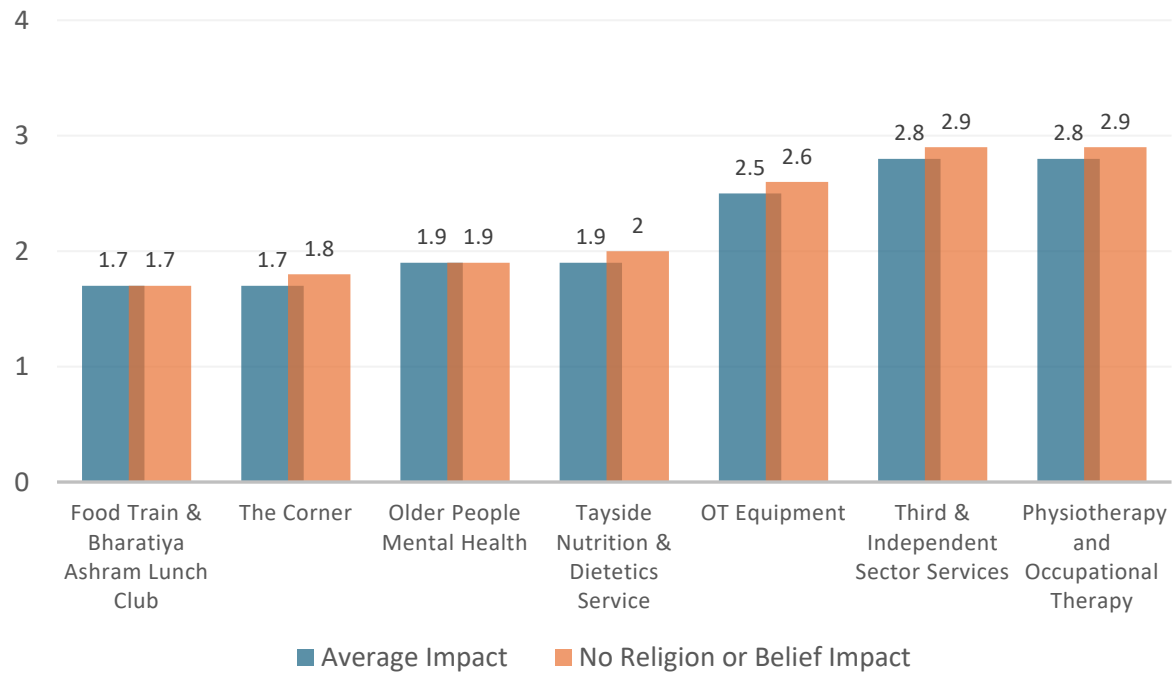
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower chairs, shower stools, perch stools and trolleys) (2.4 – medium).
- Reducing funding of services delivered by the Third and Independent Sector (2.2 – medium).

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

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

This difference is not considered to be significant.

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



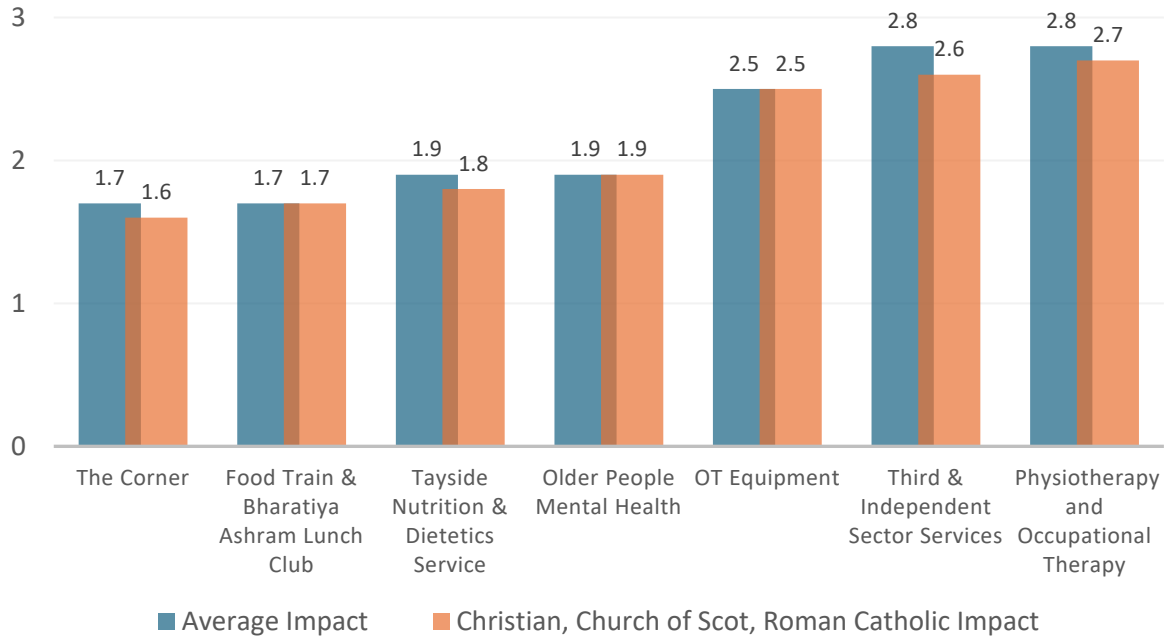
The saving options with the highest average impact rating for people who stated they have no religion or belief were:

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

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

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

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

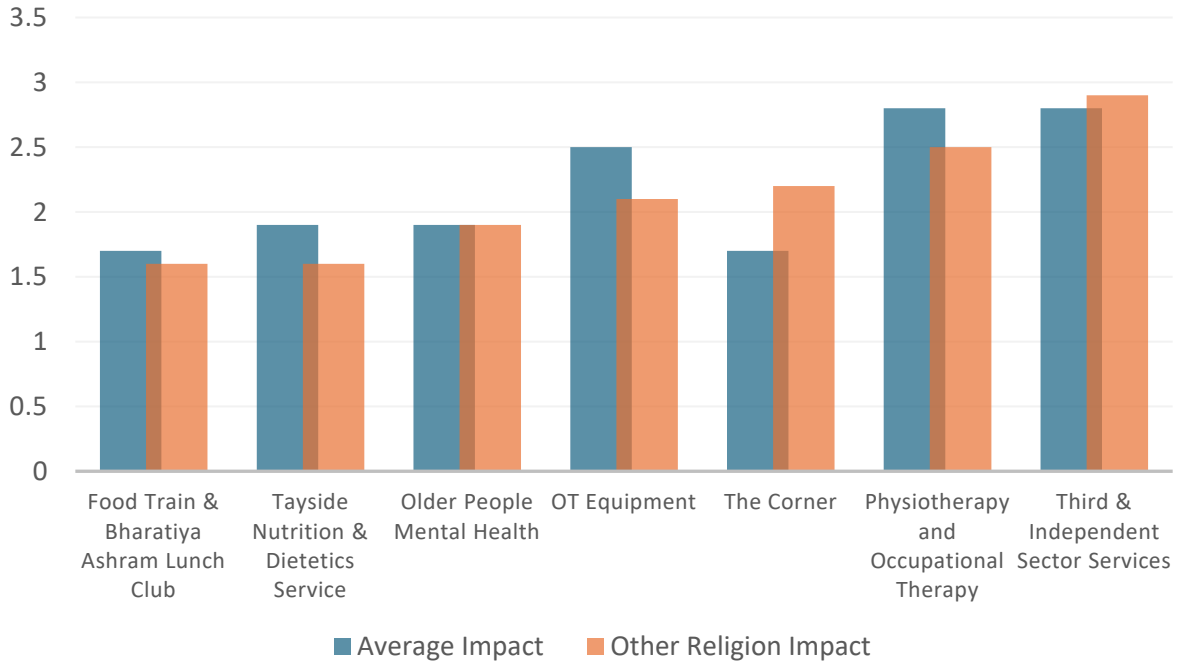


The saving options with the highest average impact rating for people who consider themselves to be Christian, Church of Scotland or Roman Catholic were:

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

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

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



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

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

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

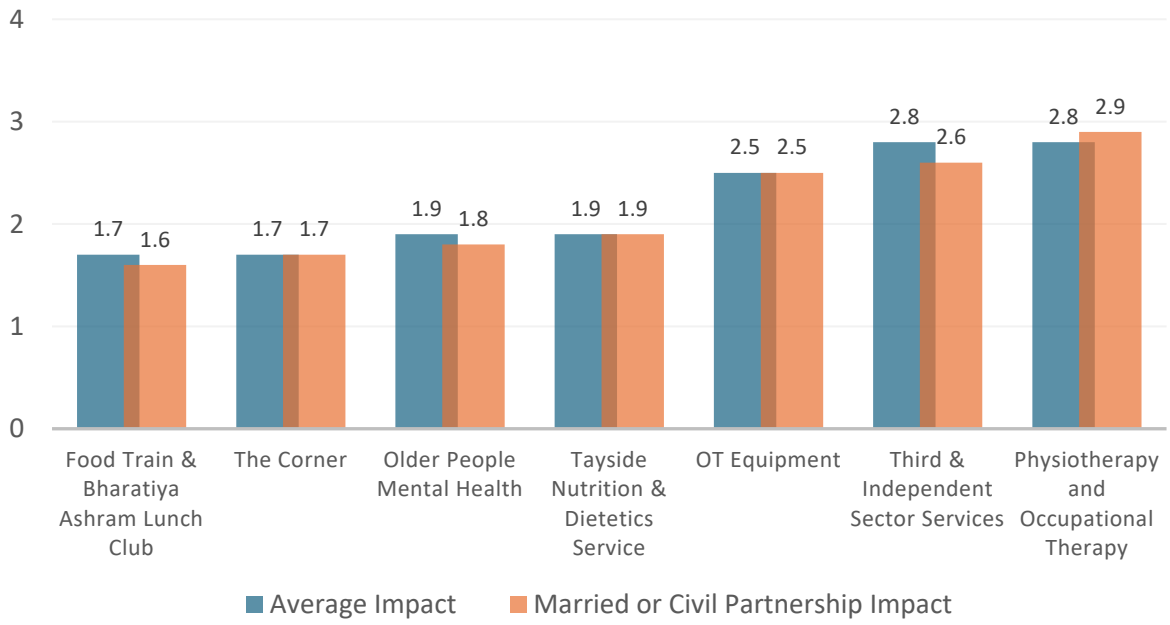
- Review of The Corner (+0.5 difference).

This difference is not considered to be significant.

6.3.6 Being married or in a civil partnership

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

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



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

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

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

6.3.7 Age

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

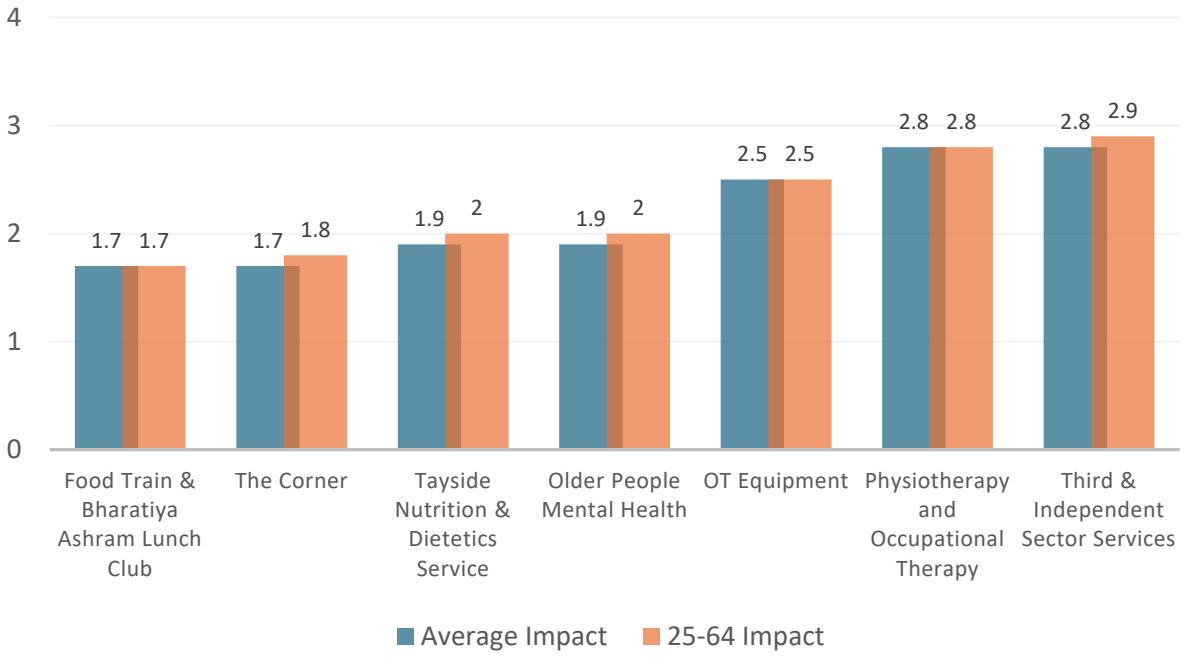
Age Under 25

Unable to further analyse due to small numbers.

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

Age 25 - 64

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



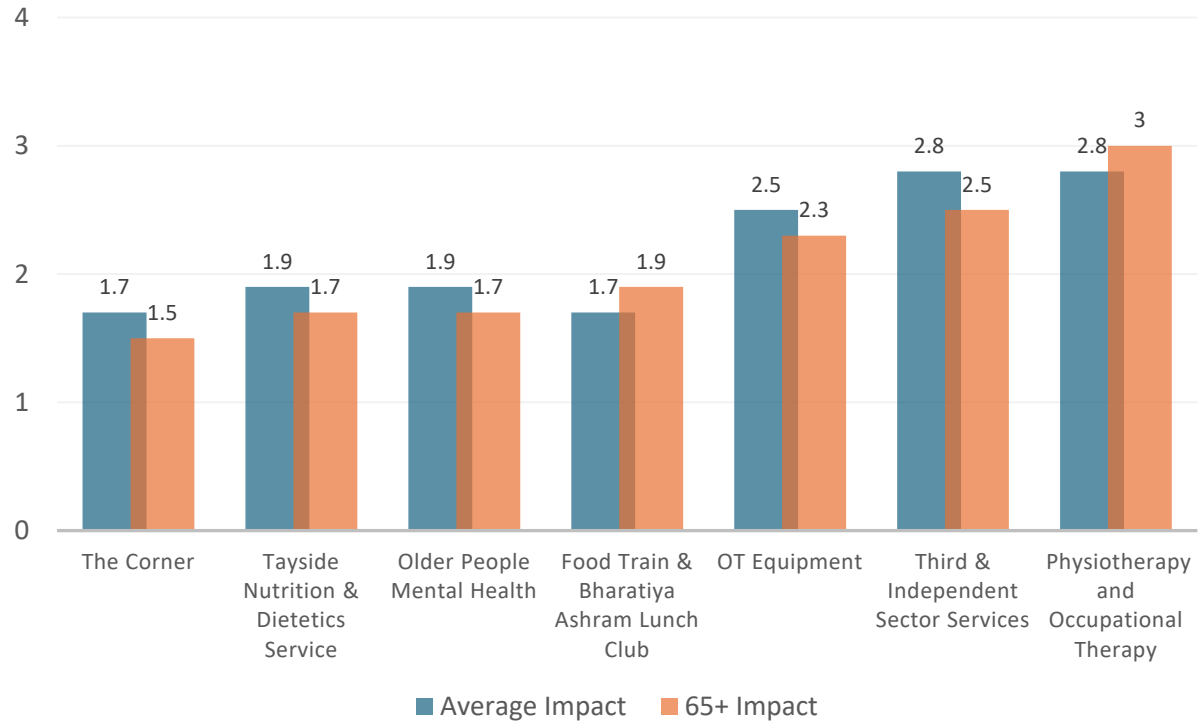
The saving options with the highest average impact rating for people aged 25 – 64 were:

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

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

Age 65+

Chart 37: Average impact for respondents aged 65+ years



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

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

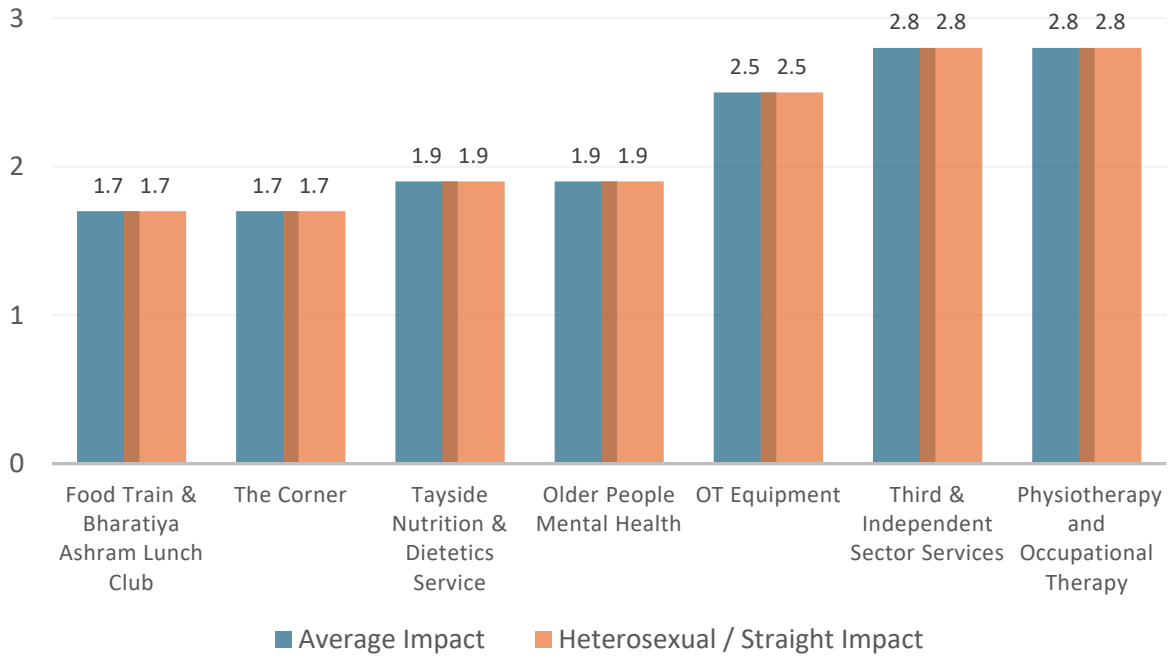
There were no saving options with differences in average impact rating between people who stated they are age 65+ and the overall individual survey sample average of 0.5 or more.

6.3.8 Sexual Orientation

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

Heterosexual / Straight

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



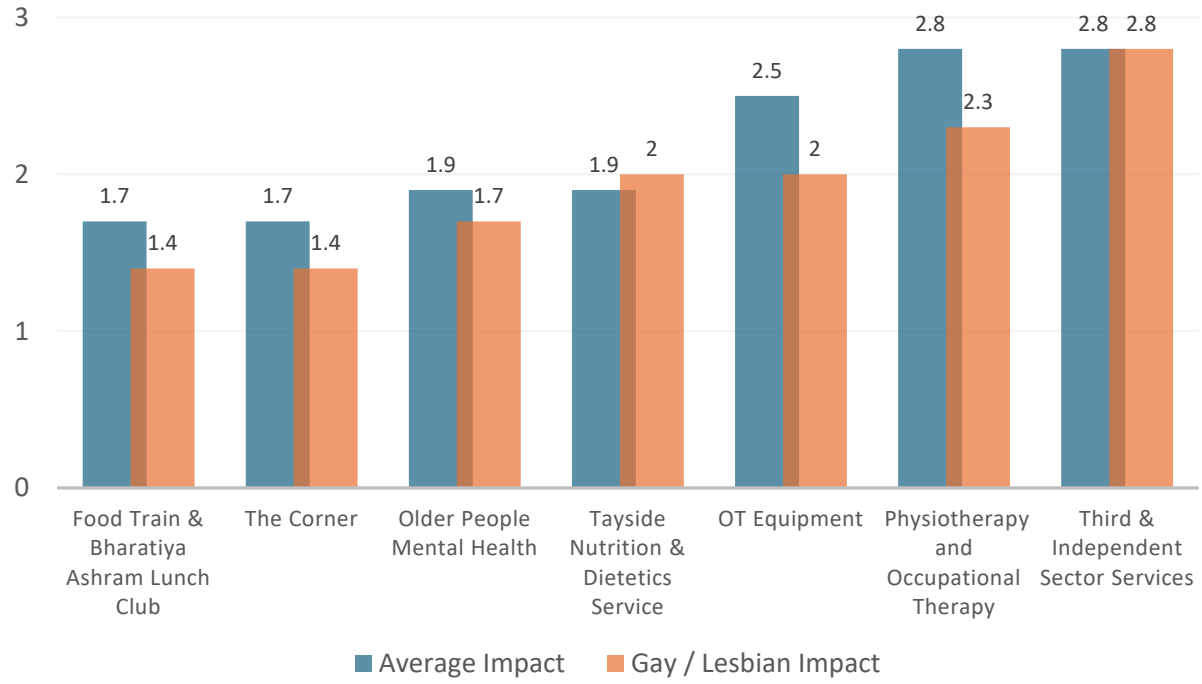
The saving options with the highest average impact rating for people who stated that they are heterosexual / straight were:

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

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

Gay or Lesbian

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



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

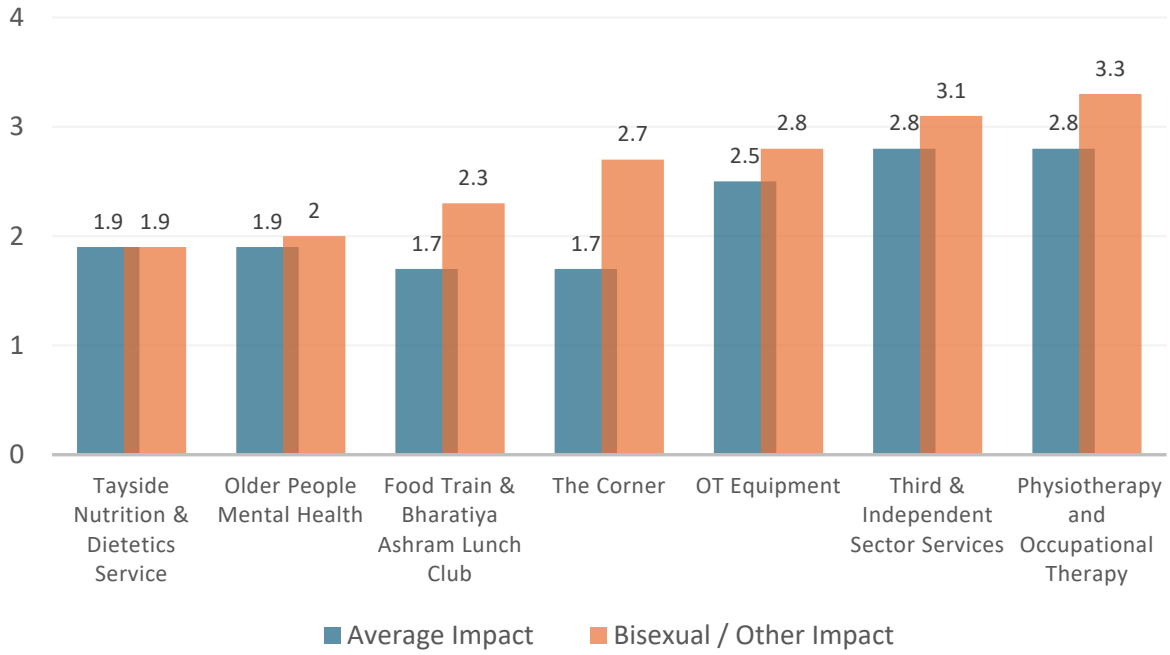
- Reducing funding of services delivered by the Third and Independent Sector (2.3 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.3 – medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower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

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

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

Bisexual / Other

Chart 40: Average impact for respondents who are bisexual or other



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

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

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

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

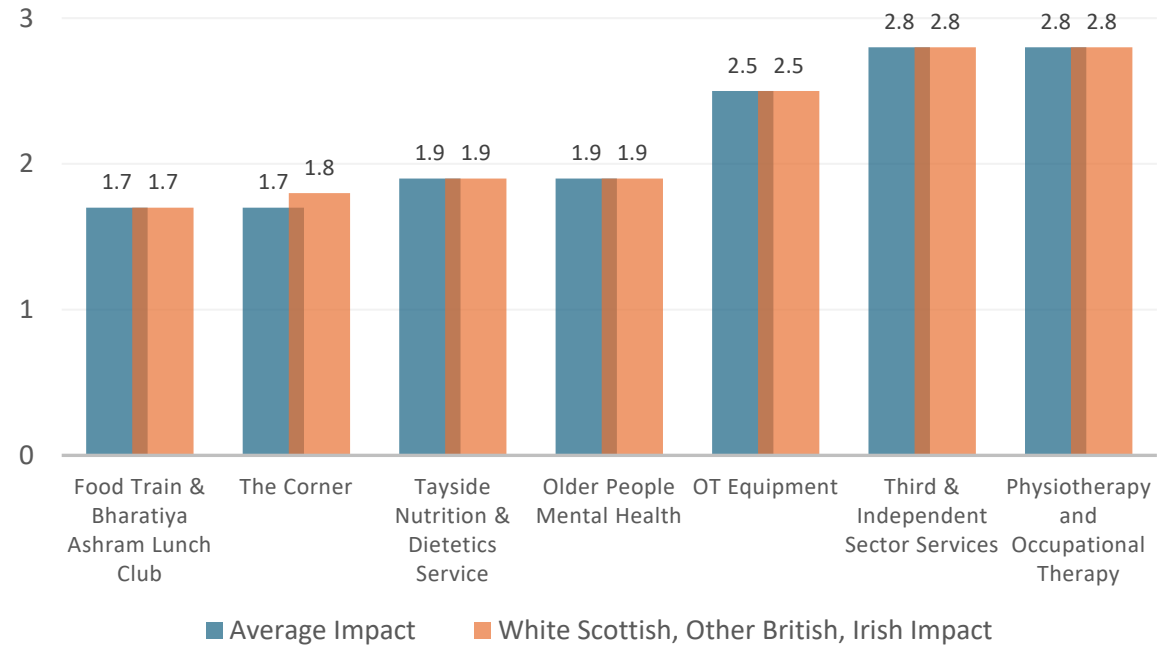
The 1-point difference between the average impact rating for reviewing The Corner is considered to be significant, however caution should be applied due to the low number (17) in the sample of people who consider themselves to be bisexual or other.

6.3.9 Race

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

White Scottish / Other British / Irish

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



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

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

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

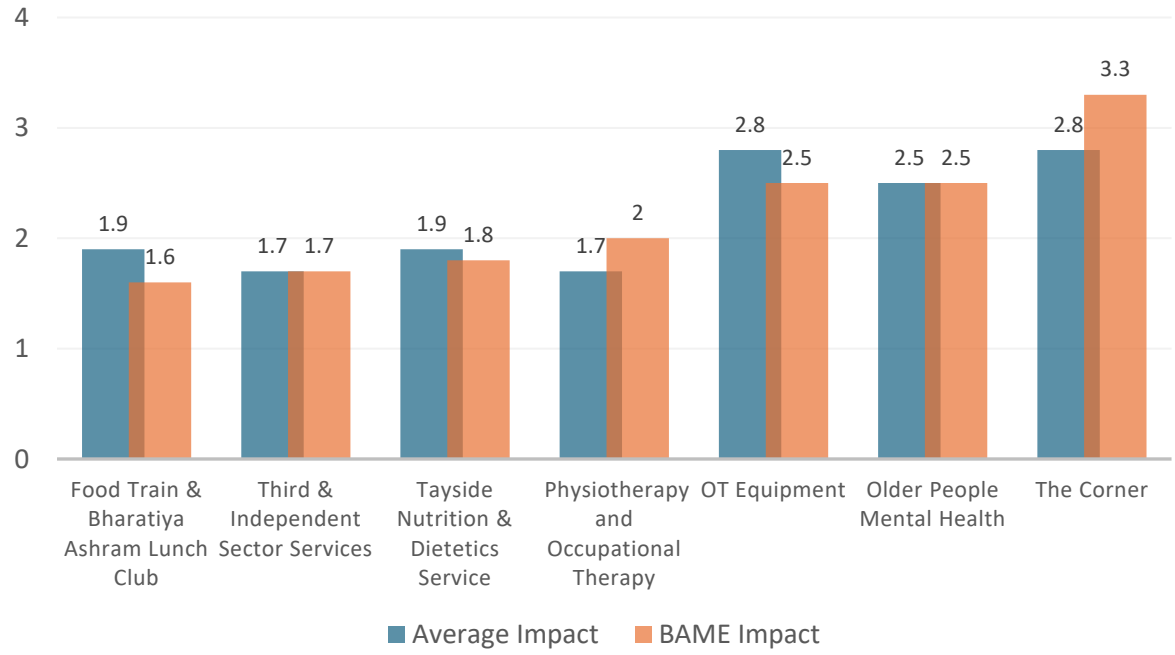
White Eastern European / White Other

Unable to further analyse due to small numbers.

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

Black and Minority Ethnic

Chart 42: Average impact for respondents who are black or from a minority ethnic group



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

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

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

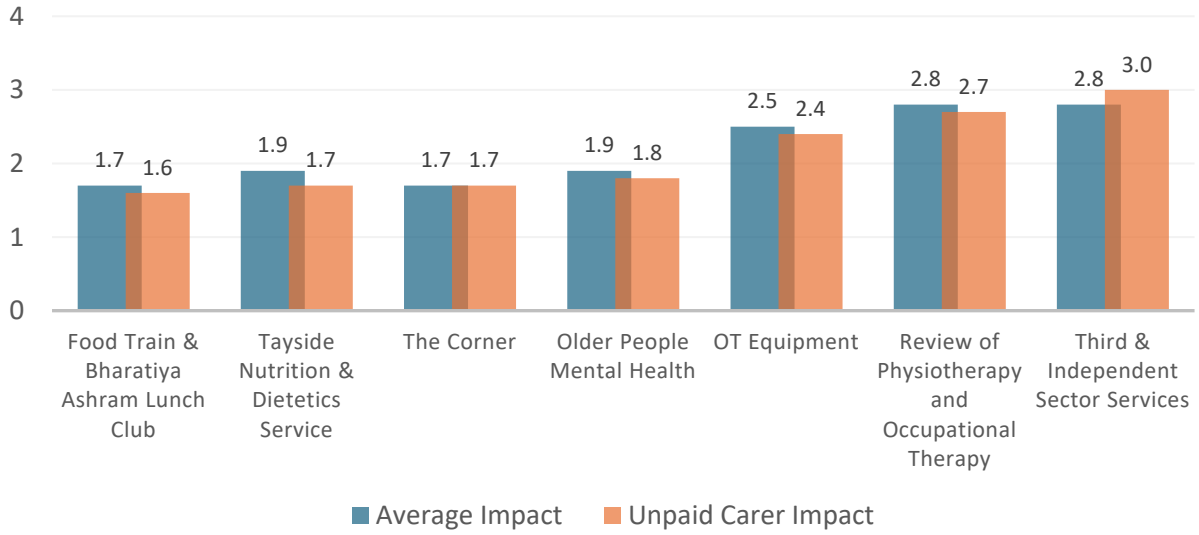
- Review of The Corner (+0.5 difference).

None of these differences are considered to be significant.

6.3.10 Providing Unpaid Care

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

Chart 43: Average impact for respondents who provide unpaid care



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

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

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

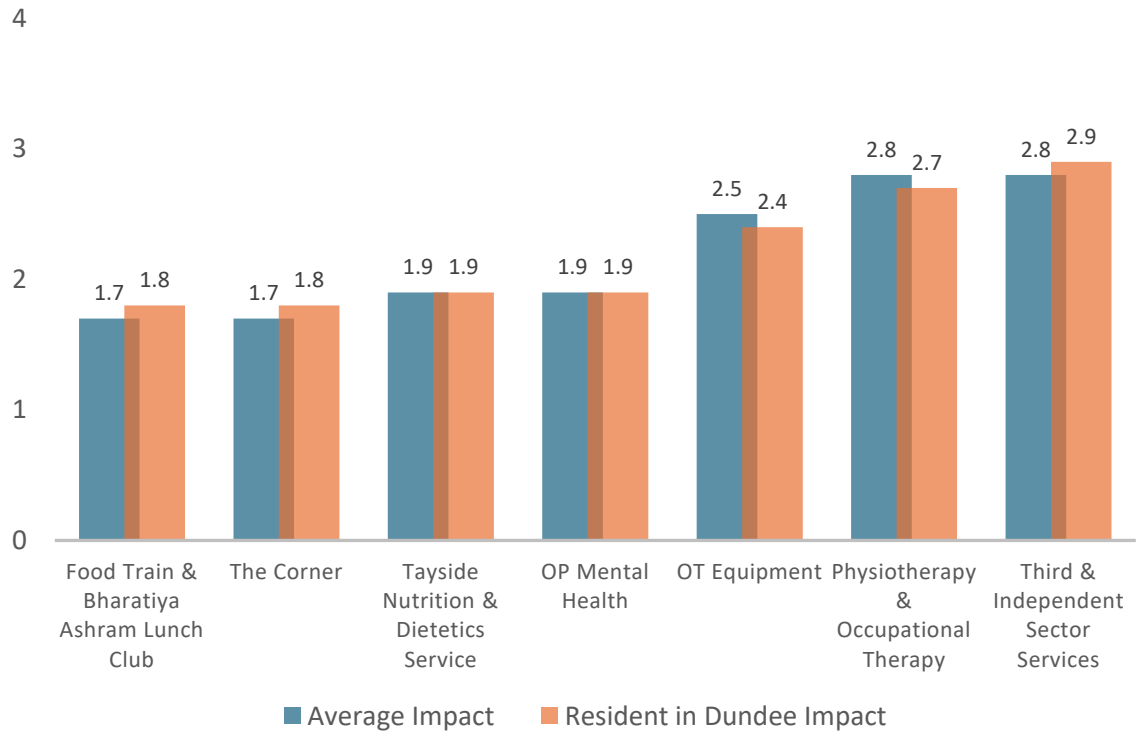
6.4 Socio-Economic Groups

6.4.1 Geographic

Resident in Dundee

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

Chart 44: Average impact for respondents who reside in Dundee



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

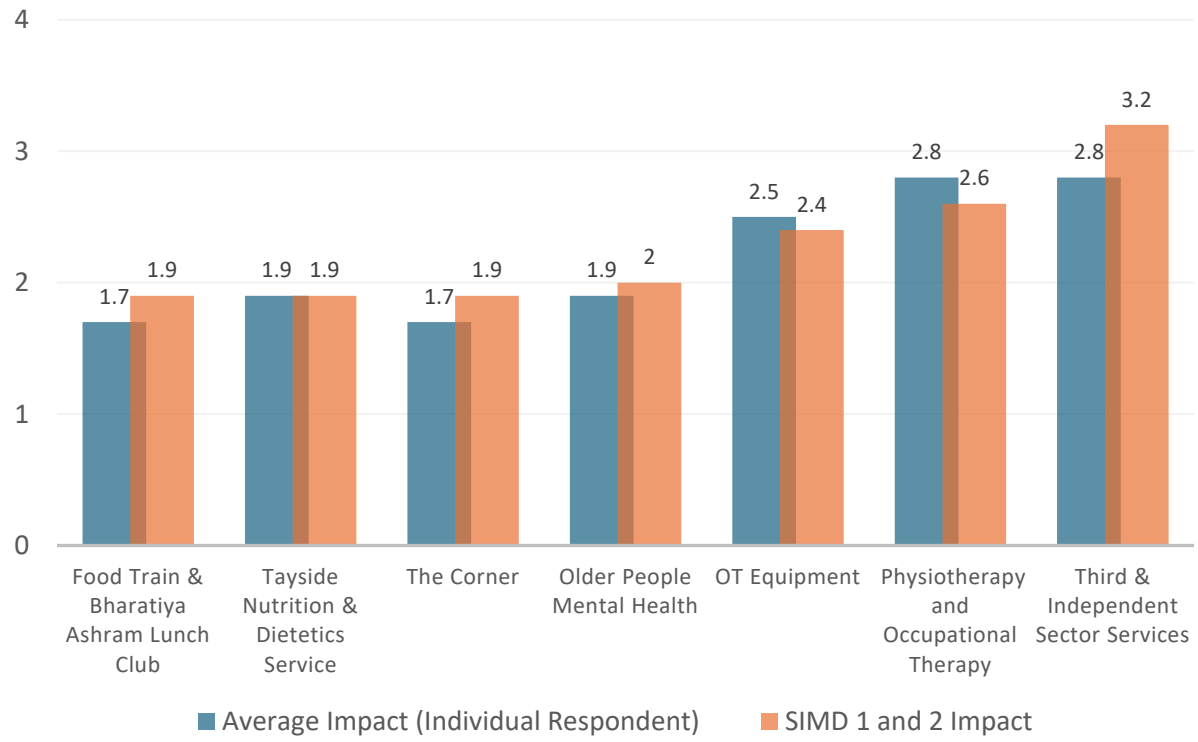
- Reducing funding of services delivered by the Third and Independent Sector (2.8 - medium. (2.9 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.7 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower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

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

6.4.2 Scottish Index of Multiple Deprivation[20]

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

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



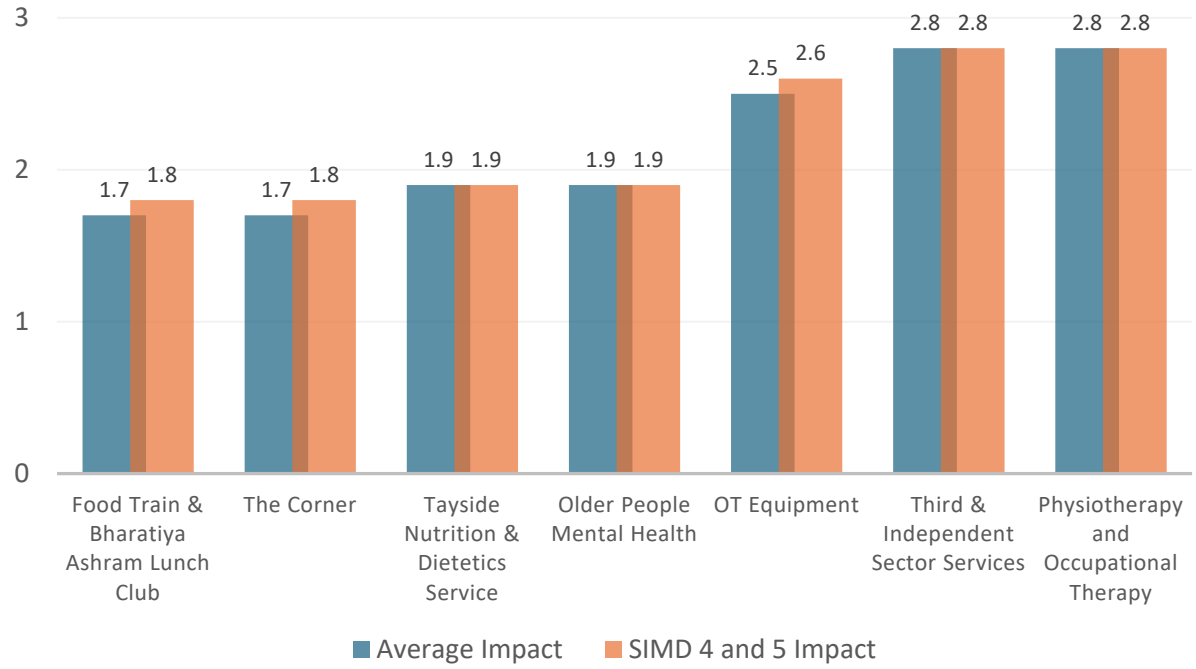
The saving options with the highest average impact rating for people who reside in SIMD 1 or 2 areas were:

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

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

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

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



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

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

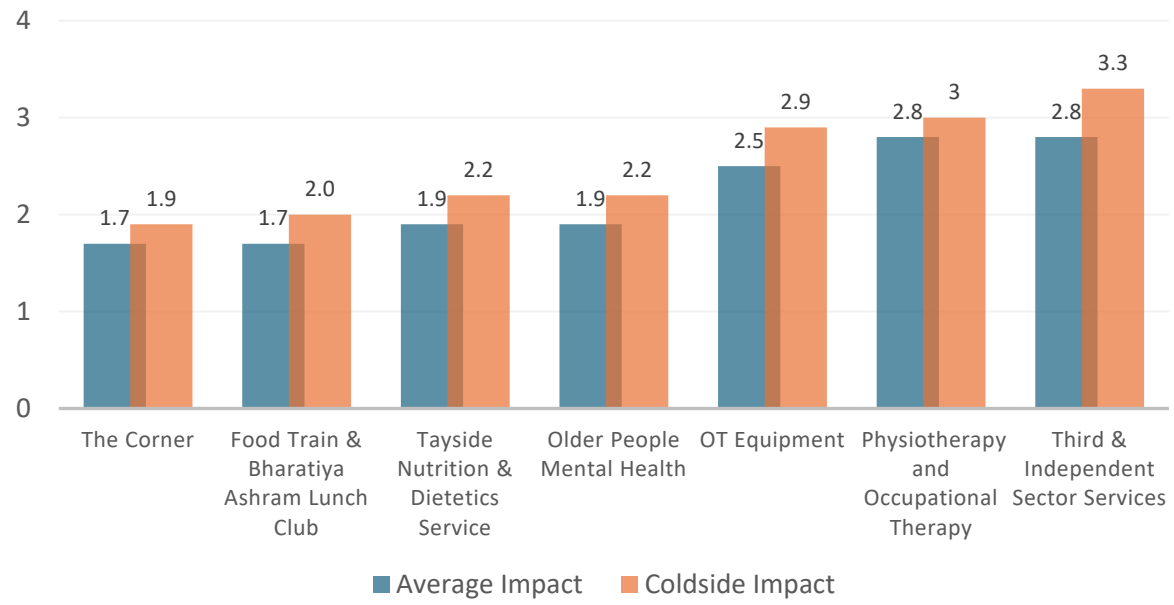
There were no saving options with differences in average impact rating between people who stated that they reside in SIMD 4 and 5, and the overall individual survey sample average of 0.5 or more.

6.4.3 Local Community Planning Partnership (LCPP)

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

Coldside

Chart 47: Average impact for respondents who reside in Coldside



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

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

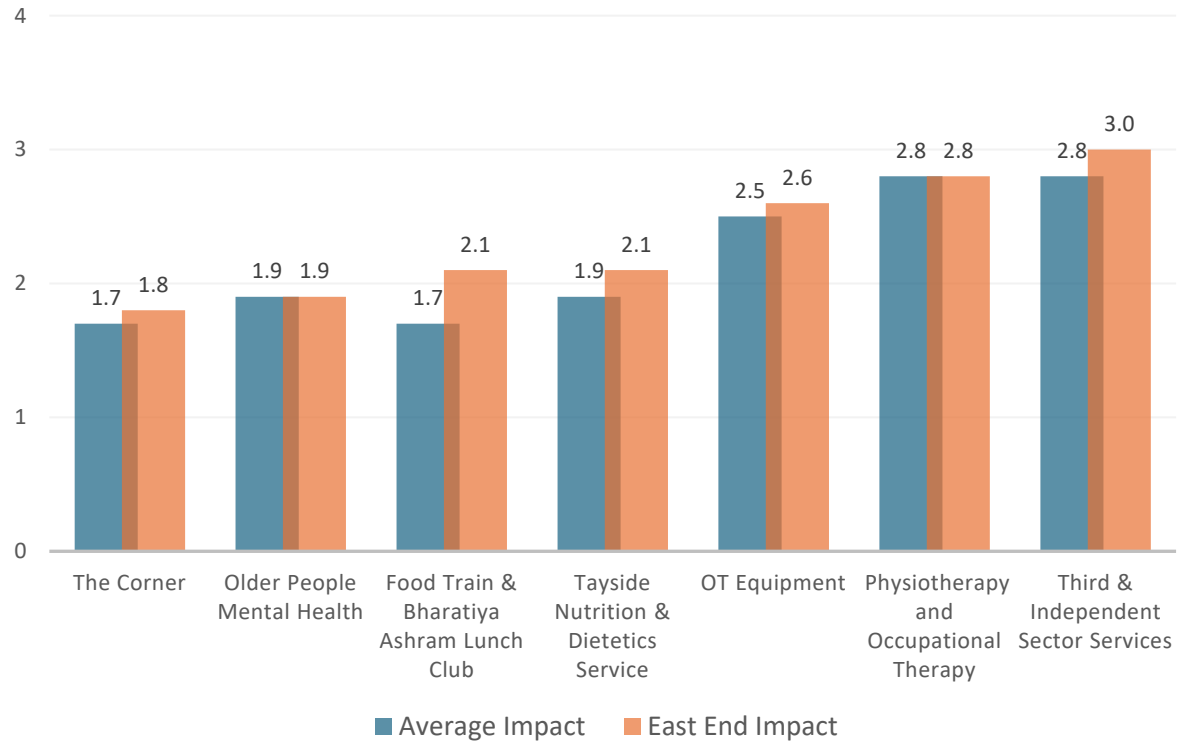
The saving options with differences in average impact rating between people who reside in Coldside and the overall survey sample average of 0.5 or more were:

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

This difference is not considered to be significant.

East End

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



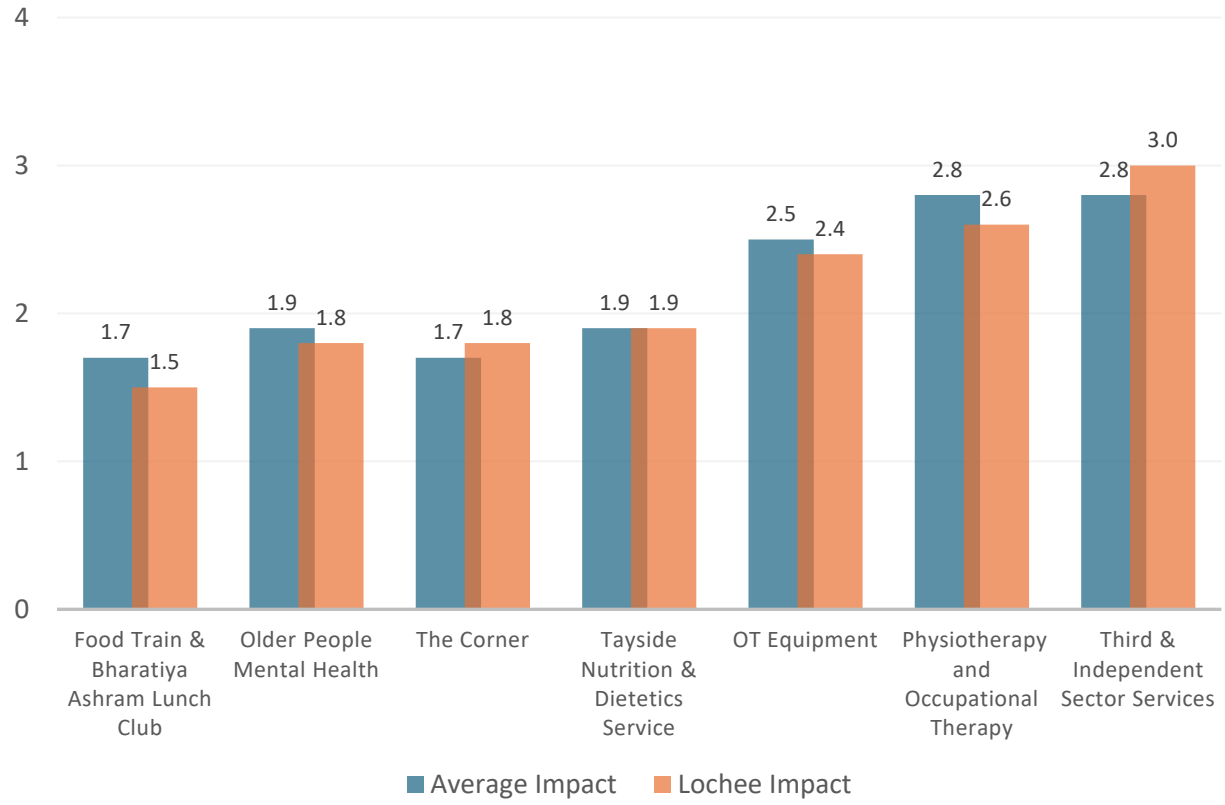
The saving options with the highest average impact rating for people who reside in the East End were:

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

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

Lochee

Chart 49: Average impact for respondents who reside in Lochee



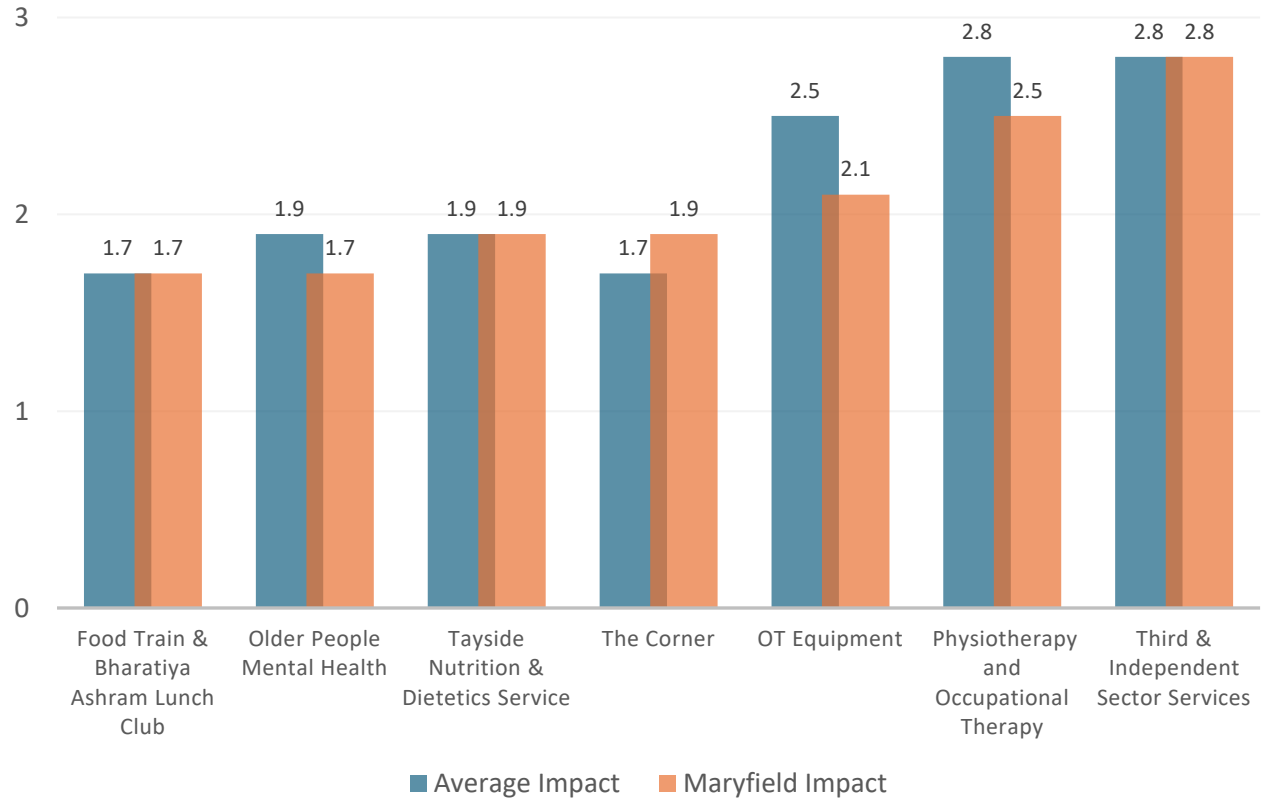
The saving options with the highest average impact rating for people who reside in Lochee were:

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

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

Maryfield

Chart 50: Average impact for respondents who reside in Maryfield



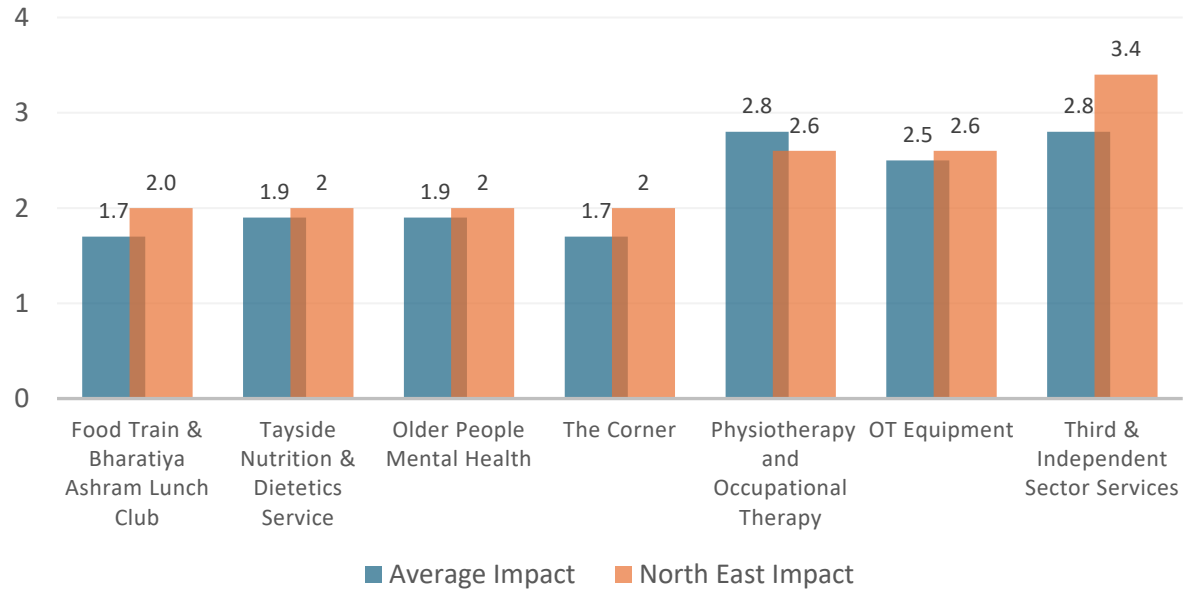
The saving options with the highest average impact rating for people who reside in Maryfield were:

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

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

North East

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



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

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

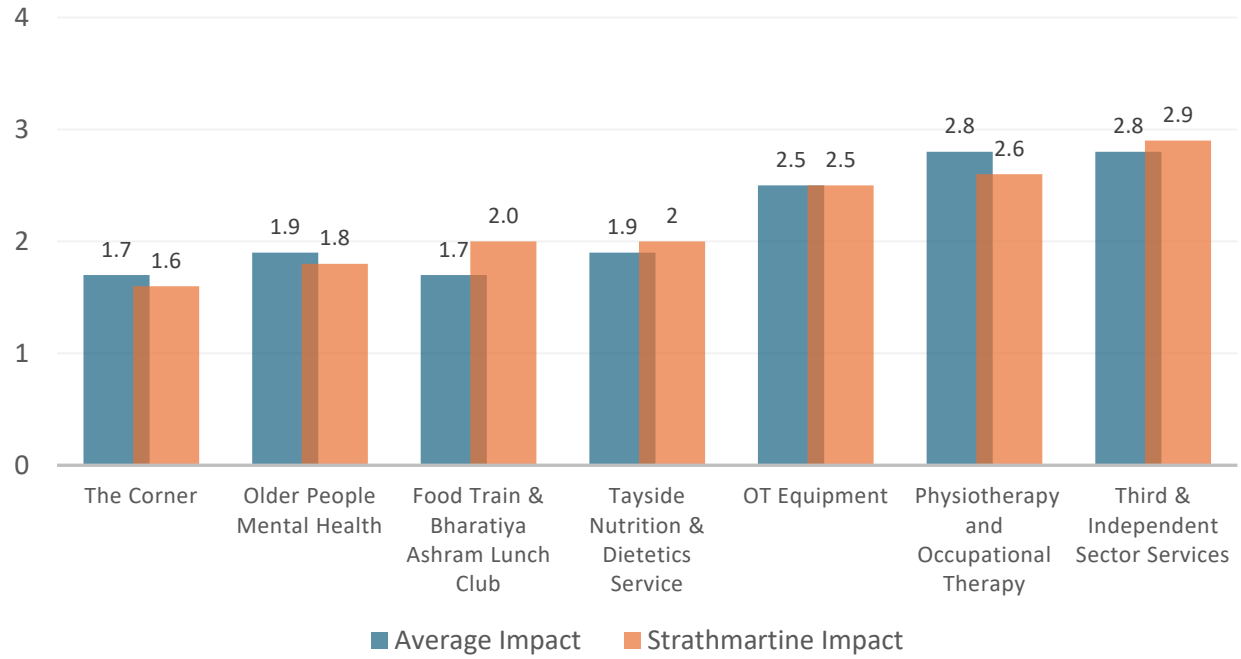
The saving options with differences in average impact rating between people who reside in North East and the overall survey sample average of 0.5 or more were:

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

This difference is not considered to be significant

Strathmartine

Chart 52: Average impact for respondents who reside in Strathmartine



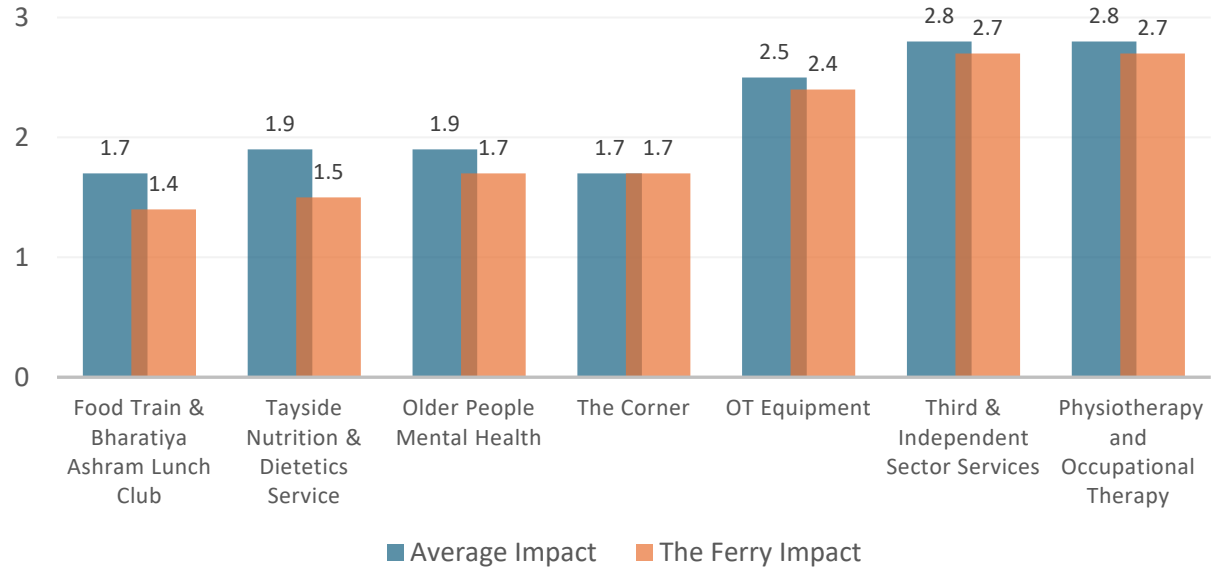
The saving options with the highest average impact rating for people who reside in Strathmartine were:

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

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

The Ferry

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



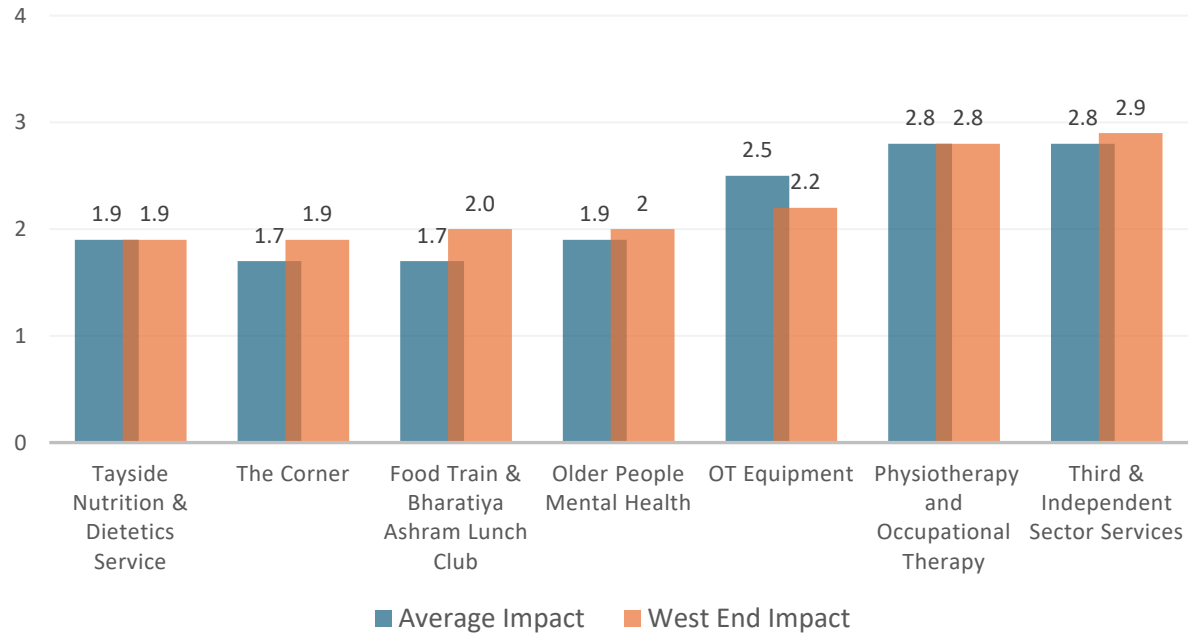
The saving options with the highest average impact rating for people who reside in The Ferry were:

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

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

West End

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



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

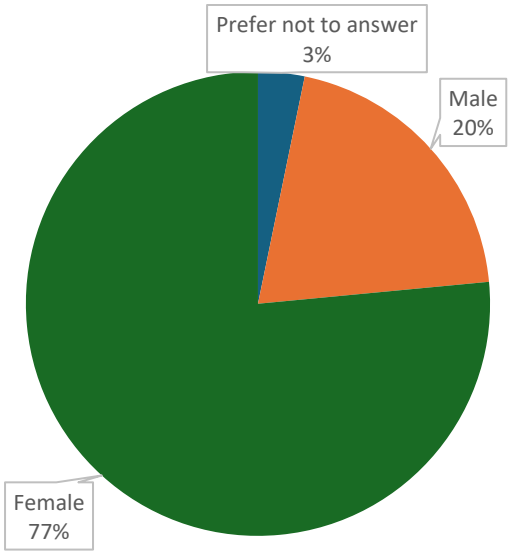
- Reducing funding of services delivered by the Third and Independent Sector (2.9 – medium).
- Reviewing the Physiotherapy and Occupational Therapy Service (2.8 - medium).
- Stop providing funding for the provision of certain items of equipment by the Occupational Therapy Service (shower boards, shower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

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

Appendix 1 – Demographics

Sex

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

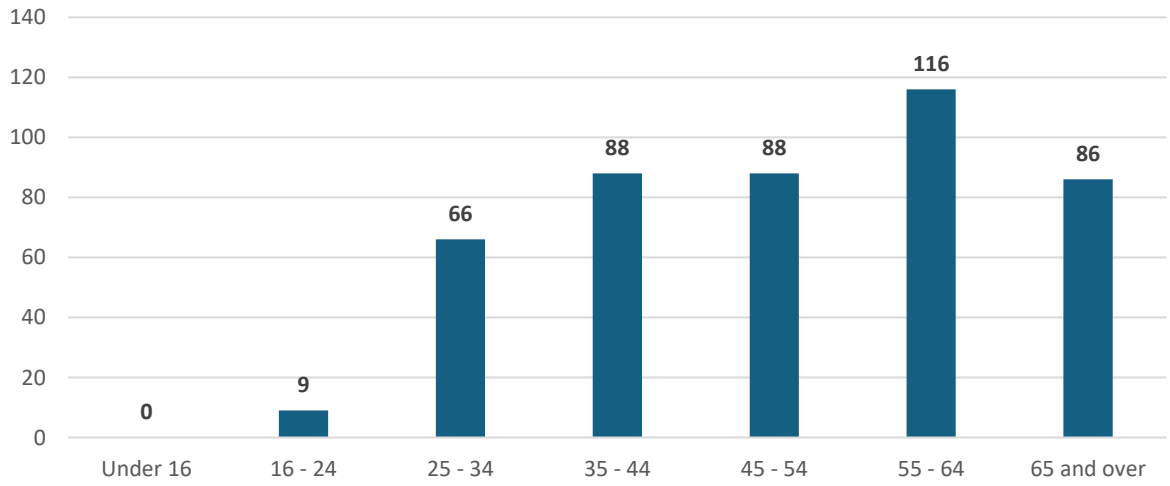


Most respondents (77%) were female and 20% were male. 15 respondents (3%) chose not to answer this question.

Age

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

Chart 56: Age groups of respondents (453 respondents)

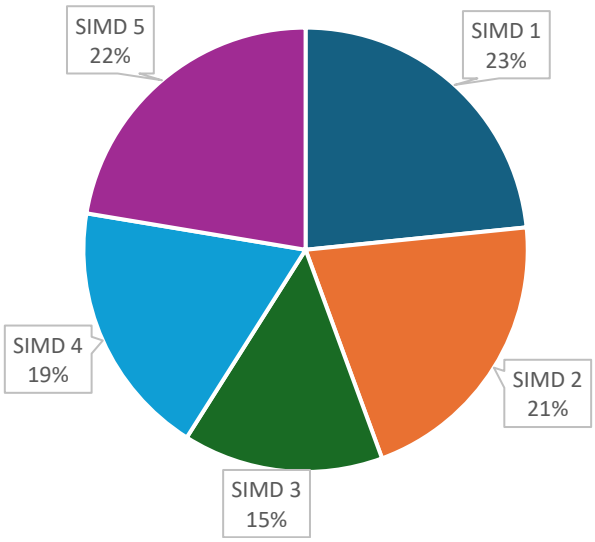


Most respondents were aged 45-64.

Deprivation

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

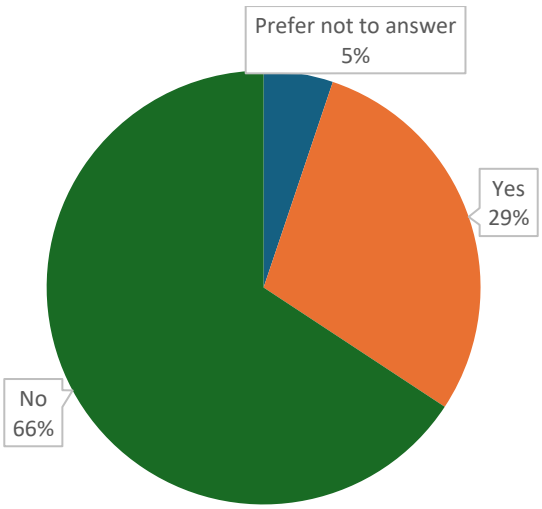
Chart 57: Scottish Index of Multiple Deprivation (SIMD) derived from postcodes (295 respondents)



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

Disability

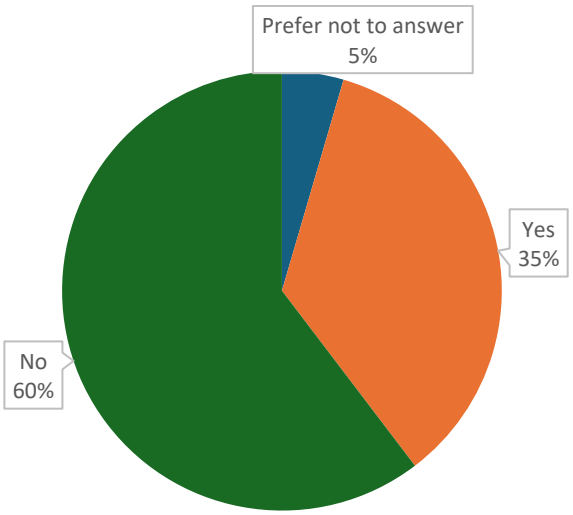
Chart 58: Disability reported by respondents (440 respondents)



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

Long-term health condition

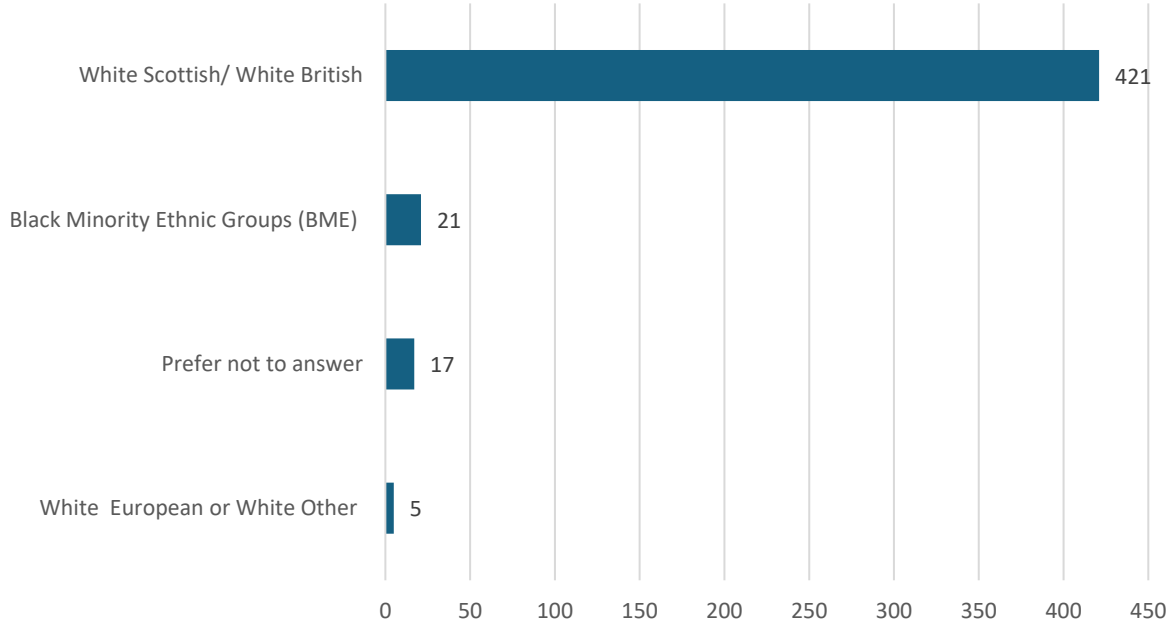
Chart 59: Respondents who reported if their day to day activities were limited because of a health problem or disability (443 respondents).



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

Ethnicity

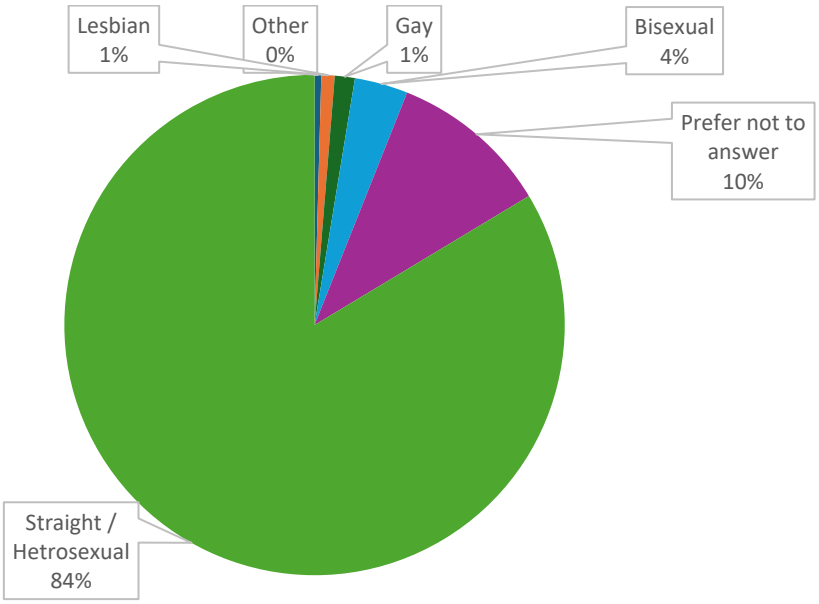
Chart 60: Ethnicity of respondents (447 respondents)



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

Sexual orientation

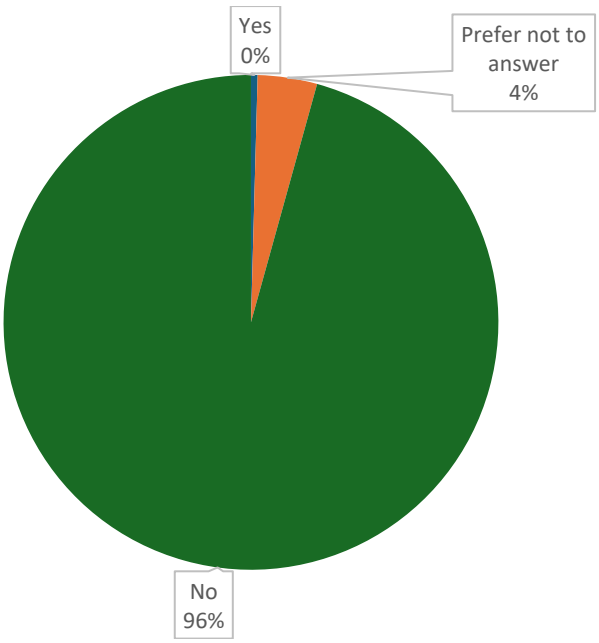
Chart 61: Sexual Orientation of respondents (416 respondents)



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

Gender Reassignment

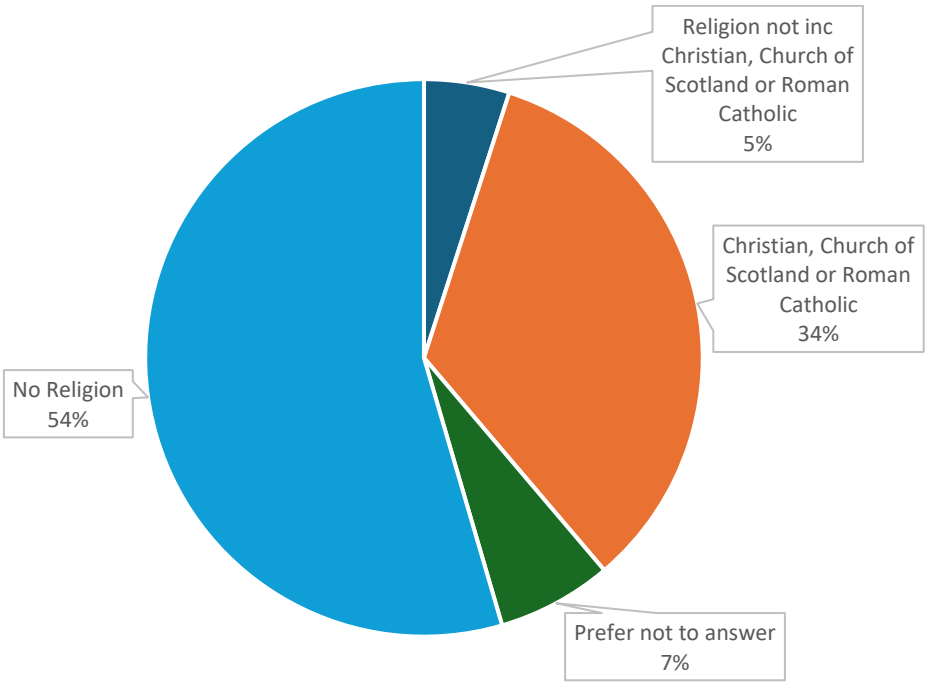
Chart 62: Gender reassignment (446 respondents)



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

Religion

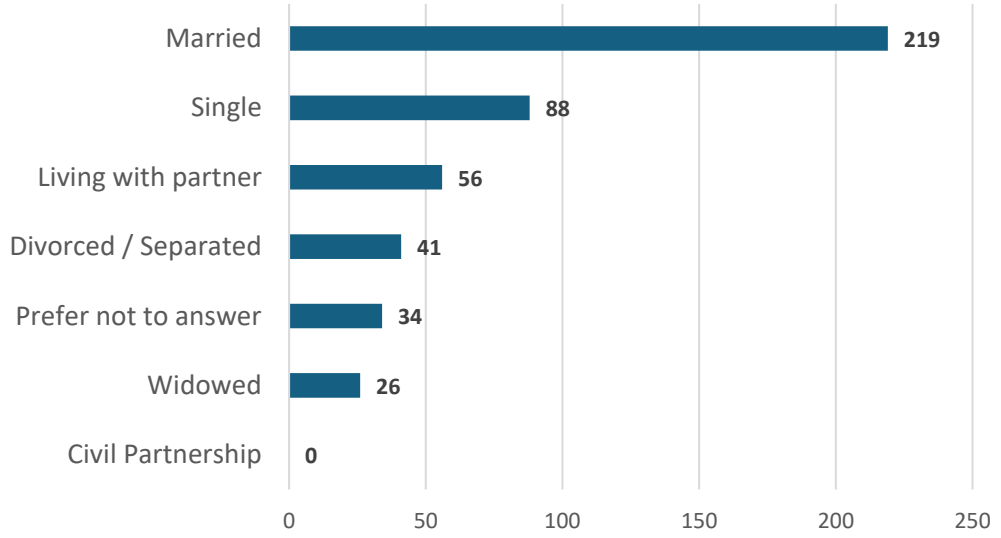
Chart 63: Religion of respondents (433 respondents)



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

Legal marital status

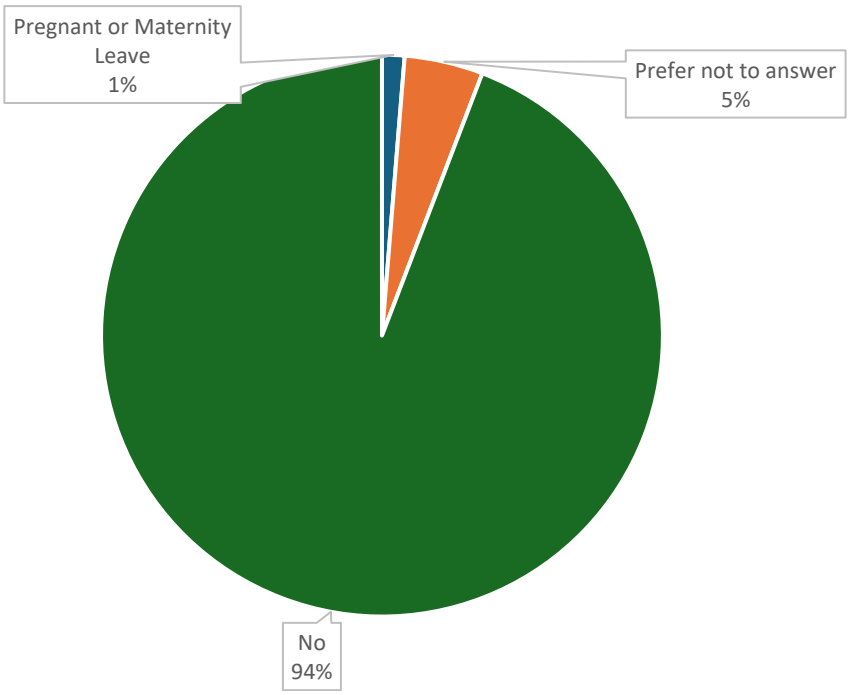
Chart 64: Marital status of respondents (430 respondents)



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

Pregnancy or maternity leave

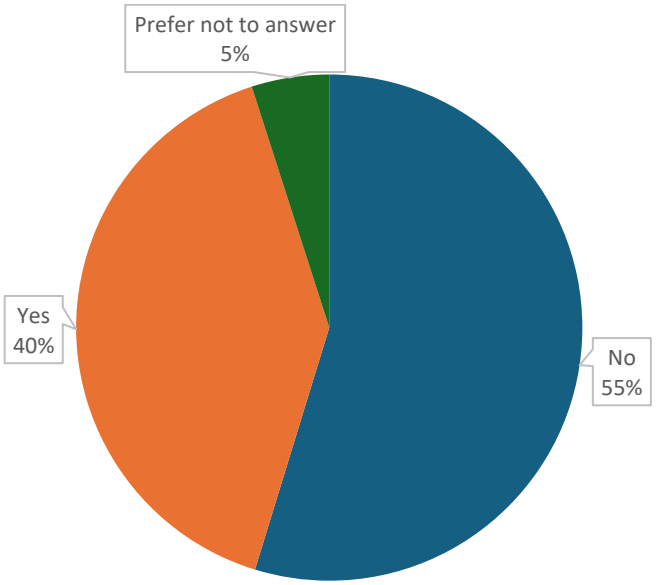
Chart 65: Respondents who are pregnant or on maternity leave



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

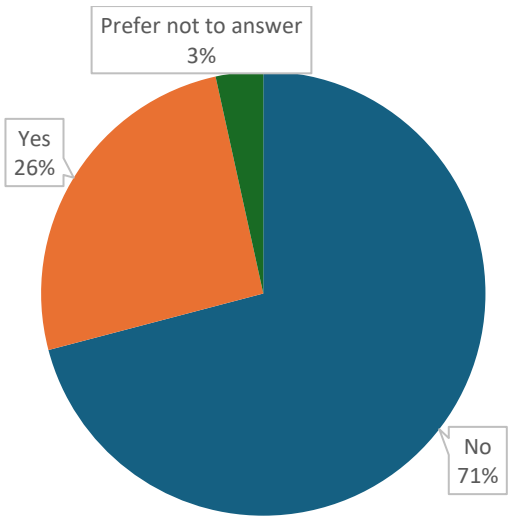
Unpaid care

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



Dependent children

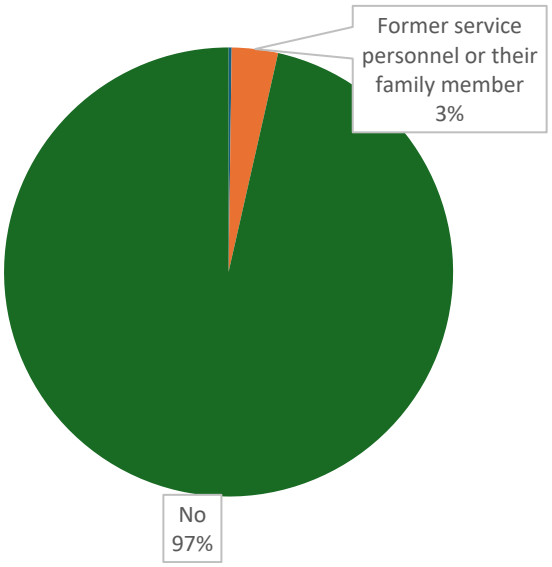
Chart 67: Respondents with dependent children under the age of 18 (448 respondents)



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

Armed forces

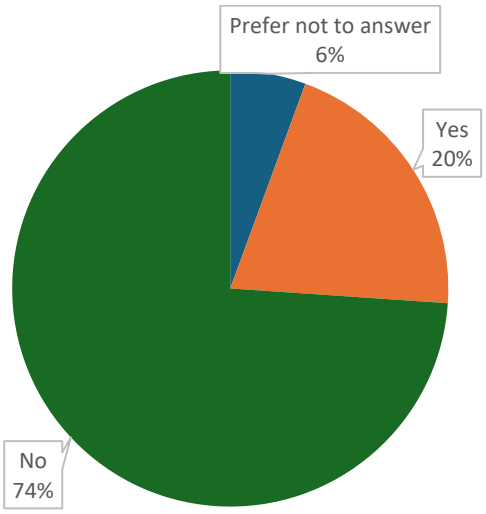
Chart 68: Respondents who have served or have previously served in the UK armed forces (or family member) (451 respondents)



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

Welfare Benefits

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



Appendix 2 – Individual Impacts Overview

Chart 70: Breakdown of Individual Respondents by Average Impact

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

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

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

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

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

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

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

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

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

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

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

Appendix 3 – Saving Options

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

1. Funding for specific organisations

What is being proposed?

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

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

(*based on 2024/25 audited annual accounts)

Why has this been suggested?

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

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

For people using the Food Train:

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

For people using the Bharatiya Ashram Lunch Club:

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

How much money could this save?

£92,000 in 2026/27

2. Reduction in funding for services delivered by the third and independent sector

What is being proposed?

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

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

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

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

Why has this been suggested?

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

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

Organisations may manage some of the reduction by:

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

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

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

How much money could this save?

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

3. Tayside Nutrition and Dietetics Service

What is being proposed?

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

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

Why has this been suggested?

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

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

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

How much money could this save?

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

4. Review of Physiotherapy and Occupational Therapy

What is being proposed?

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

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

Why has this been suggested?

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

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

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

How much money could this save?

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

5. Provision of Equipment – Occupational Therapy

What is being proposed?

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

Why has this been suggested?

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

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

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

How much money could this save?

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

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

What is being proposed?

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

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

Why has this been suggested?

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

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

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

How much money could this save?

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

7. Review of The Corner

What is being proposed?

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

Why has this been suggested?

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

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

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

How much money could this save?

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