

Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00am, Wednesday, 24th March, 2021

Virtual Meeting - via Microsoft Teams

This is a public meeting and members of the public are welcome to watch the live webcast on the Council's website.

The law allows the Integration Joint Board to consider some issues in private. Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.

Contacts

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1. Welcome and Apologies

- 1.1 Including the order of business and any additional items of business notified to the Chair in advance.

2. Declaration of Interests

- 2.1 Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

3. Deputations

- 3.1 If any.

4. Minutes

- | | | |
|-----|---|-------|
| 4.1 | Minute of the Edinburgh Integration Joint Board of 2 February 2021 submitted for approval as a correct record | 5 - 8 |
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5. Forward Planning

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| 5.1 | Rolling Actions Log | 9 - 12 |
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6. Items of Governance

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| 6.1 | Appointments to the Edinburgh Integration Joint Board and Committees – Report by the Chief Officer, Edinburgh Integration Joint Board | 13 - 16 |
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7. Items of Strategy

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| 7.1 | Savings and Recovery Programme 2021/22 – Report by the Chief Finance Officer, Edinburgh Integration Joint Board | 17 - 66 |
| 7.2 | Financial Plan 2021-2022 – Report by the Chief Finance Officer, Edinburgh Integration Joint Board | 67 - 86 |

7.3	West Edinburgh (Maybury) General Medical Services Provision – Report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership	87 - 124
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8. Committee Updates

8.1	Committee Update Report – Report by Chief Officer, Edinburgh Integration Joint Board – submitted for noting	125 - 128
8.2	Draft minute of the Audit and Assurance Committee of 29 January 2021 – submitted for noting	129 - 136
8.3	Draft minute of the Futures Committee of 10 February 2021 – submitted for noting	137 - 142
8.4	Draft minute of the Performance and Delivery Committee of 20 January 2021 – submitted for noting	143 - 148
8.5	Draft minute of the Strategic Planning Group of 20 January 2021 – submitted for noting	149 - 154

9. Proposals

9.1	None.
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Board Members

Voting

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Councillor Phil Doggart, Councillor George Gordon, Martin Hill, Councillor Melanie Main, Peter Murray and Richard Williams.

Non-Voting

Bridie Ashrowan, Colin Beck, Carl Bickler, Andrew Coull, Christine Farquhar, Helen FitzGerald, Kirsten Hey, Jackie Irvine, Jacqui Macrae, Ian McKay, Moira Pringle, Judith Proctor

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Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 2 February 2021

Held remotely by video conference

Present:

Board Members:

Angus McCann (Chair), Councillor Ricky Henderson (Vice-Chair), Councillor Robert Aldridge, Colin Beck, Carl Bickler, Andrew Coull, Councillor Phil Doggart, Tony Duncan, Christine Farquhar, Helen FitzGerald, Councillor George Gordon, Kirsten Hey, Martin Hill, Ian Mackay (from item 4), Jacqui Macrae, Councillor Melanie Main, Moira Pringle, Judith Proctor, Ella Simpson and Richard Williams.

Officers: Matthew Brass, Kirsty Dewar, Ann Duff, Tom Cowan, Tony Duncan, Rachel Gentleman, Lauren Howie, Jenny McCann and Katie McWilliam.

Apologies: Peter Murray

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board of 15 December 2020.

2. Rolling Actions Log

The Rolling Actions Log for February 2021 was presented.

Decision

- 1) To agree to close the following actions:
 - Action 2 – Ministerial Strategic Group and Audit Scotland Integration Reviews – Edinburgh Update.
 - Action 3 – Enhancing Carer Representation on Integration Joint Boards.
 - Action 4 – Carer and Service User Representatives.

- Action 6 – Edinburgh Primary Care Improvement Plan Update
- Action 7 – Chief Social Work Officer’s Annual Report 2019/20.
- Action 8 – Preparations for Winter 2020-2021.

2) To note the remaining outstanding actions.

(Reference – Rolling Actions Log, submitted).

3. Finance Update

The Board was presented with an update on the projected in-year financial performance. Updated positions of both partner organisations were also provided.

It was noted that the latest projections indicated a year-end overspend of £19.2 million before the application of additional Covid-19 funding from the Scottish Government. A further allocation was due to be confirmed which would cover additional Covid-19 related costs including non-delivery of savings and offsetting cost reductions. The Chief Finance Officer gave moderate assurance that there would be a balanced position at year-end.

Decision

- 1) To note the current year end forecasts provided by the IJB’s partners.
- 2) To note the funding allocations received to date to meet the additional costs of COVID-19.
- 3) To note that a further and final allocation would be agreed following information submitted in January 2021.
- 4) To note the moderate assurance given by the Chief Finance Officer on the year end outturn for delegated services.
- 5) To request a briefing on the short-term strategy and funding in place for Mental Health services.

(Reference – Report by the Chief Finance Officer, Edinburgh Integration Joint Board, submitted).

4. Edinburgh Joint Carers Strategy Spending Plan

A report on the Edinburgh Joint Carers Strategy (EJCS) Spending Plan was presented to the Board, which updated members on the initial proposed implementation strategy of the £35.4m allocated funding to the EJCS over a 5-year period.

Developed through consultation with carers, the report included data on where carers themselves thought the allocation of funding would make the biggest difference, and following this consultation, the report presented the following areas where the funding allocation would be focused:

- Identifying carers and information & advice;
- Health and wellbeing;
- Short breaks;

- Young carers;
- Personalising support; and
- Contingency and innovation.

It was noted that the distribution of funding may change as new information and evidence became clear as work progressed.

Decision

- 1) To note the spending plan associated with the delivery of the EJCS 2019-2022.
- 2) To agree the amended direction to implement the EJCS 2019-2022 and associated implementation plans.
- 3) To circulate previously completed Integrated Impact Assessments (IIAs) in relation to the carers strategy.
- 4) To confirm whether the completed IIAs encompassed Human Rights IA principles.

Declaration of Interest

Christine Farquhar declared a non-financial interest as a former trustee of VOCAL and as a guardian of someone in receipt of funding.

Ella Simpson declared a non-financial interest as Chief Executive of EVOC which had a Service Level Agreement in place to provide services.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted).

5. Ministerial Strategic Group & Audit Scotland Integration Reviews – Edinburgh Update

An update on the progress of the implementation of the recommendations from the Ministerial Strategic Group (MSG) Action Plan was presented to the Board.

The report assured members that progress had continued to be seen in relation to actions taken from the MSG review across the EIJB, the Edinburgh Health and Social Care Partnership, NHS Lothian and the City of Edinburgh Council.

The report detailed the completed actions and the areas where, due to the COVID-19 pandemic, some work had been paused as staff were relocated to support the COVID-19 response. As a result, some timescales for completion had been revised.

Decision

- 1) To note the progress with the MSG action plan.
- 2) To direct the Chief Officer and Chief Finance Officer to continue to work with NHS Lothian and City of Edinburgh Council to ensure delivery against wider partnership actions.
- 3) To receive a further update report in January 2022.
- 4) To review the 100% completion rating given to Key Feature 2.1 as there has not yet been a session on the Set Aside Budget.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted).

6. Appointments to the Edinburgh Integration Joint Board and Committees

A report informing the Board of a change of membership was presented.

Decision

- 1) To appoint Bridie Ashrowan as a non-voting member of the Joint Board to replace Ella Simpson with effect from 1 March 2021, as requested by the Edinburgh Voluntary Organisations' Council.
- 2) To appoint Bridie Ashrowan as a non-voting member to the Strategic Planning Group.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted).

7. Committee Update Report

A report was presented which provided an update on the work of the IJB Futures Committee which had met since the last Board meeting. In addition to the summary report, a draft minute of the Futures Committee was submitted for noting.

Decision

To note the update and the draft minute of the Futures Committee.

(Reference – Report by the Chief Officer, Edinburgh Integration Joint Board, submitted.)

8. Valedictory Remarks

The Chair gave thanks to Ella Simpson who was retiring from EVOC for serving on the Edinburgh Integration Joint Board and wished her well in the future.

Rolling Actions Log

March 2021

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	Adult Sensory Support		10-12-19	To agree that an update would be submitted in spring 2021.	Chief Officer, EHSCP	October 2021	<p>Final tenders for the new contractual arrangements have been received and appraised. Officers are undertaking a review of next steps in the context of Covid.</p> <p>Deaf services contracts have been running since October 2020. However, Sight Loss contracts were extended with RNIB to end March 2021, and new providers will only be commencing in April 2021. It is</p>

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments	
							recommended that the update be delayed to cover both areas after a period of at least 6 months.	
2	Savings and Recovery Programme 2020/21		21-07-20	1)	To note the content of Phase 2 of the Savings Programme and agree to receive more detailed plans about the proposals at a future meeting.	Chief Finance Officer, EHSCP	October 2020	Closed October 2020
				2)	To agree that more details about the proposed three-year Savings Programme would be brought back for consideration by the Edinburgh Integration Joint Board by the end of the year.	Chief Finance Officer, EHSCP	March 2021	This will come back to the board as part of the financial plan for 2021/22 in March 2021. Recommend for closure - included in March papers
3	Finance Update		02-02-21	To request a briefing on the short-term strategy and funding in place for Mental Health services.		Head of Strategic Planning, EHSCP		Briefing note to be circulated ahead of April board.

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
4	Edinburgh Joint Carers Strategy Spending Plan		02-02-21	1) To circulate previously completed Integrated Impact Assessments (IIAs) in relation to the Carers Strategy.	Head of Strategic Planning, EHSCP		<p>Recommend for Closure: There was no requirement for a further IIA for the Carers Strategy, as we used the information from the Carers Act implementation IIA to inform and shape the strategy, with the strategy setting out how the legislation will be implemented.</p> <p>The link to the Carers act can be found here</p> <p>All IIA's can be viewed here</p>
				2) To check confirm whether the completed IIAs encompassed Human Rights IA principles.	Head of Strategic Planning, EHSCP		<p>Recommend for Closure: Briefing note was circulated to IJB on 25 February 2021.</p>

No	Agenda item	Subject	Date	Action	Action Owner	Expected completion date	Comments
							 EIJB Briefing Note RAL 23 Feb 2021 - Fi

REPORT

Appointments to the Edinburgh Integration Joint Board and Committees

Edinburgh Integration Joint Board

24 March 2021

Executive Summary

The purpose of this report is to inform the Board of a change and re-appointment of membership.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Notes that the NHS Lothian Board has agreed to re-appoint Martin Hill as a voting member of the Joint Board, with effect from 1 March 2021.
2. Appoints Ruth Hendery to the Joint Board as a non-voting member (carer representative) subject to the completion of PVG checks.
3. Appoints Allister McKillop and Grant Macrae to the Joint Board as non-voting members (citizen representatives) subject to the completion of PVG checks.
4. Appoints two citizen representatives to the Strategic Planning Group and one to the Clinical and Care Governance Committee.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		✓
	No direction required	✓
	Issue a direction to City of Edinburgh Council	

	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

This report has not been considered elsewhere.

Main Report

1. The Joint Board is responsible, in line with section 3 of the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the Order), for appointing non-voting members to the Board. The City of Edinburgh Council and NHS Lothian are responsible, under the same Order, for appointing their own members to the Joint Board.
2. In line with section 7 of the Order, the term of office of a member of the Joint Board is not to exceed three years, but members can be reappointed for a further term of office.
3. Martin Hill's current term of office ended on 1 March 2021. The NHS Lothian Board has re-appointed Martin Hill as a voting member of the Joint Board, with effect from 1 March 2021 to 31 July 2023. Formal confirmation of this has been received from the Chair of the NHS Lothian Board.
4. Attempts to recruit additional carer and service user representation to the Board have proved successful and the appointment of three new non-voting members is recommended as below:
 - Ruth Hendery as a Carer Representative
 - Allister McKillop as a Citizen Representative
 - Grant Macrae as a Citizen Representative
5. At the time of this paper publication, the appointment of the three new non-voting members is currently subject to the return of PVG checks.
6. There are currently two citizen representative vacancies on the Strategic Planning Group and one on the Clinical and Care Governance Committee. It is recommended that the Board appoints the new citizen representatives to these Committees in order to fill these vacancies.

Implications for Edinburgh Integration Joint Board

Financial

7. There are no financial implications arising from this report.

Legal / risk implications

8. There are no legal/risk arising from this report.

9. Equality and integrated impact assessment

10. There are no equalities implications arising from this report.

Environment and sustainability impacts

11. There are no environment or sustainability implications arising from this report.

Quality of care

12. Not applicable.

Consultation

13. None.

Report Author

Judith Proctor

Chief Officer, Edinburgh Integration Joint Board

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Background Reports

1. [Edinburgh Integration Joint Board Governance Report](#), 21 July 2020
2. [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#)
3. [Public Bodies \(Joint Working\) \(Integration Joint Boards\) \(Scotland\) Order 2014](#)
4. [Integration Scheme](#)

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REPORT

Savings and Recovery Programme 2021/22

Edinburgh Integration Joint Board

24 March 2021

Executive Summary

The purpose of this report is to present the proposed 2021/22 Savings and Recovery Programme for approval.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Agree the New Proposals presented to the Board under section 4 of the Savings and Recovery Programme
2. Note the content of sections 1-3 of the Savings and Recovery Programme
3. Note the work completed to date on the Integration and Sustainability Plan and agree that more details about the is brought back for consideration by the Edinburgh Integration Joint Board (EIJB) by the end of the year

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Whilst no direction is required, the impact of the 2021/22 Savings Programme is inherent in the direction accompanying the 2021/22 Financial Plan paper presented in a separate paper to this meeting.

Report Circulation

1. This report has not been presented elsewhere.

Background

IJB Financial Position (Financial Gap)

2. The Edinburgh Integrated Joint Board (EIJB), like others across Scotland, operates within a context of an ageing population and increasing numbers of people living with long term conditions, whilst also facing the reality of a reduction in the working age population, which compounds challenges in workforce supply and resource availability. This is ultimately leading to unparalleled challenges to the sustainability of our health and social care system, and resulting in a significant disparity between the level of funding available, and the anticipated costs to deliver the IJB's delegated services.
3. Following a combined budget offer of £692.2m from the City of Edinburgh Council and NHS Lothian, and the projected costs for delegated services totalling £723.5m, the EIJB had an estimated £31.3m savings requirement going into 2021/22 as shown in table 1 below:

	Total £m
Indicative delegated budgets	692.2
Projected delegated costs	723.5
Savings requirement	(31.3)

Table 1: Projected IJB savings requirement 2021/22

Integration and Sustainability

4. Throughout 2020/21 there has been ongoing dialogue about how to best ensure the sustainability of the Edinburgh Health and Social Care system. Recently our approach to financial planning has focused on understanding the in year shortfall between projected income and expenditure, and then identifying and delivering savings and recovery schemes to address the gap. This task has become increasingly challenging as the opportunities for developing and effectively delivering significant savings proposals that will have limited impact on performance, quality and outcomes reduce.
5. The existing and agreed Transformation Programme sets out ambitious and clear actions that aim to develop and deliver tailored solutions to make sure that people get the services that are right for them. However, even with this programme and the innovations seen more broadly within the organisation, it will not realise efficiencies sufficient to address the financial challenges that will be faced in the next 3-5 years.
6. In this context steps have been taken to develop an alternative approach – an Integration and Sustainability Framework, aligned to and underpinned by the EIJBs Strategic Plan, which looks at how we work with our staff and the people of Edinburgh to shape and reimagine, the delivery of services within communities within the funding available to us. The first phase has been to understand what

health and social care services currently look like in Edinburgh. The next phase will focus on identifying key areas where we can work collaboratively to start to reshape and reimagine services.

7. It is important to recognise that this is a long term approach, and as such there is still a requirement to deliver savings in the short term. Therefore a savings and recovery programme has been developed for 2021/22 to bridge the transition to this new approach.

EIJB Savings and Recovery Programme

Developing the Savings Programme

8. During the development of the savings and recovery programme every effort has been made to ensure the alignment of proposals to the EIJB's Strategic Plan and strategic aims, in order to minimise negative impacts and to help support the sustainable delivery of services, now and in the future. As such there is intent to continually strive to improve outcomes for people, to maintain and improve performance and maintain the scope and quality of services. However, the magnitude of the savings requirement in 2021/22 and the steps required to meet this gap through the delivery of a significant savings programme, will require decisions and the implementation of changes that may lead to an impact on services, people and staff, which in turn may impact performance across social care and health services.
9. There has been ongoing dialogue throughout 2020/21 to raise awareness of the need to consider sustainable approaches to service provision. The Savings Programme has been developed over a period of seven months through a workshop, dedicated team discussions and utilisation of existing forums (e.g. budget holder meetings, Strategic and Operation Forums and Savings Governance Board meetings). Efforts were made to include staff from across operational and strategic areas, including those involved in front line decision making. Appendix 1 provides an overview of the timelines of this process
10. Initial potential proposals were developed by officers that where possible, balanced strategic intent, risk, impact and ease of implementation to provide options that would both ensure effective service delivery and realise efficiencies. These were further refined through a process of peer and management review and in consultation with finance colleagues from both NHS Lothian and The City of Edinburgh Council.
11. The outcome of this process was the preparation of savings proposals that in addition to articulating the scope of proposals, present information covering "the 5 pillars", which have been identified as key to aiding and informing decision making. These include: strategic alignment, impact, benefits & disbenefits, financial implications, feasibility of implementation (for further detail please see Appendix 2). Risks (to people, reputation and outcomes) and dependencies of each proposal have also been included in the proposals.
12. Alongside this process, the EIJB members participated in 2 development sessions, two budget working group meetings and a Budget Question and Answer (Q&A) session that have informed and shaped the development of the programme. The two budget working group meetings and the Budget Q&A session, whilst not

decision making forums, provided opportunity for members, to consider, inform, scrutinise and challenge the draft proposals.

Savings Programme Framework and Structure

13. To support the delivery of the 20/21 Savings Programme there was recognition of the need to develop a clear framework. The framework needed to consider not only the requirement for immediate savings to ensure financial balance, but also support a clear and structured approach for future years that aligns with our partners financial planning processes. The development of the Integration and Sustainability Framework discussed in paragraphs 4-7 above supports this ambition and will be fundamental to the development of our savings programme in 2022/23 and 2023/24. We also recognise within the framework, links to the transformation programme to ensure that proposal development, delivery and benefits realisation (including savings) are monitored collaboratively to avoid duplication.

The 2021/22 Savings Programme

14. Within the 2021/22 Savings Programme there are 17 savings projects and proposals which have been structured under four sections detailed below (with further detail in Appendix 3):

15. ***Section 1: Previously approved proposals:***

Proposals under section 1 are projects that have previously been approved by the EIJB, but that will have an additional financial impact in 2021/22.

16. ***Section 2: Operational/ Grip and Control proposals:***

These are projects that are:

- Operational projects/decisions, for example annual proposals that are part of an existing programme that will realise savings e.g. the Prescribing savings project that is managed through Lothian Prescribing Forum

OR

- Projects that promote grip and control by ensuring effective financial management or implementation of policies, procedures & processes leading to efficiencies

As a result these projects have been identified as not requiring EIJB approval, but for which Project Overviews have been provided below in Appendix 5.

17. ***Section 3: Projects under the Transformation:***

These are projects that fall under the governance of the EIJB's Transformation Programme, but which have been identified as realising efficiencies in 21/22.

Transformation projects will lead to improved services and outcomes for people, and will be presented to the EIJB for approval via Transformation Governance routes. As part of this process Integrated Impact Assessments (IIAs) will be completed and published at the most appropriate time.

A paper providing further detail on the timetable for transformation projects coming forward for approval will be presented to the EIJB on the 24th April 2021.

18. **Section 4: New Proposals:**

These are proposals that are being presented for approval by the EIJB as part of the 2021/22 financial plan and for which we have produced High Level Project Briefs detailed in Appendix 5. Steps have been taken to, where possible, identify implementation phases for each proposal with risks from across the proposals and programme captured in an appropriate Risk Register. Furthermore, Integrated Impact Assessments (IIAs), have been completed for these individual proposals.

19. Both the scale and pace of the delivery of the proposed programme will be challenging. To monitor progress and provide scrutiny, the delivery of the programme will be overseen by the Savings Governance Board, chaired by the Chief Officer. Furthermore, as established during the delivery of the 2020/21 Savings Programme, a quarterly update report will be provided to the EIJB's Performance and Delivery Committee.
20. The impact of Savings and Recovery Programme on the Savings requirement is summarised in table 2 below, with further detail included in Appendix 4:

	£m
Savings requirement	31.3
<i>Phase 1: Savings and Recovery Programme</i>	
1. Previously approved proposals	8.53
2. Operational/ Grip & Control Proposals	4.74
3. Transformation Projects	1.81
4. New Proposals	4.12
Total	19.2
Net position	12.11

Table 2: Impact of identified Savings Proposals 2021/22

21. In order to try and reduce the remaining gap additional mitigations have been identified to support a route towards break even (details of which can be found in Appendix 4 and in a separate paper to this meeting which sets out the 2021/22 financial plan).
22. Despite these actions and the significant efforts taken to develop the savings and recovery programme, we are unable at this point unable to present a balanced budget for 2021/22. Further detail on this is also set out in the separate paper to this meeting referred to in paragraph 21 above.
23. Were further savings deemed necessary, we would be required to develop proposals that are likely to have a significant negative impact on performance, service quality, staff and, ultimately on outcomes for people.

Risk and Impact

24. Every effort has been made by officers to ensure that the Savings Programme for 2021/22, and the proposals within it, align as fully as possible with the EIJB's strategic aims. However, the significant and challenging financial landscape means the options presented may impact adversely on a combination of: service quality; the level of services provided; outcomes for people; and our ability to maintain performance improvements. That said, these proposal must also be seen in the wider context of the work and services commissioned by the EIJB (for which there is a total budget of almost £700m), and through which there are opportunities to positively impact upon equality, human rights, the environment and the economy.
25. To aid a properly informed decision making process, for each of the proposals, we have clearly identified and articulated the associated impacts for proposals in the savings and recovery programme. These impacts have been identified through the completion of IIAs (where appropriate) by lead officers, which have been signed off by the relevant Head of Service or Project Lead.
26. The process of completing the IIA allows us to set equality and human rights considerations alongside our social policy objectives e.g. tackling poverty, it also considers the impact of our decisions in relation to the environment and the economy. The IIA identifies the nature and importance of these effects, and the need for any additional measures to mitigate them. Through the completion of this standardised process we are able to present in as fair and equal way as possible the impacts of each of the savings proposals and highlight the mitigating actions necessary to manage these.
27. For proposals that have been previously approved by the EIJB but that will have a financial impact in 2021/22, individual IIAs were completed and published as part of the 2020/21 savings programme and can be found on the EHSCP's website: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>
28. For projects under Operational/ Grip and Control, either an IIA or an IIA statement has been completed. An IIA statement has been completed for projects where: it is considered that there will be no relevant impact on equality, human rights, the environment or the economy; where at this early stage of project development it is not possible to assess impact; or where an IIA is planned at a later date.
29. The three new proposals were all considered to require an IIA. All IIAs and IIA statements for the 2021/22 savings programme can be found on the EHSCP's website: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>
30. The IIAs completed for all proposals will be evolving documents that will need to be refreshed and updated as proposals themselves develop. This is in recognition that the gathering of additional evidence and further consultation will inform the proposals (if they are approved) as they are refined and implemented.
31. In addition to individual IIAs/IIA statements for each of the projects and proposals, a cumulative programme IIA has been completed (available at Appendix 6). The cumulative IIA provides a cross-system overview of the impacts on all groups, to help ensure that no group or area is cumulatively, disproportionately impacted by the savings programme and that appropriate mitigating actions are identified. Similar to the individual proposal IIAs, the cumulative IIA will need to be reviewed and revised as projects develop and to reflect any additional impacts identified.

32. The completion of the cumulative IIA has highlighted that particular attention should be given to the impact on older people, those with a disability and carers and steps to mitigate against any negative impact, have been identified within the IIA recommendations and actions.
33. Risks, including reputational risk, our ability to meet our statutory duties and the stability of the external market have also been detailed for each of the proposals (contained with Appendix 5), with mitigations identified as appropriate. Ongoing risks associated with the individual proposals and programme as a whole will be monitored and managed via the Savings Governance Board, and escalated as appropriate.

Implications for Edinburgh Integration Joint Board

Financial

34. Are outlined in the main body of this report.

Legal / risk implications

35. The key risk to the EIJB is the ability to fully deliver the savings programme to ensure financial balance within 2021/22.

Equality and integrated impact assessment

36. Integrated impact assessments have been undertaken for both the individual savings proposals and the programme as a whole. Particular attention should be given to the impact on older people, those with a disability and carers and steps to mitigate against any negative impact have been identified within the IIA recommendations and actions.

Environment and sustainability impacts

37. Proposals under the Savings Programme will work where possible to support the NHS Lothian Sustainable Development Framework, CEC Sustainability Strategies and the Edinburgh 2030 net-zero carbon target.
38. There are no further specific implications arising from this report.

Quality of care

39. Integrated impact assessments have been undertaken for both the individual savings proposals and the programme as a whole.

Consultation

40. This report has been prepared with the support of the finance teams in the City of Edinburgh Council and NHS Lothian.

Report Author

Moira Pringle, Chief Finance Officer, Edinburgh Integration Joint Board

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Background Reports

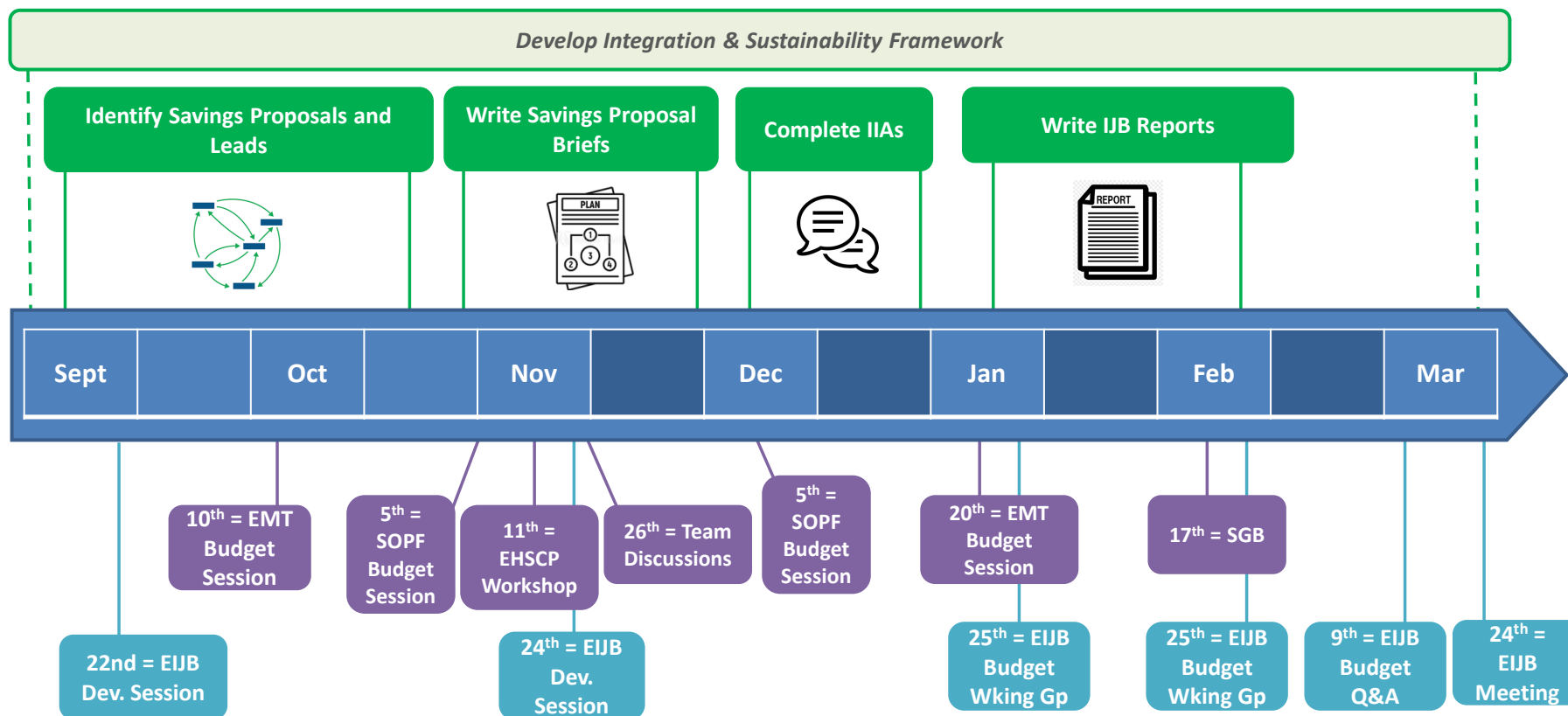
1. Integrated Impact Assessments and Integrated Impact Statements have been completed for Proposals 1-17 which can be found on the EHSCP Website: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>
2. Agreement of Proposal 2 as part of 2019/20 Financial Plan & Savings Programme at EIJB meeting on 29th March 2019 : [Meeting of Edinburgh Integration Joint Board on Friday, 29th March, 2019 - Modern Council](#)
3. Agreement of Proposal 1 as part of the 2020/21 Financial Plan at EIJB meeting on 28th April 2020: <https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=475&Ver=4>
4. Agreement of Proposal 3-7 as part of the 2020/21 Savings and Recovery Programme at EIJB meeting on 21st July 2020: [Agenda for Edinburgh Integration Joint Board on Tuesday, 21st July, 2020, 10.00 am - Modern Council](#)

Appendices

Appendix 1	2021/22 Savings Programme Development Timeline
Appendix 2	The 5 Pillars: To aid and inform decisions
Appendix 3	2021/22 Savings Programme Structure
Appendix 4	2021/22 Savings and Recovery Programme - Detailed Table
Appendix 5	2021/22 Savings and Recovery Programme Project Overviews & High Level Project Briefs
Appendix 6	2021/22 Savings and Recovery Programme Cumulative IIA

Appendix 1: Savings Programme Development Timeline

Savings Programme 2021-22 Development Timelines



SOPF = Strategy & Operations Planning Forum

Appendix 2: The 5 Pillars: To aid and inform decisions

Proposals presented to EIJB are structure based upon the 5 Pillars to aid and inform decisions

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1. Alignment to Strategic Priorities	2. Impact e.g. on People (Citizen & Staff)	3. Benefits & Disbenefits	4. Financial Implications	5. Feasibility of implementation
<ul style="list-style-type: none">• Details provided of which priorities proposals are aligned to	<ul style="list-style-type: none">• Key impacts are highlighted• Impacts are drawn from IIAs	<ul style="list-style-type: none">• Identified by project leads during proposal development & IIAs	<ul style="list-style-type: none">• Identified and agreed in collaboration with finance colleagues	<ul style="list-style-type: none">• Identified by project leads during proposal development

Appendix 3: 2021-22 Savings Programme Structure

1. Previously approved proposals from 2019/20 & 2020/21

2. Operational/ Grip & Control projects that do not need EIJB approval (e.g. Prescribing)

3. Projects under the Transformation Programme that will realise efficiencies

4. New proposals – that which will be presented for approval by EIJB as part of Financial Plan in March 2021

Appendix 4: 2021-22 Savings Programme - Detailed Table

No.	Title	Lead	Amount (£m)
Previously Approved Proposals			£8.53
1	External Housing Support**	Katie McWilliam	£0.50
2	Day Centres & Be Able*	Katie McWilliam	£0.13
3	LD Services (B)***	Mark Grierson	£0.20
4	Review Rehabilitation Services***	Sheena Muir	£0.14
5	Review Sexual Health Services***	Sheena Muir	£0.11
6	Community Equipment***	Katie McWilliam	£0.25
7	Purchasing***	Nikki Conway/ Deborah Mackle	£7.19
Operational/ Grip and Control Projects			£4.74
8	<i>Mental Health Whole System Review: Positive Steps</i>	Angela Lindsay/ Graeme Mollon	£0.03
9	<i>Mental Health Whole System Review: Review the Works</i>	Nikki Conway/ Tricia Burns	£0.03
10	Prescribing	Mike Massaro-Mallinson	£2.20
11	Substance Misuse	Colin Beck	£0.15
12	Older People Day Opportunities Contract	Katie McWilliam	£0.16
13	Hosted Services & Set Aside	Moirra Pringle	£2.16
Transformation Projects			£1.81
14	Transformation Projects	Tony Duncan	£1.81
New Proposals			£4.12
15	Blood Borne Virus Services	Colin Beck/ Katie Bryce	£0.045
16	LD Overnight Services	Mark Grierson	£0.075
17	Policy Development & Implementation	Tom Cowan	£4.00
Total Savings and Recovery Programme			£19.2
Route to break even			£2.80
18	Community Mobilisation	Tom Cowan	£1.0
19	Contracts Uplift	Moirra Pringle	£1.80

*Agreed at EIJB on 28th April 2020:

<https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=475&Ver=4>

** Already agreed by EIJB as part of 2019/20 Savings Programme:

[Meeting of Edinburgh Integration Joint Board on Friday, 29th March, 2019 - Modern Council](#)

*** Agreed at EIJB on 21st July 2020: [Agenda for Edinburgh Integration Joint Board on Tuesday, 21st July, 2020, 10.00 am - Modern Council](#)

Appendix 5: Savings Programme – Project Overviews and High Level Project Briefs

Integrated Impact Assessments (IIAs) and Integrated Impact Statements have been completed for Projects and Proposals 1-17 and can be found on the EHSCP website:

<https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>

Savings & Recovery Programme 2021/22: Section 2. Grip & Control/ Operational Proposals – Project Overviews

No.	8	Savings Proposal:	Mental Health Whole System Review: Positive Steps	Lead:	A Lindsay/ G Mollon							
Page 29	Proposal Summary (Scope)		<p>The opportunity has arisen to review the management establishment of the Positive Steps Service. Positive Steps is a care and housing support service that predominantly works with people who are requiring support to help facilitate their discharge from Royal Edinburgh hospital. The main focus is on providing people with emotional and practical support during their transition from hospital, including linking people into local networks of support if required. The service normally works with between 30-40 people with varying levels of support needs for between 6-12 weeks.</p> <p>The service currently includes in its establishment 2 care coordinators at grade 6 who coordinate the referrals and allocate the day to day workload, provide 11 staff with supervision and contribute to the local and wider development of mental health services in the City. However, the service has had a coordinators vacancy for the past 6 months due to a worker being on a secondment, who now does not intend to return to their substantive post. After consultation with relevant staff and unions, it has been agreed that there is an opportunity to review and propose a change to the management structure from two care coordinators to one. This proposal will generate a savings, enable a review of Positive Steps Coordinator job description to reflect current need and demand (e.g. inclusion of responsibility as registered manager), and provide the current in-post care coordinator with a potential career progression opportunity. This proposal will not impact on the day to day service delivery.</p>									
	Impacts		<p>Following due consideration it has been identified that an Integrated Impact Assessment (IIA) is not required for this proposal because it will not result in any change to policy, nor result in any services changing or ceasing. However, the proposal has taken into consideration the needs of the service and any potential impact on staff and citizens</p> <ul style="list-style-type: none">- The current coordinator has been fully engaged in the proposal and is supportive- There will be no change in work patterns- There will be no change in the level of support to service staff- There will be no change to service delivery.									
	Benefits & Disbenefits		<p>Benefits:</p> <ul style="list-style-type: none">- Staff: Creation of progression opportunity- Service: Positive Steps Coordinator will be a registered manager									
	Risks		<ul style="list-style-type: none">- Risk of job remaining at Grade 6 post-evaluation- Risk to service delivery if this model proves to be ineffective <p>Mitigation of risks: successful experience of effectively running the service with one care coordinator (due to current vacancy), & the understanding that Senior Social Workers in the NE Locality/ across the city have the capacity to effectively support service delivery during any periods when the Positive Steps coordinator may be absent.</p>									
		Financial Impact										
		<table><tr><td>Full Year Target for 21/22 (£k)</td><td>£33</td></tr><tr><td>Forecast Savings for 21/22 (£k)</td><td>£33</td></tr><tr><td>Recurring Savings for 22/23 (£k)</td><td>£33</td></tr><tr><td>Delivery Investment</td><td>None identified</td></tr></table>			Full Year Target for 21/22 (£k)	£33	Forecast Savings for 21/22 (£k)	£33	Recurring Savings for 22/23 (£k)	£33	Delivery Investment	None identified
Full Year Target for 21/22 (£k)	£33											
Forecast Savings for 21/22 (£k)	£33											
Recurring Savings for 22/23 (£k)	£33											
Delivery Investment	None identified											
		<table><tr><td>Strategic Alignment</td><td><ul style="list-style-type: none">- Making best use of capacity across the system- Managing our resources effectively</td></tr><tr><td>Dependencies</td><td><ul style="list-style-type: none">• Agreement of reviewed job description by HR</td></tr></table>			Strategic Alignment	<ul style="list-style-type: none">- Making best use of capacity across the system- Managing our resources effectively	Dependencies	<ul style="list-style-type: none">• Agreement of reviewed job description by HR				
Strategic Alignment	<ul style="list-style-type: none">- Making best use of capacity across the system- Managing our resources effectively											
Dependencies	<ul style="list-style-type: none">• Agreement of reviewed job description by HR											

No.	9	Savings Proposal:	Mental Health Whole System Review: Independent review of The Works	Lead:	Nikki Conway/ Tricia Burns
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Proposal Summary (Scope)	<p>To conduct an independent review of The Works, to establish if this is the most cost effective and efficient method of service delivery that will enhance the outcome for service users in their employability needs and wider recovery.</p> <p>The Works is an NHS vocational rehabilitation service serving the City of Edinburgh. The focus is on supporting adults with complex mental health difficulties into paid employment or higher/ further education. In addition to gaining paid employment participants are also able to experience the multitude of soft outcomes such as reduction in symptoms, improved mental well being and confidence, increased sense of self worth, hope and optimism. The Works follows the internationally evidence-based, Individual Placement and Support (IPS) model</p> <p>The review will be completed within the context of the EIJB's current challenging financial position, however, no further assumptions or recommendations about the outcome of the review have been made except to give due consideration to the interlinkages with strategic priorities under Thrive workstreams. The savings target is based on historical underspend figures.</p>
Impacts	An Integrated Impact Assessment (IIA) will be conducted following the completion of the review to identify any potential equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations. Due consideration will be given to equalities during the course of the review in recognition that this should be an ongoing part of any service review. Currently, there is no anticipated impact on staff.
Benefits & Disbenefits	<p>Benefits</p> <ul style="list-style-type: none"> - Potential to enhance the opportunities available to a broader group of people - Potential for increased opportunities/ collaborative & cross sector working - Staff will inform & have direct involvement in the review - Potential for staff to develop new or additional skills/ share knowledge & skills across system <p>Disbenefits</p> <ul style="list-style-type: none"> - Expectations of service may not be met - Change process may be challenging and unsettling for citizens & staff - May be concerns about diluting current model that staff are familiar with
Risks	<p>People: confusion/misunderstanding of why the review is occurring & the potential outcomes of the review - <i>mitigated through clear & appropriate communication with stakeholders</i></p> <p>Reputational damage: service model may be required to change to ensure the most effective & efficient model of service is delivered. - <i>mitigated through engagement with stakeholders & ensuring appropriate linkages are made with Edinburgh Pact Workstream</i></p> <p>Resistance to change: by workforce/ stakeholders/ people – mitigated through clear and appropriate engagement and communication whilst adhering to NHS policy and procedure</p>

Financial Impact	
Full Year Target for 21/22 (£k)	£34
Forecast Savings for 21/22 (£k)	£34
Recurring Savings for 22/23 (£k)	TBC
Delivery Investment	None identified
Dependencies	<ul style="list-style-type: none"> - Shared funding arrangements with Working Health Services, - Midlothian HSCP Employability Service is reliant on staff within The Works service for support and supervision
Strategic Alignment	<ul style="list-style-type: none"> • Tackling Inequalities • Person Centred Care • Best use of capacity across the system • Right care, right place, right time • Managing our resources effectively

No.	10	Savings Proposal:	Prescribing	Lead:	Mike Massaro-Malinson
Proposal Summary (Scope)	<p>Each year, the NHS Lothian Primary Care Pharmacy team identify proposals aimed at delivering efficiencies in the primary care prescribing budget of approximately £4m across NHS Lothian. The 2021/22 Lothian prescribing action plan includes an overall efficiencies target of £4m of which £2.202m is attributed to EHSCP.</p> <p>The 21/22 NHS Lothian Primary Care Prescribing Plan builds on existing and established prescribing initiatives which promote cost effective prescribing without compromising patient care. The plan has been developed by the pharmacy team with appropriate stakeholder engagement and approved by the NHS Lothian Prescribing Forum (February 2021). The aim of the scheme is to promote financial stability through implementation of a range of prescribing projects led by pharmacy and dietetic teams within general practice. The schemes are monitored using a tracker which is reviewed on a monthly basis by the NHSL Prescribing Forum, providing a mechanism for identification and mitigation of slippage.</p>			Financial Impact	
				Full Year Target for 21/22 (£k)	£2,202
				Forecast Savings for 21/22 (£k)	£2,202
				Recurring Savings for 22/23 (£k)	£2,202
Impacts	IIA in progress and aimed to be completed by April 21 - no negative impacts anticipated. Prescribing projects are underpinned by quality improvement methodology aimed at improving clinical effectiveness.			Delivery Investment	None identified
Benefits & Disbenefits	<p>Implementation of the prescribing plan is expected to deliver the following benefits:</p> <ul style="list-style-type: none">• support delivery of financial stability through cost effective prescribing• improve patient access to evidence-based medication and multidisciplinary medication review, minimising inappropriate polypharmacy and supporting self-care. <p>Potential Disbenefits include:</p> <ul style="list-style-type: none">• pharmacy and practice time to implement plan will be at the expense of other operational priorities and workstreams.			Dependencies <ul style="list-style-type: none">- GP and stakeholder engagement is maintained to deliver efficiencies.- Pharmacy team are supported to deliver plan within their practice role.- Ongoing pharmacotherapy service development , inc. recruitment, training & skill mix optimisation will impact on team capacity & could affect savings delivery.	
Risks/ Considerations	<p>COVID-19: Operational priorities due to COVID-19 could result in a lack of capacity to deliver plan. New ways of working post-COVID may alter delivery of identified prescribing initiatives.</p> <p>Recruitment: difficulties with retention/recruitment of appropriately qualified staff</p> <p>People: training & induction of new staff could impede on efficiencies delivery.</p> <p>Finance: Variable prescription item volume and costs due to unforeseen pressures (e.g. drug shortages) could lead to increases/decreases in spend against prescribing initiatives outside of the team’s control</p> <p>Operational Priorities: additional priorities for the pharmacy team such as pharmacotherapy service development will be ongoing throughout 21/22 & may impact on delivery of the plan.</p>			Strategic Alignment <ul style="list-style-type: none">• Prevention and early intervention• Person Centred Care• Making best use of capacity across the system• Right care, right place, right time• Managing our resources effectively	

No.	11	Savings Proposal:	Substance Misuse	Lead:	Colin Beck
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Proposal Summary (Scope)	The EHSCP receives funding to support Substance Misuse services from two different sources. We will be protecting and investing in services by targeting Seek, Keep and Treat monies, thereby realising efficiencies from the core budgets. There will be no service or policy change as a result of this saving.
Impacts	Following due consideration it has been identified that an Integrated Impact Assessment (IIA) is not required for this proposal because it will not result in any change to policy, nor result in any services changing or ceasing. The proposal is to protect Seek, Keep and Treat monies, thereby realising efficiencies from core budgets through slippage. As such the proposal will not differentially affect groups of people with protected characteristics.
Benefits & Disbenefits	<p>System Benefits: Continuity of service delivery</p> <p>Financial Benefits: Anticipated reduced spend</p>
Risks/ Considerations	<ol style="list-style-type: none"> Reputational damage: proposed efficiencies may be interpreted as a disinvestment in core services <ul style="list-style-type: none"> <i>Mitigation: Clear and appropriate engagement and communication. Appropriate linkages with Edinburgh Pact Workstream.</i> Financial risk: that the planned efficiencies are not achieved <ul style="list-style-type: none"> <i>Mitigation: Effective planning and monitoring process implemented</i>

Financial Impact	
<i>Full Year Target for 21/22 (£k)</i>	£150
<i>Forecast Savings for 21/22 (£k)</i>	£150
<i>Recurring Savings for 22/23 (£k)</i>	£150
<i>Delivery Investment</i>	None identified
Dependencies	- Funding awards from the Scottish Government are made to previously stated levels
Strategic Alignment	<ul style="list-style-type: none"> • Prevention and early intervention • Tackling Inequalities • Person Centred Care • Making best use of capacity across the system • Right care, right place, right time • Managing our resources effectively

No.	12	Savings Proposal:	Older People Day Opportunities Contract	Lead:	Katie McWilliam	
Proposal Summary (Scope)	<p>From 1st April award 12-month contracts for Older people’s day opportunities to those organisations who submitted bids during the 2020 procurement process based on revised volumes and budget for service delivery.</p> <p>The contract will be a blended model remobilising building based support in line with Scottish Government Guidance and offering ongoing outreach support to older people and their carers.</p> <p>Further work will be undertake with two other contacted providers to renegotiate the type and level of service required to address a shortfall in the required capacity for the interim contract. The overall contract value is based on reduction of 5.8% from current contract value.</p>			Financial Impact		
				Full Year Target for 21/22 (£k)	£163	
				Forecast Savings for 21/22 (£k)	£163 (5.8% of the overall budget)	
				Recurring Savings for 22/23 (£k)	£163	
Impacts	<p>People (Citizens) Positive</p> <ul style="list-style-type: none">- Increased choice & flexibility of day support options & how/ when the support is offered- Offers support for people new to day support who may find group settings challenging <p>People (Citizens) Negative</p> <ul style="list-style-type: none">- Less opportunities for bringing people from diverse backgrounds together- Financial burden on people who choose to receive outreach support associated with local travel and accessing local amenities. <p>People (Staff) Positive</p> <ul style="list-style-type: none">- Organisations offer job /volunteering opportunities to local people & committed to paying Scottish Living Wage <p>System Positive</p> <ul style="list-style-type: none">- Focus on local provision reduces transport journeys & increases community connections <p>System Negative</p> <ul style="list-style-type: none">- Potential blended model provides insufficient capacity & that unit costs increases			Delivery Investment	None identified	
				Dependencies		<ul style="list-style-type: none">- Any return to building based support needs to be agreed by Health Protection Team and EHSCP
				Strategic Alignment		<ul style="list-style-type: none">• Prevention and early intervention• Tackling Inequalities• Person Centred Care• Best use of capacity across the system• Right care, right place, right time• Managing our resources effectively
				Benefits & Disbenefits		<p>System</p> <ul style="list-style-type: none">- <i>Benefits:</i> Increased choice and offer of outreach diverts pressure for day support service from care at home organisations. <p>Financial</p> <ul style="list-style-type: none">- <i>Benefits:</i> Anticipated reduced spend, contracts delivered within EHSCP budget & savings achieved- <i>Disbenefits:</i> Reduction in funding for orgs when financial impact of COVID-19 is ongoing.
Risks/ Considerations	<p>Service Delivery: capacity within the block contracts is less than anticipated demand</p> <p>Reputational damage: perception of a reduction in support for older people and carers at a time when social isolation and carers impact is high profile.</p> <p>Reputational damage: Some providers may need to reduce workforce as a result of reduced budget, advice given to access government sustainability schemes</p>					

Savings Programme High Level Project Brief:

15. Planning for the Future of Blood Borne Virus (BBV) Services

1. Project Brief

This proposal intends to take a collaborative approach to streamlining and modernising Blood Borne Virus (BBV) Services to ensure that they take a holistic, consistent approach to supporting people with complex needs.

There are two key strands to this proposal:

1. Review and redesign the internal requirements of BBV Social Work Team

- a. Currently there is a specialist social work team targeting people undergoing treatment for either/both Hep C or HIV, which may be able to be incorporated within existing teams
- b. There is acknowledgement that people will require some service provision but that this may be provided by existing services or limited increase in care at home (housing support) service
- c. The review will concentrate on HIV only service users as Hep C treatment it being targeted by Public Health as a target to elimination.

2. Review the Waverly Care Contract for Milestone House

- a. Taking learning from recent experiences and those that use and deliver existing services, review existing contract to shape and inform new future focused, fit for purpose sustainable approach.

Reviewing both services together provides an opportunity to ensure: a collaborative, joined up approach is adopted; that service users' needs are met through existing services and that any gaps can be covered in the review and implementation of any future BBV contract. This would allow us to address HIV services in line with other long-term chronic conditions services that are currently provided under the EHSCP.

It has been identified that through the completion of the review it will be possible to make efficiencies within core budgets, both as a result of implementing future focused, sustainable service approaches and as a result of anticipated additional investment (drug related deaths & homelessness funding).

It is intended to take a phased approach to the BBV Service review:

Phase 1 (Realise immediate savings from 1st April 2021):

- Existing 1.0 FTE NW MH/SW Vacancy to be released as a £45k recurring saving in the 2021/22 Financial Year

Phase 2 (Redesign & reshape future services April 2021- March 2022):

- April – Sept 2021:
 - Ongoing engagement and consultation with stakeholders on future approach (taking on board feedback from Waverly Care Survey and focus groups completed in March/April)

- Complete review of services
- Identify and agree vision for future focused approach (considering both internal & external service requirement across the city)
- Initiate and complete consultation as appropriate/required
- Plan for agreed new service model role out (Contract value (reduced by 10%) plus 1.5FTE G7 = financial envelop)
- Oct-Mar 2022:
 - Initiate and complete commissioning and procurement to meet above and realise at least a 10% efficiency equating to £56,000 per annum (accelerate before March 2022 contract expiration if possible)
 - Deliver new internal service as per requirements

Phase 3 (Realise longer term savings):

- Deliver new sustainable, future focused service model which realises long term, recurring savings

2. Strategic Alignment

Implementation of the BBV proposal contributes to the following EIJB Strategic priorities:

- Prevention and early intervention
- Tackling Inequalities
- Person Centred Care
- Making best use of capacity across the system
- Right care, right place, right time
- Managing our resources effectively

3. Constraints, Assumptions and Dependencies

Constraints:

High level constraints include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of COVID-19, whilst still delivering business as usual
- Risks associated with proposed changes (see Section 8: Risk) regarding staff, services provided and the people who use these services.

Assumptions:

High level assumptions include:

- Hosted Hepatitis C worker will be retained to support the Public Health target to eliminate Hepatitis C¹
- The broader system is able to flex and adapt to respond to the demand for services
- Any future service demand can be absorbed by existing services or through redesigning future services

¹ [Eliminating hepatitis C - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/eliminating-hepatitis-c/pages/1-2-introduction-and-what-we-will-do-to-eliminate-hepatitis-c.aspx)

- Caseloads would need to be reassessed and managed accordingly via most appropriate team.
- Any hospital discharges would be managed via the discharge Hubs based within acute hospitals.
- That the appropriate staff from across the Edinburgh Health and Social Care Partnership, NHS Lothian and Third Sector Partners will have the capacity to engage fully with the projects, as well as responding to the consequences of COVID-19, whilst still delivering business as usual

Dependencies

- Availability of resources from commissioning, procurement and contracts to review, redesign and implement new contracts, as required
- Contracted providers willing to continue working collaboratively to identify and implement a future focused approach
- Re-commissioning timeline for the BBV contract means procurement must be complete by March 2022
- Outcome of Business Case for Intermediate care Unit due for completion by August 2021
- Funding awards from the Scottish Government are made to previously stated levels

4. Impact

High Level Impacts

These have been drawn from Integrated Impact Assessment (IIA) completed on 26th February 2021, which will be located on the EHSCP website here: [Integrated Impact Assessments - Edinburgh Health & Social Care Partnership \(edinburghhsc.scot\)](https://www.edinburghhsc.scot/integrated-impact-assessments)

During the IIA equality & human rights impacts, environmental & sustainability impacts and economic impacts will be considered.

People (Citizens)

Positive

- A more flexible service, responsive to people's needs
- Service is needs led as opposed to disease led: service has a broader scope enabling it to be more inclusive/open, and therefore support a broader range of people with more complex needs
- Creation of a more locality/ community-based model (aligned with the 20-minute neighbourhoods concept), provides opportunities to receive care and support in locations that are easier and quicker to get to
- Opportunities exist to reduce stigma around BBV and personal feelings of guilt by normalising service provision and improving education and awareness.
- Promotion, extension and development of the use of peer support provides opportunities for people with lived experience, including the potential to encourage career pathways/ supporting people to stay independent.

Negative (including mitigations)

- Potential that redesigned service does not meet the needs of people, as generalist staff (e.g. social workers) / service provision are/is unable to emulate the specialist care that people have been used to. This may also lead to a sense of loss from people. *(Mitigated via inclusive consultation, careful implementation and clear communication)*
- Possibility that people face increased discrimination/ stigma as a result of there increased use of generalist services *(Mitigated through increased education and awareness of BBV)*

- Potential for increased feelings of isolation if new model is unable to emulate the support networks and feeling of a “safety net” currently provided through existing services model. *(Mitigation: Needs to be a key consideration during service design)*

People (Staff)

Positive

- Opportunity to build confidence and utilise existing and new skills/knowledge/ expertise to be able to provide support in different settings and via a new service model
- Chance to work and deliver services in a different more flexible way, supporting staff to better meet the needs of those they work with
- Build on new relationships and approach to embrace 20min neighbourhood as a principle, which provides a further chance to consider how people could utilise community services in their own area
- Opportunity to use staff knowledge and expertise to promote education and help challenge stigma, across different settings
- Building on the experiences of supporting people with BBVs through tech/digital options during the COVID- 19 pandemic there is an opportunity to encourage staff to travel sustainably, and where appropriate engage with people through Near Me, etc and other technological and digital options available (leading to reduced emissions)

Negative (including mitigations)

- Increased pressure/ workload due to case load management issues and possible migration of clients to other service provision and cases being reassessed if redesign does not cover needs of existing people. *(Mitigation: early engagement & consultation, careful planning and clear communication)*
- Risk of losing experts/ knowledge through a potential move to more generalist services. *(Mitigation: Need to ensure that this is planned for, with experts valued and supported to share knowledge with others in a sustainable way.)*

System

Positive

- Potential for less travel to central location by people and instead access services in the localities (leading to reduced emissions)

Negative (including mitigations)

- There could be an increase in staff travelling (leading to increased emissions) as they deliver more community-based support to people in their own homes instead of centrally. *(However, a joined up approach will be taken with opportunities provided via locality working optimised)*

5. Benefits & Disbenefits

Citizens

Benefits

- Fair and consistent access to the same level of support in line with the assessed level of need
- Appropriate level of support when required
- Person centred and collaborative approach adopted
- Opportunities to build and strengthen community networks and connections

Disbenefits

- Potential reduction in anonymity and protection from stigma
- Risk of being delayed in hospital
- Risk of unnecessary hospital admission
- Access to a generalist services and as opposed to a specialist service

Staff

Benefits

- Embedding of the 3 Conversations model to build resilience and independence
- Opportunities to build and strengthen community networks and connections
- Opportunities to capitalise upon digital approaches to service delivery e.g. Near Me

Disbenefits

- Lack of confidence in using and adapting to digital approaches
- Accessing resource in response to fluctuating need

System

Benefits

- Enable a more consistent approach to ensure positive outcomes for individuals which will ensure sustainability long term.
- Embedding the use of 3 Conversations model across the system to build resilience and independence

Disbenefits

- Risk of delayed discharge
- Risk of unnecessary hospital admission
- Increased

Financial

Benefits

- Efficient use of resources
- Anticipated reduction in spend

Disbenefits

- Increased costs because of potential increase in admissions to hospital bed based care

6. Financial Implications

Financial Savings

The anticipated financial savings are laid out below:

Full year target 2021/22 (£k)	Forecast 2021/22 In Year Savings (£k)	Recurring £k (from 22/23)	Delivery Investment
£45	£45	£100	No direct cash investment

Whilst no cash investment will be required it has been identified that the success of this proposal will be dependent on the involvement of key stakeholders to inform shape and implement future services specifically:

- Time to discuss impact with NHS services
- Time to discuss impact with service users
- Time to discuss with staff
- Time to discuss with other parts of the service that currently do not take these referrals.

7. Feasibility of implementation

Details of timelines, including key implementation milestones, indication of when proposal will be implemented in full and savings

It is intended to take a phased approach to the BBV Service review:

Phase 1 (Realise immediate savings from 1st April 2021):

- Existing 1.0 FTE NW MH/SW Vacancy to be released as a £45k recurring saving in the 2021/22 Financial Year

Phase 2 (Redesign & reshape future services April 2021- March 2022):

- April – Sept 2021:
 - Engage and consult with stakeholders on future approach
 - Complete review of services
 - Identify and agree vision for future focused approach
- Oct-Mar 2021:
 - Initiate and complete consultation as appropriate/required
 - Plan for agreed new service model role out
 - Initiate and complete commissioning and procurement to meet above considerations

Phase 3 (Realise longer term savings):

- Deliver new sustainable, future focused service model which realises long term, recurring savings

In year savings for 2021/22 will be realised through an existing vacancy and therefore can be realised from the start of the 2021/22 financial year.

8. Risks

Initial high level risks identified.

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
16.1	People: confusion or misunderstanding of how and why new model is being implemented	Clear and appropriate engagement and communication with people, carers and stakeholders	Amber	Green
16.2	Reputational damage: service model does not meet existing expectations and perceptions	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Amber	Green
16.3	Resistance to change: by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber	Amber
16.4	Change management: pressures on staff from involvement and supporting change whilst delivering business as usual	Staff support through change management	Amber	Green
16.5	Transition challenges: ensuing that if appropriate affected people can access suitable alternatives that meet their needs	Clear and appropriate engagement and communication, to ensure those who do not have the means are supported	Amber	Green
16.6	Financial risk: that the planned efficiencies are not achieved	Effective planning and monitoring process implemented	Red	Amber

Savings Programme High Level Project Brief:

16. Overnight Support - contracts

1. Project Brief:

21 providers have block contracts for shared overnight support.

Some of these services will have been in place for many years and it is possible that they will not have been reviewed to determine if current remote technology could be a more person-centred solution.

Working with the seven providers with the highest spend for shared overnight support, (where the provider budget is over £200k), aim to achieve a 5% saving from each provider. If achieved this would generate a saving of around £100k.

2. Strategic Alignment

Strategic Links

Implementation of the proposal 'Overnight Support -contracts' contributes to the following Strategic priorities:

- Making best use of capacity across the system
- Right care, right place, right time
- Managing our resources effectively

3. Constraints, Assumptions and Dependencies

Constraints:

The inability to change pre-existing contracts due to provider, service users and carers perceived need to maintain the status quo.

Assumptions:

That a 5% reduction is achievable given these contracts have been in place for some time and unlikely to have been reviewed to determine if the use of technology overnight could be a more appropriate option for the service users and reduce cost.

Dependencies

An openness from providers to engage with partnership staff to achieve a 5% shift and agreements from service users and carers to move to technology options for overnight support where appropriate.

4. Impact

High Level Impacts

These have been drawn from the Integrated Impact Assessment (IIA) completed on 15th February 2021 and which will be located on the EHSCP website here: [Integrated Impact Assessments - Edinburgh Health & Social Care Partnership \(edinburghhsc.scot\)](https://www.edinburghhsc.scot/integrated-impact-assessments)

During the IIA equality & human rights impacts, environmental & sustainability impacts and economic impacts were considered.

People (Citizens)

Positive

Previous implementation of remote technology for 80 people has achieved positive outcomes with less restrictive supports in place and encouraged personal independence.

Negative (including mitigations)

For some individuals, family members and unpaid carers, there may be the perception that formal overnight support continues to be required and a change to shared resources or remote technology will have an adverse effect.

There may also be the perception that there would be increased risk using technology or that family members/unpaid carers may be required to support the person (physically or emotionally) during the night without physical presence of staff onsite.

Full engagement will be required to review individual circumstances and agree appropriate supports with completion of comprehensive risk assessment. Any negative impacts identified will require review and action.

People (Staff)

Positive

There will be increased learning and development opportunities for staff in providing and supporting people to access remote technology. For some they will view this as an opportunity for a better work life balance with reduced requirement for night-time working.

Negative (including mitigations)

There is recognition nationally that salaries for care staff are viewed as low with many receiving the national minimum wage. For those working unsocial hours, some organisations provide increased payments. Where reduced staffing is required as a result of this change, this may impact on wages. Whilst an identified impact, this is expected to be minimal due to the high level of

demand for social care staff and increasing demand for care services. Any impacts will be monitored and required actions considered.

System

Positive

Sharing of resources and use of technology in organisations and teams, will result in less duplication and costs, such as staffing and energy/utility. Increased use of alternative support contributes to building a stronger culture of enablement and leads the way for future engagement, further reducing the impacts of digital exclusion.

Negative (including mitigations)

Some provider organisations may view this change as a reduction in income. Full engagement will be required to encourage positive discussions, review individual circumstances and agree appropriate supports if required.

Reputation

Positive

Sustainability will be enhanced, from increased opportunities and options available for people seeking more independent living now and in future. This increased choice, flexibility and opportunity meets with the overarching principles of the national Learning Disability Strategy (Keys to Life) and the strategic direction of the Partnership, ensuring a person-centred approach.

Negative (including mitigations)

For some individuals with disabilities and their family, representative or care provider, there may be the perception this change is only a means to reduce costs. A communication plan will be developed to share information about the opportunities, the benefits and positive experiences. Alternative models will only be considered where this is assessed as appropriate to safely meet the needs of the individual.

5. Benefits & Disbenefits

Citizens

Benefit;

- This will offer a less restrictive model of support, encouraging independence with less reliance on physical presence.
- The bespoke nature of digital technology can further enhance the persons overall quality of life, including increased digital inclusion and communication with family members and friends.

Disbenefits;

- May perceive that support delivered by technology presents more risks and in some circumstances family members or unpaid carers may be concerned there will be an increased requirement for their involvement overnight. Any change in support will be further to provider led review and social work assessment which will take into consideration any potential risks. A full risk assessment would be required prior to any change.

Staff

Benefit;

- For some this may offer improved work / home life balance from some reduction in working overnight.
- There may be increased learning and development opportunities, particularly in relation to digital support.

Disbenefits;

- There may be some possible reduction in income for some staff, if they are no longer on overnight support duties, however this is expected to be minimal due to the growth opportunities for provider organisations with increasing demand for social care support. There will be a continuing role for overnight care where this is required or where identified risks cannot be mitigated.

System

Benefit;

- Use of technology will build a stronger culture of enablement and with the bespoke nature of digital technology will further enhance the persons overall quality of life, including increased digital inclusion and communication with family members and friends. This will lead the way for anyone requiring support in the future.

Disbenefits;

- Some organisations may perceive a change in model of support as loss of income across the system, however with increased and ongoing demand across the social care sector there is increased opportunity for growth and development.

Financial

Benefit;

- Anticipated financial savings from reduced sleepover costs across services.

Disbenefits;

- Anticipated financial savings not realised due to reluctance to change overnight model of support from service users and carers or from further review of individual circumstances there are risks which would result in the change being inappropriate.

6. Financial Implications

Financial Savings

The anticipated financial savings are laid out below:

Full year target 2021/22 (£k)	Forecast 2021/22 In Year Savings (£k)	Recurring £k (from 22/23)	Delivery Investment
£75	£75	£100	None identified

7. Feasibility of implementation

Assuming EIJB agreement; the seven highest contracts have been identified, so dialogue can commence in April 2021.

It is anticipated that the data collection, analysis and implementation will take the first quarter to achieve. Therefore, it is anticipated that a part year effect will be achieved.

8. Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
17.1	Resistance to change: by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber	Amber

Savings Programme High Level Project Brief:

17. Policy Development and Implementation

1. Project Brief

Context

There is in place a current Purchasing Programme aimed at ensuring the best use of the purchasing budget and to maximise the benefit to eligible individuals in the most fair and equitable manner possible, within available resources. This programme will review and implement appropriate changes.

These changes agreed to by the EIJB in July 2020 are helping to ensure that the Edinburgh Health and Social Care Partnership (EHSCP) is able to fulfil its statutory obligations including in relation to Self-Directed Support (SDS) and that it is aligned with approaches delivered across Scotland, whilst supporting a move away from a dependency model to an enabling model that supports people to utilise their assets, develop new skills and take responsibility for their own decisions.

The changes also seek to empower staff, by providing opportunities to support and share best practice, create space for learning and development and bring about sustained cultural change.

The agreed Grip and Control, redesign and transformation of the Purchasing Budget are helping to contribute to the EHSCPS comprehensive Savings Programme, and will therefore help support the delivery of a balanced budget in the 2021/22 financial year through the delivery of £7.19m of savings.

However, what has become clear in working through this programme, is that when considering how to implement changes to the purchasing programme of work, it is important to recognise the complexity of the system, and layers that exist within it.

In particular, the ability for the organisation, and specifically practitioners at the assessment and care management level, to shape, influence and 'hold-to' appropriate level decisions with regards to assessing for and planning care/ support, as it is compromised by the lack of an updated policy framework within which decisions are made.

Much of what supports practice is based on dated policies and in some instances 'custom and practice'. Moreover, to support the financial sustainability of service delivery, some past policies and current practice assumptions will require to be reconsidered. To achieve this will support the aforementioned Purchasing Programme and its delivery, as well as provide the basis for additional savings considerations.

Policy Changes Proposal

The main drivers in transforming service delivery have been to maximise the benefit to eligible individuals in the most fair and equitable manner possible by supporting a move away from a dependency model to an enabling model that supports people to utilise their assets, develop new skills and take responsibility for their own decisions.

However, much of what currently exists in terms of Policy/ practice 'direction' sustains the current levels of cultural expectation/ entitlement and re-inforces the perspective of the public sector as prime benefactor – rather than as an important safety net for the most vulnerable/ least able to cope independently.

Some examples of these are:

1. **Respite:** The existing model is based upon a quantifiable entitlement model. For example, individuals are 'entitled' to x number of days per month/ year. However, in line with other Local Authority areas, we may be able to look at the gaps in support and the requirements of the carer as opposed to automatically assuming what respite should look like on a personalised basis rather than upon a fixed formulaic allocation. At the moment we are held to the lack of a revised Policy on Respite entitlement and models.
2. **Transport:** Similarly, the current default is to provide full entitlement to transport as an additional component to the assessment of care needs, rather than its question being considered within the context of an overall assessment of needs and priorities through an SDS process. We need to work in partnership with colleagues from City of Edinburgh Council to change the infrastructure around how transport is provided and managed to enable this.
3. **Single Provider for Day support:** Unlike many authority areas, we still have in place an entitlement to a separation of care support (within paid-for support services) and day provision. When we move to reflect the 'choices' individuals are making in that direction, we are hamstrung by the lack of a clear Policy which allows for that to happen. At the moment an individual would have to be placed on a Direct Payment to allow an 'opt-out' for them. This is hardly consistent with our adoption of full choice and control as implied within SDS legislation.

In each of these examples, we are limited by the current Policy direction in making more radical person-centred changes and exploring alternative delivery models which would also have financial benefits.

Moreover, there are other areas where we may consider more radical Policy directions in order to support our financial circumstances. For example:

4. **Implement a consistent and Reasonable Offer:** We work to guiding principles and values about keeping people at home for as long as possible, but there are challenges in market delivery in achieving that, as well as the realities that costs to do so are escalating. This reality raises questions about the sustainability of the levels of care purchasing and so we may consider developing a fair and consistent Policy with regards to the Reasonable Offer we can provide. Some other authorities are considering aligning NCR rates with the levels of support to be paid for at home, with the difference to be met by the recipient should they chose to do so.
5. **Overnight Service:** Our current arrangements allow for significant entitlement to bespoke Provider-linked overnight responder services, which include sleep-over, waking-support services. The issue is not the provision of such services in life-threatening care provision, but the more general entitlement outwith this narrower definition of essential provision. Such provision, based upon a vagueness of Policy direction, are a huge cost to the IJB. As with other areas, we could consider a move away from the current scheduled Provider-orientated responder service to a technology led responder service ('just in time' orientated, not 'just in case' as the default) as well as a specifically commissioned single (or dual) Provider who provides such a service on demand for the whole City. A set-up long established in other areas covering a much larger geographical spread.

These are illustrative examples of the options in terms of Policy revisions, as well as a couple of examples of new directions which would require new Policy directions to support the implementation.

The proposal is that we examine areas (including the illustrations above) whereby Policy changes or developments (including implementation) will maximise our opportunities to shift and manage expectations, provide consistency of assessment and care management responses and identify potential reductions on our expenditure.

2. Strategic Alignment

Strategic Links

Implementation of these Policy Changes is in line with the following Strategic priorities:

- Making best use of capacity across the system
- Managing our resources effectively

3. Constraints, Assumptions and Dependencies

Constraints:

High level constraints include:

- Capacity of people to engage fully with the proposal and any appropriate changes, as well as responding to the consequences of COVID-19, whilst still delivering business as usual
- Risks associated with proposed changes (see Section 8: Risk & Impact) regarding staff, services provided and the people who use these services.

Assumptions:

High level assumptions include:

- Any changes will be delivered in line with legislative guidance
- Leadership by example: Ongoing buy in, support and leadership from across EIJB leadership specifically EIJB elected members and EMT
- Staff are able to adapt to new ways of working and are supported to have challenging conversations, and to uphold difficult and at times controversial decisions.

Dependencies

- Ability to update and implement policy changes in a timely manner
- Capacity of the market to respond to new ways of working/ approaches
- Ability to ensure political understanding and support to ensure a consistent approach

4. Impact

High Level Impacts

These have been drawn from the Integrated Impact Assessment (IIA) completed on 24th February and will be available on the EHSCP website here: [Integrated Impact Assessments - Edinburgh Health & Social Care Partnership \(edinburghhsc.scot\)](https://edinburghhsc.scot/partnership)

During the IIA equality & human rights impacts, environmental & sustainability impacts and economic impacts were all considered.

The overarching aims of the policy reviews are to ensure that:

- Fairness and consistency are applied to: decision making; resource allocation and practice
- Service provision is commensurate with need.
- There is a consistent understanding and application of any policies/changes

Any changes to service provision which may arise as a result of any review will impact on proportionately more older people, people with disabilities and carers (either positively or negatively) compared to the general population due to the inherent demographics of service users.

People (Citizens)

Positive

- The policy reviews will take a person-centred/human rights approach and align with the values, priorities and guiding principles of the IJB's Strategic Plan.
- They will be an opportunity to help ensure positive choice, control and equality of outcomes for residents.
- The policy reviews will be an opportunity to help realise connections with other workstreams including 3 Conversations, the Edinburgh Pact and the EIJBs Transformation Programme.
- Assessment and care management function supports a holistic approach to the assessment of peoples assets and network as well as the networks around them. The policy reviews will be an opportunity to maximise effective use of budget spend by targeting resources to where they are needed most and optimising the potential of community and family assets

Negative (including mitigations)

- There may be citizens who will be negatively impacted as a result of policy reviews due to potential changes to service eligibility criteria. This may lead to a potential sense of loss. *The result in additional pressures on carers and take measures to prevent this.*
- Policy reviews may mean that the way future services are delivered, do not meet people's expectations. *The reviews will consider how to ensure clear and appropriate engagement and communication with people and carers about any changes. Ensure appropriate linkages with the Edinburgh Pact Workstream.*

People (Staff)

Positive

- A policy-based approach to service provision will provide a level of clarity and confidence for staff and will support them to make consistent and fair decisions.

Negative (including mitigations)

- Staff may be put under pressure or face hostility when advising service users of changes to service provision due to changes in policy. *As any more detailed reviews or changes are identified and agreed, the impact on staff will be thoroughly considered*

System

Positive

- A consistent, equitable approach based on level of need will be applied when allocating services which will help ensure services are prioritised and help protect the economic sustainability of service provision.
- Reviews of policy and practice will provide an opportunity to implement change to culture and working practices and help support the Edinburgh 2030 net-zero carbon target.
- Any changes proposed should align with the NHS Lothian Sustainable Development Framework and Action Plan and CEC Sustainability Strategies.

5. Benefits & Disbenefits

Citizens

Benefits

- Adoption of a person-centred/human rights approach
- Fairness and consistency are applied to: decision making; resource allocation and practice
- Service provision is commensurate with need.

Disbenefits

- There may be changes to eligibility criteria resulting in changes to service provision for some users

Staff

Benefits

- Clear, fair and consistent policies to guide and inform decision making and practice

Disbenefits

- Increased pressures for staff and more challenging conversation with people, families and carers
- Potential difficulties around recruitment and retention of staff

System

Benefits

- Application of clear, fair and consistent policies
- Opportunity to consider and align where possible to the recommendations of the Feeley report
- Policies are benchmarked (where relevant) against other health and social care partnerships and take into consider best practice

Disbenefits

- Potential for an increased number of complaints

Financial

Benefits

- Reduced spend

6. Financial Implications

The specific quantum of savings resulting from whatever Policy changes are made, is still being worked upon, but a high level indicative figure is shown below.

Financial Savings

The anticipated financial savings are laid out below:

Full year target 2021/22 (£k)	Forecast 2021/22 In Year Savings (£k)	Recurring £k (from 22/23)	Delivery Investment
£4,000	£4,000		TBC

£4m represents half of the annual £8m of growth in demography which sits against the purchasing budget. It is key to recognise that this proposal is fundamentally linked to constraining the annual growth we see in the purchasing budget, and that the actions within this proposal, will both help release the potential and be an enabler of the work being completed within the purchasing savings.

7. Feasibility of implementation

Details of timelines, including key implementation milestones, indication of when proposal will be implemented in full and savings

Timelines for any Policy Changes are being defined.

8. Risk

Initial high level risks identified:

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
18.1	People: confusion or misunderstanding of how and why policy changes are being implemented	Clear and appropriate engagement and communication with people and carers	Amber	Green
18.2	Reputational damage: policy changes do not meet existing expectations and perceptions leading to increased complaints	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Red	Amber
18.3	Resistance to change: by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber	Amber
18.4	Change management: pressures on staff from involvement and supporting change whilst delivering business as usual	Staff support through change management	Amber	Green
18.5	Scale: the work required to support any policy changes does not match capacity available	Effective planning, allocation and monitoring process developed and implemented	Red	Amber
18.6	Financial risk: that the planned efficiencies are not achieved	Effective planning and monitoring process implemented	Red	Amber
18.7	Clear vision and leadership: Inconsistent understanding of the situation and what we are trying to achieve	Consistent, positive messaging and communication. With proactive engagement across all stakeholders Ensure appropriate linkages are made with Edinburgh Pact Workstream	Red	Amber
18.8	COVID: operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Red	Amber
18.9	Governance processes: lack of agreement on the governance and process for agreeing and amending policies. Specifically on the separate roles and responsibilities of the IJB and the City of Edinburgh Council.	Engagement and dialogue with City of Edinburgh Council to agree process and governance route to ensure proposal can be taken forward	Red	Amber

Appendix 6: 2021/22 Savings Programme Cumulative IIA

Section 4 Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

Interim report		Final report	✓
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(Tick as appropriate)

1. Title of plan, policy or strategy being assessed

Edinburgh Integration Joint Boards (EIJB's) Savings Programme 2021/22 – Cumulative Integrated Impact Assessment

2. What will change as a result of this proposal?

To support the delivery of a balanced budget for the 2021/22 financial year the EHSCP has developed a Savings Programme with a range of savings proposals.

The proposals have been developed, to where possible help:

- Achieve a balanced budget
- Improve efficiencies in service delivery
- Allow for continuous improvement of services
- Move forward and support the principles of the Strategic Plan
- More effectively target resources

Every effort has been made to ensure the alignment of proposals to the EIJBs Strategic Plan, in order to minimise negative impacts and to help support the sustainable delivery of services, now and in the future. However, it is recognised that the need to deliver a significant savings programme in 2021/22, may lead to an impact on services, people and staff.

This Cumulative IIA provides an opportunity to review collectively, the equality impact of the proposals on the population of Edinburgh . It provides a level of assurance that a robust consideration of potential impacts has taken place. As well as providing an overarching strategic perspective of how projects link together, this process is helping to ensure that work is not progressing in silos. The IIA also highlights any interdependencies between projects and work streams, within the savings programme and the EHSCPs wider transformation schemes of work.

Summaries of the proposals will available on the City of Edinburgh Council website from the 16th March 2021 when papers will be published in advance of the EIJB meeting on the 24th March 2021:

<https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=5569&Ver=4>

3. Briefly describe public involvement in this proposal to date and planned

There has been no overarching public engagement around the EIJBs savings proposals for 2021-22. Several budget workshops involving EIJB members, including elected members and non-executive NHS Board members have taken place.

Project specific engagement which has taken place to date is noted in each IIA report.

The proposals align as far as possible with the intentions of the strategic direction laid out within the EIJB Strategic Plan. Extensive engagement was integral to the Plan's development including significant public and stakeholder engagement, consultation and feedback.

4. Date of IIA: 1st March 2021

5. Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	IIA role	Job Title	Date of IIA training
Moiria Pringle	Lead Officer	Chief Finance Officer	
Jenny McCann	Facilitator & Report writer	Programme Manager – Savings	March 2020
Colin Beck	Savings Proposal Lead Rep	Strategy and Quality Manager Mental Health and Substance Misuse	
Deborah Mackle	Savings Proposal Lead Rep	Locality Manager - South West Edinburgh	
Mark Grierson	Savings Proposal Lead Rep	Disability Support and Strategy Manager	
Sarah Bryson	Note taker	Strategic Planning & Commissioning Officer	Nov 2017

6. Evidence available at the time of the IIA

The purpose of the cumulative IIA is to consider potential cumulative impacts arising from the various budget proposals. The individual IIAs have considered and noted the appropriate evidence in relation to the corresponding budget proposal. The table below only notes the overarching evidence.

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need:		
<i>Strategic needs Assessment City of Edinburgh HSCP (2015)</i>	Yes	Provides supporting information for understanding the demographics of the wider population in the City of Edinburgh (https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Joint_Strategic_Needs_Assessment.pdf)
<i>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</i>	Yes	Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated). Actions highlighted as needed to address these include: <ul style="list-style-type: none"> • Staff training including cultural sensitivity • Recognition of the role of the Third Sector • Effective community engagement • Developing effective approaches to prevention including overcoming isolation. https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf
<i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i>	Yes	Details the Strategic direction of the EHSCP https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf
Data on service uptake/access	No	See individual IIAs
Data on equality outcomes:	Yes	Completed/Interim IIAs and IIA statements for the 2021/22 savings programme proposals (will be available here: https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/) and provide details of
<i>Individual Savings Proposals IIAs</i>		

Evidence	Available?	Comments: what does the evidence tell you?
		<p>identified impacts that may come from the implementation of the proposed changes:</p> <ol style="list-style-type: none"> 1. External Housing Support (IIA) 2. Day Centres & Be Able (IIA) 3. LD Services (B) (IIA) 4. Review Rehabilitation Services (IIA) 5. Review Sexual Health Services (IIA) 6. Community Equipment (IIA) 7. Purchasing (IIA) 8. Mental Health Whole System Review: Positive Steps (IIA Statement) 9. Mental Health Whole System Review: Review the Works (IIA Statement) 10. Prescribing (IIA Statement) 11. Substance Misuse (IIA Statement) 12. Interim Older People Day Opportunities Contract (IIA) 13. Hosted Services & Set Aside (IIA Statement) 14. <i>(There are currently no published IIAs under the Transformation Programme)</i> 15. Blood Borne Virus Services (IIA) 16. LD Overnight Services (IIA) 17. Policy Development & Implementation (IIA)
Research/literature evidence	No	See individual IIAs
Public/patient/client experience information	No	See individual IIAs
<p>Evidence of inclusive engagement of service users and involvement findings</p> <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p>	Yes	<p>See individual IIAs</p> <p>Details consultation completed with stakeholders about the EIJB Strategic Plan: https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p>
<p>Evidence of unmet need</p> <p><i>Edinburgh Integration Joint</i></p>	Yes	<p>See individual IIAs</p> <p>Details the health needs and priorities for the people of Edinburgh</p>

Evidence	Available?	Comments: what does the evidence tell you?
<i>Board Strategic Plan (2019-2022)</i>		https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf
Good practice guidelines	No	See individual IIAs
Environmental data	No	See individual IIAs
Risk from cumulative impacts <i>Savings Programme Cumulative IIA Evidence Document</i> <i>Impacts due to the restrictions imposed due to the Coronavirus</i>	Yes	Impacts identified within each budget proposal IIA have been considered to undertake this cumulative impact assessment. Due to the restrictions imposed to control the coronavirus pandemic: <ul style="list-style-type: none"> the number of unpaid carers in the city and nationally has risen. there is a likelihood that some people may now present with a higher level of need as some services have been restricted for an ongoing period
Other (please specify)		The Independent Review of Adult Social Care https://www.gov.scot/groups/independent-review-of-adult-social-care/
Additional evidence required		

All evidence and data relevant to specific budget proposals are listed in corresponding IIAs and used as the basis for this Cumulative Integrated Impact Assessment:

- Proposal 12: Interim Older People Day Opportunities Contract (IIA)
- Proposal 16: Blood Borne Virus Services (IIA)
- Proposal 17: LD Overnight Services (IIA)
- Proposal 18: Policy Development & Implementation (IIA)

7. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
<p><i>An overview of the individual IIAs highlights that the main groups of people who may be impacted by the proposals, both positively and negatively, are older people, people with disabilities and carers.</i></p> <p><i>Where possible/ appropriate proposals are focused on providing alternative ways in which people's needs can be met to help ensure services are provided in the right place, at the right time and in the right way.</i></p> <p><u>Citizens</u></p> <p>Positive</p> <p>The savings proposals take a person-centred/human rights and assets based approach, and are guided by the values, priorities and guiding principles of the EIJB's Strategic Plan</p> <p>They will be an opportunity to help ensure positive choice, control and equality of outcomes for people.</p> <p>In order to deliver savings and improvements required, all services cannot continue to be delivered as they currently are. Those effected (either positively or negatively) will more likely be older people, people with disabilities and carers due to the inherent demographics of service users.</p> <p>Service provision will be based on needs rather than people's expectations, with priority given to the most vulnerable.</p> <p>Links with community facilities, specialist support and advice services will continue, and opportunities will be maximised through connections with other workstreams including 3 conversations, the Edinburgh Pact and Transformation.</p> <p>A move to more locality/ community-based models has the potential to align with the 20-minute neighbourhoods concept, with opportunities to receive care and support in locations that are easier and quicker to get to.</p> <p>There is an opportunity to incorporate technological solutions to aid and provide flexible access to service delivery</p>	<p>All people who receive services – more of which are older people, people with disabilities and carers</p>

<p>Changes will provide a level of support which we can afford and so increase sustainability</p> <p>Negative</p> <p>Savings will be made through efficiencies and improved effectiveness, which may result in some people not receiving the same support to that which they currently receive or would expect to. Some services may also be delivered through a different approach.</p> <p>Any change may cause anxiety, disruption and stress, particularly to those most vulnerable (including their unpaid carers), and a perceived sense of loss. This must be recognised and alleviated through considered planning and good communication.</p> <p>There may be an increased ask of families, friends and unpaid carers (in particular women as a higher proportion of carers are women) - links with the Carers Strategy will be established. People's support networks vary considerably and cognisance of this will be taken using a person-centred approach</p> <p>Those with poor health literacy skills, language difficulties and those with limited or no digital skills or with less online access will be considered whilst developing any technology enabled services or any move to a more self-managed care approach</p> <p><u>Staff</u></p> <p><i>There are likely to be positive and negative impacts for staff.</i></p> <p>Positive</p> <p>Clear policies and procedures will help support staff in their roles and provide a level of confidence.</p> <p>Any shift in service provision/service re-prioritisation will require a degree of investment in skills development and support for staff which will may help increase staff morale.</p> <p>Flexible approaches to working are likely to lead to digital investment to support the workplace, enabling them to deliver services in a different way, providing opportunities for innovation and skills development.</p>	<p>All people who receive services – more of which are older people, people with disabilities and carers</p> <p>Unpaid carers and women</p> <p>Those with poor literacy skills; those for whom English is not as a first language, and those with less access to digital technology</p> <p>Staff</p>
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<p>Negative</p> <p>The changes may bring additional stress and a sense of loss if they feel that they are not able to give the services which they think people are entitled to.</p> <p>It is important that the rationale behind any service changes are clearly communicated to staff and that the required support, training, skills, policies and procedures are put in place.</p> <p>Any change of service provision may also lead to increased levels of stress and anxiety for staff as they undertake challenging conversations with citizen (including people in receipt of services, families and carers). Changes to service provision may lead to a rise in the number of complaints which can place a considerable time burden on staff.</p>	All staff
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<p>Environment and Sustainability</p> <p>The Strategic Plan 2019-22 commits EHSCP to working with its partners to support the development of the city's new sustainability strategy for 2030 – pg 21 – https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p> <p>Positive</p> <p>The creation of more locality/community-based models aligns with the 20-minute neighbourhoods concept. There will be potentially less travel to a central location by people who can instead access services in the localities (leading to reduced emissions).</p> <p>Staff are encouraged to travel sustainably, and where appropriate engage with people through Near Me, etc and other technological and digital options</p> <p>Any changes proposed should support the NHS Lothian Sustainable Development Framework, CEC Sustainability Strategies and the Edinburgh 2030 net-zero carbon target.</p> <p>Any changes in practice will provide an opportunity to implement change to culture and working practices and help support the Edinburgh 2030 net-zero carbon target</p> <p>Negative</p> <p>There could be an increase in staff travelling (leading to increased emissions) as they deliver more community-</p>	<p>Affected populations</p> <p>All populations</p>
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based support to people in their own homes instead of centrally. Staff should be encouraged to travel sustainably	
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Economic Positive Changes will help ensure the long-term sustainability of services. Negative Any reduction in external commissioning may lead to a reduction in third sector and independent staffing. This impact should be limited as there is a recognised shortage of care staff across most organisations.	Affected populations All those that access services All those that access services and staff in third/ independent sector
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8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights , environmental and sustainability issues be addressed?

Yes, a number of the proposals cover services that will be delivered by contractors.

Procurement processes and contract documents will consider how potential contractors will address equality, human rights, environmental and sustainability issues including how contractors will support the implementation of relevant sustainability strategies referred to in this document.

9. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

See individual IIAs for communication proposals.

All communications plans/ strategies will include specific information for patients, unpaid carers, staff and wider stakeholders and will include consideration of easy read and dementia friendly versions, BSL, Braille, hearing loop, information on screens, audio signage, and use of Happy to Translate. Consideration will also be given to health literacy and the use of different mediums and channels for sharing information.

Feedback from ongoing communication with stakeholders will inform the wider Savings Programme as well as the transformation programme (in particular the Edinburgh Pact).

10. Does the policy concern agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use? If yes, an SEA should be completed, and the impacts identified in the IIA should be included in this.

No

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

Several budget proposals are not yet at a stage in their development at which an IIA can be undertaken and these will be carried out when appropriate. The Savings Programme 2021-22 Cumulative IIA will be updated to reflect any identified impacts as appropriate.

12. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Relevant leads for savings proposals should progress any specific actions identified in individual IIAs	Savings proposal leads	Ongoing	Ongoing
Overarching report re delivery of the savings programme to be provided to Savings and Governance Board (SGB) monthly	Jenny McCann/ Finance Programme Manager	Monthly	July 2021
Ongoing reporting to EIJB bi-monthly	Moirá Pringle (with support from Jenny McCann)	Bi-monthly	June 2021
Training and support for staff is provided.	Savings proposal leads – where pertinent to their proposal	Ongoing	Ongoing
Procedures and policies should be clearly set out and available	Savings proposal leads – where pertinent to their	Ongoing	Ongoing

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
	proposal		
The rationale for the changes should be clearly communicated to staff including the over-riding financial position	Savings proposal leads	Ongoing	Ongoing
Proposals to be implemented in line with appropriate strategies and relevant workstreams	Savings proposal leads	Ongoing	Ongoing

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

An overarching view on delivery of the savings programme, including monitoring of activity and spend, will be provided at the monthly Savings Governance Board, chaired by EHSCP's Chief Officer. Bi-monthly reports will also be provided to the EIJB and quarterly reports provided to the Performance and Delivery Committee.

Existing NHS Lothian & CEC finance reporting processes will also be utilised as appropriate.

Where appropriate there will be ongoing consultation with staff, patients, and carers about any changes

15. Sign off by Head of Service/ Project Lead

Name: *Moirra Pringle (Chief Finance Officer, EIJB)*

Date: 10/03/21

16. Publication

Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#) for contacts.

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REPORT

2021/22 Financial Plan

Edinburgh Integration Joint Board

24 March 2021

Executive Summary

This report presents the 2021/22 financial plan for the Integration Joint Board. The paper sets out the latest available information, including the budgets which will be delegated from our partners and compares these to projected costs based on the current forecast outturn, anticipated growth and assumptions around additional resources.

The modelling indicates that, assuming the proposed savings and recovery programme as well as the further mitigations identified are agreed, the plan would remain unbalanced. This position has been the subject of urgent tripartite talks led by the Chief Officer with officers from NHS Lothian and the City of Edinburgh Council. All involved in these discussions recognise and accept a number of complex inter related factors, namely: the ongoing improvements in performance; the likely negative impact on outcomes for people and performance more generally of any further savings initiatives; the ongoing uncertainty as we emerge from the Covid pandemic; and the Integration Joint Board's (IJB) structural deficit. In this context, partners are supportive of the proposed approach and committed to working with IJB officers to identify options to bridge the financial gap as the year progresses.

**Recommendations**

It is recommended that the Board:

1. Note the 2021/22 budget offers from the City of Edinburgh Council and NHS Lothian and the resultant financial plan based on the revised delegated budgets, expenditure forecasts and proposed savings and recovery programme;
2. Recognise that the level of uplift provided in the Scottish Government's budget falls short of the estimated costs of uplifting contracts to reflect the increase in the living wage;
3. Agree to reduce the recurring investment in community mobilisation by £1m recurrently and to delay agreeing commitments against the remaining £1m until the quarter 1 review is completed;
4. Consider the assumed financial impact of Covid, whilst recognising the constraints impacting on the ability of all partners to commit financial resources;
5. Agree that officers continue tripartite efforts with colleagues in the City of Edinburgh Council and NHS Lothian to bridge the remaining anticipated in year shortfall; and
6. Agree to receive an update on progress on a regular and appropriate basis throughout the year.



Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	✓

Report Circulation

1. This report has not been presented elsewhere.

Main Report

Background

2. Immediately after the agreement of the IJB's 2020/21 financial plan in July 2020, work started on the 2021/22 budget. The Chief Finance Officer liaised closely with senior colleagues in the finance teams of NHS Lothian and the City of Edinburgh Council (the Council) as the financial plans for the respective organisations were developed. As it has always been clear that a significant savings and recovery programme would be required to support a balanced budget, this programme was developed in parallel to the financial plan. A series of officer led savings workshops and discussions was held to explore options and ideas. These, in turn, informed subsequent IJB workshops and Budget Working Group sessions.
3. In December 2020 the IJB considered the draft financial outlook for 2021-24 which set out the projected financial gap for the 3 year period. This can be found [here](#) and recognised that both our funding partner organisations face significant financial constraints and would also require sizeable savings programmes to balance their budgets. The paper also introduced the Integration and Sustainability Framework (ISF), developed in response to the longer term financial challenges we face. This new approach recognises that,



to address sustainability in the longer term and avoid the need to relentlessly develop savings programmes that lead to inefficient "salami slicing", we need to evolve our thinking and approach. Accordingly, the ISF will be aligned to and underpinned by the EIJB's strategic plan, and will focus on how the totality of our funding is used to commission services which will deliver the best outcomes for the people of Edinburgh. It must be recognised however that this is a long term approach, and that we still have a requirement to deliver savings in the short term. Therefore a savings and recovery programme will be required to bridge the transition to this new approach.

4. At this point the budget deficit for 2021/22 was estimated at c£30m. Since then the City of Edinburgh Council (the Council) has set its budget and confirmed the allocation delegated to the IJB. Although NHS Lothian has not yet finalised its financial plan for 21/22, an update was presented to their Finance and Resources Committee on 10th March and an indicative budget for the IJB proposed in line with this.

Funding - IJB delegated budget 2021/22

5. The Scottish Parliament approved a 1 year budget on 9th March 2021 which informs the budgets delegated to the IJB from its 2 partners, the Council and NHS Lothian. Details are discussed in paragraphs 6 to 13 below.
6. For **local authorities**, the Scottish Government (SG) budget provided an additional £72.6m to be transferred from the health portfolio for investment in adult social care and integration. The additional funding was to support delivery of the living wage (£34m), continued implementation of the carers act (£28.5m) and the uprating of free personal care (£10.1m). Local authorities were required to pass this additional funding on in full to integration authorities.
7. In contrast to recent years, this SG budget resulted in no change to the overall level of core resources available to integration authorities. As well as being entirely hypothecated (ie any increases in funding would be fully matched by additional costs), this level of uplift was below that of recent years. Further, IJBs have expressed concern over the level of funding included in the settlement to support delivery of the living wage. The £34m provided in the



budget (£8m of which makes recurring the money allocated in 20/21 for the nationally agreed 3.3% contract uplift to support payment of the living wage) is well below the costs of implementation and discussions are continuing nationally in this regard. For Edinburgh, the in year shortfall is estimated at £1.9m, adding to the £3.5m shortfall brought forward from 20/21. An initial response to this growing gap is proposed in paragraph 26 below.

8. Edinburgh's share of the £72.6m is £6.9m, and represents an increase of 3% over the 2020/21 recurring baseline. As required by the Scottish Government, this funding has been passed on in full by the Council to the IJB. It is offset by a reduction of £2m, reflecting the non recurring nature of an element of the 20/21 budget (a share of the £95m provided nationally following the initial budget announcement that year). These adjustments bring the total budget delegated by the **Council** to £234m as summarised in table 1 below:

	£m
2020/21 delegated budget	229.1
Less: non recurring element	(2.0)
21/22 opening recurring budget	227.1
<i>Local Authority Settlement:</i>	
Living wage	2.9
Carers and respite care	2.4
Free personal and nursing care	1.6
Total increase via settlement	6.9
Total delegated budget 2020/21	234.0

Table 1: Council delegated budget 2021/22

9. Territorial **NHS boards** received a baseline uplift of 1.5% via the SG budget. A condition of the settlement was that boards must deliver an uplift to integration authorities of at least 1.5% over 2020/21 agreed recurring budgets. The 1.5% uplift included initial funding allocated in line with the Scottish Public Sector Pay Policy. This will be used as an anchor point in the forthcoming Agenda for Change pay settlement and funding arrangements for Boards will be revisited by the SG in line with the outcome of the pay negotiations.

10. In addition, those boards furthest from NRAC parity received a share of £30.2m. NRAC is the formula used to assess each board's fair share of the overall NHS Scotland resource.
11. The NHS Finance and Resource Committee considered the third and final update of its financial plan on the 10th March 2021. With a gap of £25m projected in the plan and a further estimated £66m of COVID related costs, the Director of Finance provided the board with limited assurance that a balanced outturn would be achieved in 21/22. The plan was endorsed by the committee and will now be presented to the NHS Lothian board for approval and submission to the SG.
12. Based on this plan, we have now received formal confirmation of the budget offer to the IJB. In line with the other 3 Lothian IJBs this reflects a 1.5% uplift on the recurring baseline budget excluding general medical services, giving a delegated budget of £458.3m for 2021/22. A breakdown of the indicative offer from **NHS Lothian** is shown below in table 2:

	£m
2020/21 delegated budget	451.8
NHSL pass through of 1.5% uplift	5.7
Other funding adjustments	0.8
Total delegated budget 2021/22	458.3

Table 2: Indicative NHS Lothian delegated budget 2021/22

13. The combination of both budget offers would give the IJB a **delegated budget** of £692.6m at the beginning of financial year 2021/22 as shown below in table 3:

	£m
City of Edinburgh Council	234.0
NHS Lothian	458.3
Total delegated budget 2021/22	692.2

Table 3: Indicative delegated budget 2021/22

Expenditure - IJB projected costs for 2021/22



14. In conjunction with the City of Edinburgh Council and NHS Lothian finance teams, the estimated costs of delegated services for the coming financial year have been modelled. The following assumptions were used in completing this task:

- Council pay costs will rise as per the assumptions set out in the council budget (2%);
- The impact of demographic growth on Council purchasing costs has been assumed at a further £8m. This assumption is in line the increase experienced in recent years and this approach will continue to be refined in line with the development of the joint strategic needs assessment (JSNA);
- National care home inflation cost estimates have been provided by the Council finance and contracting teams and are based on an assumed outcome from the ongoing national negotiations;
- Other contractual inflation is currently assumed at 1.5% (to allow for the 20p increase in the living wage). As discussed above, the current settlement does not provide sufficient funding to agree uplifts at this level. In this context it is **recommended** that the IJB considers the position it would wish to take;
- Free personal and nursing care will increase in line with the allowance in the budget settlement;
- An assumed pay award (upon which the current uplift to boards is based) is measured at 1% for Agenda for Change (AfC) and other staff, adjusted for lower and higher earners. At this stage, the final outcome of the pay award is not known with negotiations ongoing, however the SG has agreed to fund any differential arising from this. Accordingly our planning assumption is that NHS Lothian will reflect the relevant funding in the budget delegated to the IJB;
- The costings also allow for the adjustment to pay scales between bands 5 and 7 in 21/22 incorporated in the three year NHS Scotland pay deal;



- Prescribing costs will increase by 4%;
 - Hospital medicines costs will increase by 5%; and
 - NHS Lothian non pay costs will increase by 2%.
15. The financial impact of Covid is not reflected in the plan at this stage. This is discussed in more detail in paragraphs 18 to 21.
16. The impact of these assumptions is that the cost of delivering delegated services will rise by £24.7m to £723.5m, a breakdown is shown below in table 4:

	21/22 £m
Baseline spend	698.8
Projected increases in spend:	
<i>Pay inflation</i>	7.1
<i>Purchasing inflation</i>	4.0
<i>Non pay inflation</i>	1.4
<i>Medicines growth</i>	0.2
<i>Prescribing growth</i>	2.8
<i>Demographic growth</i>	8.0
<i>Other</i>	1.2
Total increases	24.7
Total projected spend	723.5

Table 4: projected delegated expenditure 2021/22

17. Taking the indicative budget offers from the City of Edinburgh Council and NHS Lothian and the projected costs for delegated services gives the IJB an £31.3m savings requirement going into 2020/21 as shown in table 5 below:

	21/22 £m
Baseline budget	678.9
Uplift	13.3
Total budget	692.2
Baseline expenditure	698.8
Cost increases	24.7



Total expenditure	723.5
Savings requirement	(31.3)

Table 5: projected IJB savings requirement 2021/22

Financial impact of COVID-19

18. In the current financial year (ie 20/21) Covid related costs have been met in full by the Scottish Government via the mobilisation planning process. Funding was released by the Government at various points during the year with the final allocation confirmed in February 2021. As well as the money specifically requested in the mobilisation returns, a further £160m was allocated to integration authorities, broken down as follows:
- A second tranche (£40m) of the social care winter plan to be utilised to meet on-going sustainability payments and staff restriction policies, as set out in the winter plan;
 - In view of the ongoing financial pressures in relation to Covid, along with the need to ensure ongoing financial sustainability across the social care sector, £100m to support ongoing Covid costs, including new ways of working developed in year, and additional capacity requirements; and
 - Investment of £20 million in a community living change funding to facilitate discharge from hospital of people with complex needs. This fund will support the return to Scotland of those placed in care in the rest of the UK and costs associated with the redesign of service provision in order to avoid future hospitalisation and inappropriate placements.
19. Edinburgh's share of this funding is £13.1m and is additional to the monies requested through the mobilisation plan. Finance teams in both the Council and NHS Lothian are finalising the in year Covid costs and this exercise will confirm the extent of any carry forward to 21/22 via the IJB's reserves.
20. For next financial year (21/22) the potential financial impact of Covid was assessed as part of the financial planning process. Appendix 1 summarises the estimated costs. This includes investments approved by NHS Lothian gold command and any expenditure required to enact SG commitments (for

example provider sustainability arrangements). As discussed above, these costs are not currently reflected in the financial plan on the basis that, as in 20/21, they will be met in full - in the first instance by any monies carried forward via the IJB's reserves (as outlined in the paragraph 19) and then by the SG directly. This is a risk, and may be dependent on successful outcomes around the management of year end nationally.

21. At this stage, costs are projected to be £16.9m. These estimates will remain under close review, as Government policy and service responses to the pandemic continue to develop.



Achieving financial balance

22. We continue to face unprecedented challenges to the sustainability of our health and care system; an ageing population; an increase in the number of people living with long term condition; a reduction in the working age population which compounds the challenge in workforce supply and fundamentally resource availability cannot continue to match levels of demand. These challenges are longstanding and the recent Independent Review of Adult Social care recognises that adult social care support in Scotland requires greater investment. The full report can be found [here](#).
23. In the case of Edinburgh this is evidenced by the structural deficit which the IJB inherited from partners (particularly for social care services). Since its inception the IJB has routinely faced an underlying budget gap of between £10m and £15m which we are unable to bridge on a sustainable basis.
24. In spite of these challenges overall financial performance has improved in recent years. 2019/20 was the first year that the IJB achieved its in year financial targets without additional support from partners. This was the year we introduced the '3 horizon' (grip and control, redesign, transformation) approach to savings and recovery. As a result we both identified and delivered a challenging programme, indeed over-delivering against the target set. Similarly, and despite the additional challenges of the pandemic, we are on track to deliver financial balance for 2020/21.
25. These recent successes are underpinned by material levels of non recurring solutions with the factors outlined above directly impacting our ability to set a budget which is balanced on a recurring basis. Each year we face a discrepancy between the level of funding available and the projected costs of delivering the IJB's delegated services. A separate paper to this meeting sets out the proposed savings and recovery programme, but even this ambitious programme will not balance the 21/22 plan.

26. The financial position described above indicates a remaining gap (after savings and recovery) of £12.1m for the year, with the potential to further reduce this to £9.3m. These mitigations are:

- For a number of years now the financial plan has included provision for a £2m investment in community mobilisation. The underpinning strategy, led by the Head of Operations and supported by the third sector, will replace the existing grants programme. As we reflect upon the recent mobilisation of communities we have seen during the pandemic, we can see the enormous benefit of a community based infrastructure to support and promote independence. However in the context of our current financial position, we face a choice between limiting this investment or reducing vital services elsewhere to bridge the remaining budget gap. In the medium term, as the 3 conversations model and the Edinburgh pact are fully implemented, we will review opportunities to increase investment in the community mobilisation programme as the costs of other services reduce. It is **recommended** that the first £1m of the investment is used to support the IJB's financial plan and that the second £1m is held in reserve, pending a review of the overall financial position; and
- As discussed above, there is a material shortfall in the funding provided via the SG budget for the living wage. This issue has been raised with the SG and COSLA and urgent discussions involving both these bodies and IJB Chief Finance Officers are taking place. It is **recommended** that the IJB does not confirm its position with regard to contractual uplifts until these discussions conclude. As part of the 'route to break even' it is therefore assumed that either: additional funding is provided by the SG; or uplifts are limited to what is affordable.

27. These actions would reduce the budget gap to £9.3m as outlined in table 8 below:

	NHS £m	Council £m	Total £m
Savings requirement	(5.4)	(25.9)	(31.3)
Savings & recovery programme	5.8	13.4	19.2
Updated shortfall	0.5	(12.5)	(12.1)
Route to break even			
Community mobilisation			1.0
Contract uplifts			1.8
Remaining Gap for 2021/22			(9.3)

Table 8: Remaining IJB budget shortfall 21/22

28. During the development and refinement of the IJB's financial plan, the Chief Officer and Chief Finance Officers have been working closely with the Council's Head of Finance and NHS Lothian's Director of Finance. These tripartite discussions have been productive and reflect a shared intent. This unity of purpose is further evidenced through recent Health and Social Care Partnership performance meetings with the 2 Chief Executives where system wide performance improvements were recognised.
29. A key part of the discussions has been the impact of the additional measures which would be required to balance the plan. The financial outlook facing the IJB is longstanding and Edinburgh is not in a unique position, with integration authorities across Scotland facing similar financial challenges.
30. As far as possible, the savings and recovery programme presented for approval at this meeting, has been developed to align to the strategic plan and transformation programme. However, the opportunities to deliver further efficiencies at the same time as maintain performance and improve outcomes for people have now been exhausted. Savings beyond the level currently built into the plan will have a significant negative impact on performance gains and, ultimately on outcomes for people.
31. Added to this we have the context of a country emerging from the pandemic and services remobilising and reshaping as a result. Although there is much to

be positive about, much uncertainty remains. Indeed the Cabinet Secretary for Finance has indicated that further, in year, budgets are likely in the current climate.

32. There is a clear risk that agreeing stringent additional savings at a time of significant uncertainty could lead to unnecessary public concern as well as a material deterioration in performance. We have agreed with our partners that the remaining budget gap is at a level where it is feasible to identify means to address as the year progresses. This will require the support and commitment of all 3 organisations and strong leadership to deliver. Such an approach clearly brings risk but, equally, a more aggressive savings and recovery programme will lead to reductions in services and have a detrimental impact on people.
33. In further mitigation, the financial position of the delegated services will be closely monitored. It is **recommended** that progress towards financial balance by the end the year is formally considered by the board following the quarter 1 review.
34. The draft budget is set out in Appendix 2, which will accompanies direction EIJB-22/10/2019-1. This schedule sets out the initial allocation for all delegated services.

Implications for Edinburgh Integration Joint Board

Financial

35. Are outlined in the main body of this report.

Legal/risk implications

36. As outlined in this report, the IJB does not currently have a balanced budget for 2021/22, which clearly represents a material risk for the board. However we have secured the commitment of our partners to work collaboratively to address this as the year progresses. Regular updates will be provided for the board with the quarter 1 review providing a key milestone for review.



37. Whilst every effort has been made to ensure all likely additional costs have been incorporated into the financial outlook at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, or the wider organisation, at this stage.
38. A number of specific risks should be considered by the board, as noted below:
- The future impact of Covid, the consequences this has on service delivery and the financial support that will be required to manage this;
 - The impact of Brexit on the cost base for next year, this is being closely monitored by partners;
 - Continued management of the financial exposure facing NHS Lothian arising from the escalation of operational performance on elective, mental health and unscheduled care capacity pressures including delayed discharges; and
 - Availability of SG funding for both nationally funded programmes & initiatives and services funded annually on a non recurring basis, in particular the impact of the living wage.

Equality and integrated impact assessment

39. There are no specific implications arising from this report.

Environment and sustainability impacts

40. There are no specific implications arising from this report.

Quality of care

41. There are no specific implications arising from this report.

Consultation

42. This report has been prepared with the support of the finance teams in the City of Edinburgh Council and NHS Lothian.

Report Author

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Appendices

Appendix 1	Estimated impact of Covid on costs of delegated services – 2021/22
Appendix 2	Initial financial schedule to accompany directions – 2021/22

Appendix 1

ESTIMATED IMPACT OF COVID ON COSTS OF DELEGATED SERVICES – 2021/22

	£m
<i>Costs for health delegated services</i>	
Acute services medicines	0.5
Flu vaccination programme	1.4
GP prescribing	2.2
Mental health capacity	0.9
Staffing	1.2
Sub total	6.1
<i>Costs for Council delegated services</i>	
Equipment and maintenance	0.8
Loss of income	1.0
Other	0.4
PPE	0.7
Provider support	7.5
Staffing	0.4
Sub total	10.8
Grand total	16.9

INITIAL FINANCIAL SCHEDULE TO ACCOMPANY DIRECTIONS – 2021/22

Direction from Edinburgh Integration Joint Board
 Financial Schedule 2021/22
 Direction ref: EIJB-22/10/2019-1

	Delegated budget £k	Proposed savings £k	%age	Savings plan reference
CEC Delegated Budget 2019/20				
External Services				
Assessment and care management	517	0		
Care at home	32,304	1,795		7, 17
Care and support	57,739	3,853		1, 3, 7, 16, 17
Day services	13,417	896		7, 12, 17
Direct payments/individual service funds	38,845	2,055		7, 17
Other services	10,889	495		7, 17
Residential services	70,883	3,126		7, 17
Transport services	1,039	0		
Total External Services	225,633	12,220	5%	
Internal Services				
Assessment and Care Management	14,479	0		
Care at Home	25,816	0		
Care and Support	7,223	0		
Day Services	10,903	130		2
Equipment Services	8,535	0		
Management	4,312	0		
Other Services	7,262	30		8, 11, 15
Residential Services	27,586	990		14
Strategy/contract /support services	2,776	0		
Therapy Services	3,724	0		
Pension Costs	439	0		
Total Internal Services	113,056	1,150	1%	
Gross Expenditure	338,689	13,370	4%	
Income and Funding				
Total Income and Funding	(104,655)	0	0%	
Net Delegated Budget - CEC	234,034	13,370	6%	

	Delegated budget £k	Delegated budget £k	%age	Savings plan reference
NHSL Delegated Budget 2019/20				
Delegated - Core				
Community Hospitals	13,319	820		14
District Nursing	12,385			
Geriatric Medicine	2,822			
GMS	72,144			
Learning Disabilities	1,213			
Mental Health	8,432			
PC Management	42,481			
PC Services	6,608			
Prescribing	78,088	2,200		10
Resource Transfer	26,215			
Substance Misuse	3,702	100		11
Therapy Services	9,704			
Other	778			
Total Delegated - Core	277,890	3,120	1%	
Delegated - Hosted				
Community Equipment	1,861	250		6
Complex Care	1,097	150		13
Hospices & Palliative Care	2,505			
Learning Disabilities	7,969	513		13
LUCS	6,648			
Mental Health	30,546	80		13
Oral Health Services	7,111			
Other hosted	1,082	7		13
Primary care services	2,978			
Psychology Services	3,881			
Public Health	1,110			
Rehabilitation Medicine	5,151	140		4
Sexual Health	3,902	110		5
Substance Misuse	1,617			
Therapy Services	7,903	34		9
UNPAC	3,746			
Total Delegated - Hosted	89,107	1,284	1%	
Set Aside - Acute				
Acute Management	2,623	11		13
Cardiology	4,040	56		13
Diabetes & Endocrinology	2,207			
ED & Minor Injuries	8,785	253		13
Gastroenterology	2,792			
General Medicine	24,773	99		13
Geriatric Medicine	16,015	217		13
Infectious Disease	5,710	64		13
Junior medical	2,740	364		13
Other set aside	5,606	314		13
Rehabilitation Medicine	1,649			
Respiratory Medicine	5,552	34		13
Therapy Services	8,768			
Total Set Aside - Acute	91,261	1,412	2%	
Net Delegated Budget - NHSL	458,258	5,817	1%	
Total Net Delegated Budget (CEC + NHSL)	692,292	19,160	3%	

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REPORT

West Edinburgh (Maybury) General Medical Services Provision

Edinburgh Integration Joint Board

24 March 2021

Executive Summary	<p>The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an update on the Standard Business Case for the Provision of General Medical Services in West Edinburgh (Maybury).</p> <p>NHS Lothian's (NHSL) Finance and Resources Committee approved the Standard Business Case, with an estimated capital cost of £3.8m, at its meeting on 10 March 2021.</p>
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Recommendations	<p>It is recommended that the EIJB:</p> <ol style="list-style-type: none"> 1. Note the progress of the West Edinburgh (Maybury) GMS Provision Standard Business Case and the planned capital allocation by NHS Lothian. 2. Affirm ongoing support for the Standard Business Case which reflects the strategic direction supported by the EIJB through its approval of the Initial Agreement in August 2020.
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		✓
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has not been circulated to any committees prior to submission to the EIJB.



Main Report

2. The Initial Agreement (IA) for West Edinburgh GMS was approved by the EIJB and NHSL's Finance and Resources Committee in August 2020, and subsequently the NHSL Board.
3. NHSL retains the authority to commit capital funds. In respect of NHS Primary Care Premises investments, this is only done following confirmation of the EIJB's strategic assessment of the necessity and priority of the proposal.
4. Although the estimated capital cost of c£3.8m is significantly below NHSL's delegated capital limit of £10m, the project was included within a bundle of IAs submitted to the Scottish Government Capital Investment Group (CIG) for its October 2020 meeting, as all projects were directly driven by population growth. Due to agenda constraints the IAs were not considered, and subsequent uncertainty over SGHSCD capital funding has paused CIG consideration of the IAs.
5. The IA has been updated as a Standard Business Case, Appendix 1. The Strategic and Economic cases, and preferred option, remain broadly unchanged from that approved in the IA, with small updates to the proposed capital cost and timetable.
6. The preferred option, supported by EIJB in August 2020, remains for NHSL in collaboration with City of Edinburgh Council (CEC) to progress a joint development of a new GP practice for c10,000 and a primary school. The building will be built to Passivhaus standards and will enjoy the benefits of shared space, reducing overall footprint and meeting the 2030 carbon neutral standards required by CEC and NHSL.
7. The project is led by CEC, with NHSL making an initial (in year) contribution to the capital cost of the project of £2.4m + VAT. Professional VAT advice has been sought on the appropriated VAT treatment for this contribution.
8. Commitment from NHSL is required to ensure NHS requirements are formally incorporated within the design process. The support of the SBC by NHSL Finance and Resources means it is possible to demonstrate commitment to the partnership with CEC by utilising capital funding available in financial year 20/21, which will also mitigate a future capital funding pressure.
9. The proposal will be subject to a clear written agreement between the partners, with agreed milestones and a reconciliation of anticipated and actual costs. The key milestone dates reflect the urgency in requiring NHSL to commit the appointment of a contractor in March 2021.

Implications for Edinburgh Integration Joint Board

Financial

10. There are no financial risks for EIJB. NHSL will use available capital in 20/21 to fund the capital contribution to CEC.

Legal / risk implications

11. Uncertainty of timescale as a result of the impact of Covid 19 on the anticipated programme of housing developments.
12. Additional local population unable to register with a GP resulting in increased assignments and greater presentations through emergency provision.
13. Any financial contributions made to the project in advance of completion may be at risk if the project ultimately does not progress. This will be mitigated by a written agreement between NHSL and CEC.

Equality and integrated impact assessment

14. The project will allow local people to be registered and cared for in accommodation which is functionally suitable and accessible for people with impaired mobility and other disabilities.

Environment and sustainability impacts

15. The proposed project will be built to Passivhaus standards and meet the 2030 Carbon Neutral standards.
16. The design incorporates shared space, reducing the overall footprint.
17. The project will use the Achieving Excellent Design Evaluation Toolkit (AEDET) to assess design quality throughout the procurement and design process and as part of the Post Project Evaluation.

Quality of care

18. The project will provide premises which deliver General Medical Services safely, with optimal clinical functionality and which are compliant with statutory legislation.

Consultation

19. Whilst there has been initial engagement through the Community Council, it is difficult to engage with the general public since the delivery of the new practice is in response to the planned population expansion which is yet to be in situ. The EHSCP Patient Involvement Worker will support engagement with the future population when appropriate.

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Background Reports

Nil

Appendices

Appendix 1	West Edinburgh (Maybury) GMS Provision Standard Business Case
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West Edinburgh (Maybury) General Medical Services Provision



**NHS Lothian
Standard Business Case**

Project Owner: Fiona Cowan

Project Sponsor: David White

Date: 18/02/2021

Version: 1.1



Version History

Version	Date	Author(s)	Comments
1	18/02/2021	Laura Smith	Transfer to SBC Template and update costs
1.1	04/03/21	Maggie Gray	Minor narrative updates



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1 Executive Summary

1.1 Purpose

- 1.1.1 The purpose of the Business Case is to seek approval for the proposal from Edinburgh Health and Social Care Partnership (EHSCP) / Edinburgh Joint Integration Board (EJIB) to consider the provision of General Medical Services (GMS) in West Edinburgh.
- 1.1.2 The proposal is to develop sufficient accommodation to deliver the additional capacity required as a result of housing developments being built in the area.

1.2 Background and Strategic Context

- 1.2.1 Greenfield space (site HSG19), adjacent to the Maybury and between Turnhouse Road and the main rail link to Fife, has been released for housing development through the City of Edinburgh (CEC) Local Development Plan 2016 – 2026. It is proposed that the site will accommodate 1750 housing units of which 25% will be affordable housing split over three development sites and equating to 3,675 additional population based on a standard planning minimum of 2.1 people per housing unit. As the provision of a primary school is included within the site, it is likely that the development will comprise predominantly family housing which will significantly increase the number of occupants per unit. As this is currently a greenbelt site on the outskirts of Edinburgh there is no GMS provision for any of the proposed housing, and only a limited number of GP practices nearby.
- 1.2.2 The adjacent area of South Gyle and Edinburgh Park has already expanded with an increase of 778 houses equating to 1634 additional population, based on a minimum of 2.1 people per housing unit. Much of this area was green belt or a business development area previously and as such has had no requirement or provision for GP services in the past.
- 1.2.3 Proposals for further housing and commercial developments in the area have been included in City Plan 2030 at several sites in the surrounding area (Edinburgh Park and South Gyle, Edinburgh International Business Gateway and Crosswinds). As City Plan 2030 also proposes the development of the West Edinburgh transport corridor, improving transport links on the west side of the city, there is an increased likelihood of this area being selected for future development. It was anticipated that a report would be submitted to elected members in August 2020, following completion of the consultation period. The report has been postponed due to Covid-19 and will also specifically consider the impact of the pandemic.
- 1.2.4 In addition, approval has recently been given for 1350 houses in Phase 1 of Edinburgh Garden District development. The potential expansion of this site up to circa 3000 houses will be subject to separate consideration but is likely to be significant as the overall development proposed could be up to circa 3,000.
- 1.2.5 The increased population will have a direct impact on Barclay East Craigs Medical Practice and Parkgrove Medical Practice and to a lesser extent on Cramond Medical Practice. Inevitably this will have a ripple effect on other practices, such as Ladywell Medical Practices, further into Edinburgh as the population expands.
- 1.2.6 **Barclay Medical Practice East Craigs** (list size 8,569, April 2020)

The practice is located in purpose built premises owned by NHS Lothian which are functionally suitable for the delivery of primary care. The practice is willing to grow but does not have sufficient



capacity to accommodate the population expected as a result of development HSG19. The practice catchment area includes part of the West Edinburgh development sites and the practice will be in a position to accommodate some of the early population increase but the overall volume will ultimately necessitate the development of an additional new practice.

1.2.7 **Parkgrove Medical Practice** (list size 3,190, April 2020)

Parkgrove Medical Practice is a salaried practice in premises leased by NHS Lothian, which remain in reasonable condition and which are functionally suitable for delivery of primary care. Space within Parkgrove has been altered to enable most of the new population in Cammo to be able to register with the practice and to facilitate the development of one of Primary Care's Community Treatment and Care Centres (CTAC) which will open later in 2020. The lease for the building has recently been negotiated for a further 20 years.

1.2.8 **Cramond Medical Practice** (list size 8,864, April 2020)

Independent practice in GP leased premises which are in reasonable condition and suitable for the delivery of primary care. The practice received a capital contribution from the landlord, which, with additional capital support from NHS Lothian, will enable them to adjust the internal design of the building to have all consulting space accessible on the ground floor. The practice boundary was reduced recently but continues to include the development at Cammo and will be able to accommodate the remaining population unable to register with Parkgrove.

1.2.9 The extent of the planned new housing is such that the existing arrangements are insufficient to address the capacity required to ensure that all the new population will be able to access General Medical Services (GMS).

1.2.10 Additionally the introduction of the new GMS Contract (Scotland) on 1st April 2018 requires boards to provide alternative delivery of certain service to enable implementation of the contract. These changes such as Mental Health Hubs will impact on the accommodation requirements to support the current and future population of the area.

1.3 **Need for Change**

1.3.1 While there is some capacity in existing practices as detailed above, it is insufficient to manage the anticipated increase. There is currently no GMS provision for any of the proposed housing since it is presently a greenbelt site.

1.3.2 The Integration Joint Board previously approved the EHSCP Population Growth and Primary Care Premises Assessment 2016-26, and the subsequent high prioritisation of this area need through the NHS Lothian Capital Prioritisation Programme which invited the submission of the Initial Agreement. The Strategic Assessment (SA) identified that existing practices, due to a mixture of limitations of workforce and physical capacity, are unable to provide GMS to the significant additional population generated by the new housing

1.3.3 The population of Edinburgh has increased by some 65,000 people over the last ten years and will continue to grow at a rate of c 5,000 per annum until at least 2026. This trend is expected to continue with the subsequent implementation of City Plan 2030 which will ultimately supersede the current development plan. Most of the growth has been absorbed into existing primary care provision without commensurate development of additional physical capacity.



- 1.3.4 City of Edinburgh (CEC) Local Development Plan 2016 – 2026 details the planned housing developments across the city. The West Edinburgh site which is shown in [Appendix 2: Site Maps](#) comprises a significant area of land within the plan where extensive housing is programmed. .
- 1.3.5 Although the house building programming extends over several years, the Housing Land Audit (HLA) 2019 details the expected completions rate of circa 200 houses per annum in the Maybury area. If developers are confident of house sales, that rate may be increased however the economic impact on the build rate as a result of the Covid-19 pandemic is yet to be assessed and may result in a decrease in the annual completion rate. HLA 2020 has been delayed due to Covid-19 however it is anticipated that a draft will be available later this year with an indication of future building programmes.
- 1.3.6 In addition to the above, Edinburgh Garden District, which was originally recommended not to be approved by CEC and was subsequently referred to the Scottish Government Reporters, had the decision overturned in April 2020 and approval given for the development of Phase 1 which includes 1350 houses, equating to 2835 additional population minimum.

1.4 Investment Objectives

- 1.4.1 The investment objectives the project seeks to achieve are
- To improve service capacity to enable everyone to access GMS
 - The development of additional General Medical Practice
 - To enable delivery of the Primary Care Improvement Plan as required for implementation of the new GMS contract

1.5 The Preferred Option

- 1.5.1 The preferred option is for NHSL, in collaboration with CEC, to consider a joint development of a new GP practice and a primary school, built on a site which has been identified with sufficient space and is suitable for both facilities. The building will be built to meet the 2030 carbon neutral standards required by CEC and NHS and will enjoy the benefits of shared space and reducing the overall footprint.
- 1.5.2 The resource implication is a capital investment of c£4million (including VAT) based on construction commencing in 2021.

1.6 Readiness to proceed

- 1.6.1 The preferred option will be delivered in partnership with CEC. CEC will lead the procurement with NHSL providing a Capital Grant to CEC. CEC will be supported by NHS Lothian and Edinburgh Health and Social Care Partnership.
- 1.6.2 A benefits register has been included in Appendix 3 and a high level risk register in Appendix 4. A full risk register will be developed for the project at the Standard Business Case stage.
- 1.6.3 Detail of the proposed timeframe for development of the business case is included in the Commercial Case and any interdependencies with other projects are included in the Strategic Case.



1.6.4 NHS Lothian and Edinburgh Health and Social Care Partnership are ready to proceed with this proposal. Section 6.3 details the project management arrangements. Section 6.2 outlines the governance support and reporting structure for the proposal.

1.6.5 Engagement with stakeholders is outlined in the Economic Case. Members of the Project Management Group have been involved in its developments to date and will continue to support it.

1.7 Conclusion

1.7.1 The strategic assessment for this proposal (included in [Appendix 1: Strategic Assessment](#)) scored 21 (weighted score) out of a possible maximum score of 25.

1.7.2 The proposal has been prioritised by the relevant governance groups and identified as a priority for NHS Lothian as part of the NHS Capital Prioritisation Process 2020/21.



2 The Strategic Case

2.1 Existing Arrangements

2.1.1 Greenfield space (site HSG19) adjacent to Maybury and between Turnhouse Road and the main rail link to Fife, has been released for housing development through the City of Edinburgh (CEC) Local Development Plan 2016 – 2026. It is proposed that the site will accommodate 1750 housing units of which 25% will be affordable housing split over three development sites and equating to 3,675 additional population based on a standard planning minimum of 2.1 people per housing unit. As the provision of a primary school is included within the site, it is likely that the development will comprise predominantly family housing which will significantly increase the number of occupants per unit. As this is currently a greenbelt site on the outskirts of Edinburgh there is no GMS provision for any of the proposed housing, and only a limited number of GP practices nearby.

2.1.2 Whilst not included in this proposal, Cammo development is located immediately to the north of HSG19 where an additional 655 dwelling places are scheduled to be built starting in 2019. GMS provision for the additional population from Cammo can be accommodated in Parkgrove Medical Practice and Cramond Medical Practice.

A map showing development site HSG19 is attached as Appendix 2: Site Map

2.1.3 Within the past three years the adjacent area of South Gyle and Edinburgh Park has expanded with an increase of 778 houses which equates to 1634 additional population, based on a minimum of 2.1 occupants per unit. Much of this area was green belt or a business development area and as such has had no requirement or provision for GP services in the past.

2.1.4 Proposals for further housing and commercial developments in the area have been included in City Plan 2030 at several sites in the surrounding area (Edinburgh Park and South Gyle, Edinburgh International Business Gateway and Crosswinds) and are being deliberated as part of the consultation process. It was anticipated that a report would be submitted to elected members in August 2020, following completion of the consultation period. The report has been postponed due to Covid-19 and will also specifically consider the impact of the pandemic.

2.1.5 In addition, approval has recently been given for 1350 houses in Phase 1 of Edinburgh Garden District development. The effects on population growth as a result of this potential expansion will be subject to separate consideration but are likely to be significant as the overall development proposed is circa 3,000.

2.1.6 Additionally, City Plan 2030 proposes the development of the West Edinburgh transport corridor, improving transport links on the west side of the city and thus increasing the likelihood of this area being selected for future development.

2.1.7 The increased population will have a direct impact on Barclay East Craigs Medical Practice and Parkgrove Medical Practice and to a lesser extent on Cramond Medical Practice. Inevitably this will have a ripple effect on other practices, such as Ladywell Medical Practices, further into Edinburgh as the population expands.

2.1.8 **Barclay Medical Practice East Craigs** (list size 8,569 April 2020)

East Craigs Medical Practice has been managed by the Barclay Medical Practice Group since 2017. The practice is located in purpose built premises circa 30 years old which were bought by NHS Lothian 2017 and have since benefitted from a small scheme to create an additional



consulting room which has enabled them to increase the practice list. The practice is willing to grow but does not have sufficient capacity to accommodate the population expected as a result of development HSG19. The practice catchment area includes part of the West Edinburgh development sites and the practice will be in a position to accommodate some of the early population increase but the overall volume will ultimately necessitate the development of an additional new practice.

2.1.9 **Parkgrove Medical Practice** (list size 3,190 April 2020)

Parkgrove Medical Practice is a salaried practice in premises leased by NHS Lothian, which remain in reasonable condition and which are functionally suitable for delivery of primary care. The premises received support for a small scheme in 2019 enabling them to increase the capacity of the practice list. Space within Parkgrove has been altered to enable most of the new population in Cammo to be able to register with the practice and to facilitate the development of one of Primary Care's Community Treatment and Care Centres (CTAC) which will open later in 2020. The lease for the building has recently been negotiated for a further 20 years.

The lists for these two practices show that an average of 6.92% patients are over 75 years old while 8.91% of the practice are in the lowest deprivation quintile.

2.1.10 **Cramond Medical Practice** (list size 8,864 April 2020)

Independent practice in GP leased premises which are in reasonable condition and suitable for the delivery of primary care. The practice received a capital contribution, from the landlord, linked to lease renewal towards dilapidations and upgrading the premises in 2019, which, with additional capital support from NHS Lothian, will enable them to adjust the internal design of the building to have all consulting space accessible on the ground floor. The practice boundary was reduced recently but continues to include the development at Cammo and will be able to accommodate the remaining population unable to register with Parkgrove. Cramond has one of the highest ratios of elderly within Edinburgh; 13.53% are over 75 years of age compared to an average of 7.06% for Edinburgh. Only 0.84% of the entire practice is within the highest deprivation quintile.

2.1.11 The extent of the planned new housing is such that the existing arrangements are insufficient to address the capacity required to ensure that all the new population will be able to access General Medical Services (GMS).

2.1.12 Additionally the introduction of the new GMS Contract (Scotland) on 1st April 2018 requires boards to provide alternative delivery of certain service to enable implementation of the contract. These changes such as Mental Health Hubs will impact on the accommodation requirements to support the current and future population of the area.

2.2 **Drivers for Change**

The following section expands on the need for change as identified in the Strategic Assessment (included in [Appendix 1](#)) and describes the anticipated impact if nothing is done to address these needs and why action should be taken now through this proposal.

2.2.1 This Initial Agreement (IA) proposed that an additional General Medical Practice for circa 10k patients be built in West Edinburgh to accommodate the planned population due to the development of housing within West Edinburgh. While there is some capacity in existing practices as detailed above, it is insufficient to manage the anticipated increase. There is currently no GMS



provision for any of the proposed housing since it is currently a greenbelt site; there is however an option for provision of a GP Practice of approximate list size 10k included within the site plans.

- 2.2.2 The Integration Joint Board previously approved the EHSCP Population Growth and Primary Care Premises Assessment 2016-26, and the subsequent high prioritisation of this area need through the NHS Lothian Capital Prioritisation Programme which invited the submission of the Initial Agreement.
- 2.2.3 The Strategic Assessment (SA) identified that existing practices, due to a mixture of limitations of workforce and physical capacity, are unable to provide GMS to the significant additional population generated by the new housing
- 2.2.4 The population of Edinburgh has increased by some 65,000 people over the last ten years and will continue to grow at a rate of c 5,000 per annum until at least 2026. This trend is expected to continue with the subsequent implementation of City Plan 2030 which will ultimately supersede the current development plan. Most of the growth has been absorbed into existing primary care provision without commensurate development of additional physical capacity.
- 2.2.5 City of Edinburgh (CEC) Local Development Plan 2016 – 2026 details the planned housing developments across the city. The West Edinburgh site which is shown in [Appendix 2: Site Maps](#) comprises a significant area of land within the plan where extensive housing is programmed.
- 2.2.6 Although the house building programming extends over several years, the Housing Land Audit (HLA) 2019 details the expected completions rate of circa 200 houses per annum in the Maybury area. If developers are confident of house sales, that rate may be increased however the economic impact on the build rate as a result of the Covid-19 pandemic is yet to be assessed and may result in a decrease in the annual completion rate. HLA 2020 has been delayed due to Covid-19 however it is anticipated that a draft will be available later this year with an indication of future building programmes. The known planned developments are illustrated in **Table 1**.
- 2.2.7 The table below, covering the period 2019 – 2026 and the longer term, is a snapshot of the City of Edinburgh Council Housing Land Audit (HLA) 2019 (provisional), showing housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not yet been programmed.



Table 1: Planned Developments

Area	Number of Housing Unit	Population*
Anticipated increase in population which cannot be accommodated within existing GMS facilities and which therefore requires additional provision		
Edinburgh Park/South Gyle	778	1,633
Maybury Central	1,400	2,940
Maybury East	220	462
Maybury West	130	273
Total	2,528	5,308
Increase in population anticipated to be absorbed by Parkgrove Practice and Cramond Practice		
Cammo	655	1376

* Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size of 2.1 has been used in these calculations, although it is expected to decrease over time. Given the predominance of family housing to be built within all developments, it is likely that the population figure could be significantly higher and the numbers illustrated are the **minimum**.

2.2.8 In addition to the above, Edinburgh Garden District, which was originally recommended not to be approved by CEC and was subsequently referred to the Scottish Government Reporters, had the decision overturned in April 2020 and approval given for the development of Phase 1 which includes 1350 houses, equating to 2835 additional population. Again, this housing development will primarily be family dwelling places and it is therefore likely that the numbers estimated using the average household size will be greater than stated. The overall development proposed could be up to circa 3,000 houses.

2.2.9 Early discussions with the landlord's agent for site HSG19 considered the need for provision of GMS services to serve the population resulting from the housing development. Consequently a suitable location on the site has been safeguarded, without legal commitment, for the development of a GP practice of approximate list size 10k. This would be purpose built, developer leased, ground floor accommodation, with dwelling places above.

2.2.10 Simultaneously, the need to provide additional educational facilities within the locality has provided an opportunity for NHSL to collaborate with CEC to consider a joint development of new health premises and primary school with shared amenities. A proposal is being developed with CEC for a GP practice combined with the new school to be built on a site which has been identified with sufficient space and is suitable for both facilities. The building will enjoy the benefits of shared



space reducing the overall footprint and meeting the 2030 carbon neutral standards required by CEC and NHS.

- 2.2.11 Whilst there are significant advantages to a collaborative approach to this provision, the projected timescales of requirement vary. CEC is required to provide the new school when the first houses are completed in 2023. In other circumstances, EHSCP would normally aim for completion of new medical premises when the potential population would reach a minimum list size of 2000. In this scenario, completion would be required around 2024/25.
- 2.2.12 The comparator to the joint development is a separate stand alone, developer led building. While all CEC and NHS new builds will be built to Passivhaus standards or similar and will meet the 2030 carbon neutral targets, it is likely that it will be more challenging to meet the environmental consideration in a developer led construction.
- 2.2.13 As a result of the Covid-19 pandemic, the construction industry is experiencing delays and disruption at all stages of development. Whilst completion dates noted above are as stated in the Housing Land Audit, a number of factors, including government guidance on lockdown, restricted movement in the housing market and availability of materials, will impact the ability to meet these timescales. It is therefore likely that the timescales may be delayed, resulting in a later completion date being required.
- 2.2.14 Recent developments of GP premises within NHS Lothian have followed a relatively standard schedule of accommodation and building layout. As a result of experiences during Covid 19 which altered the modus operandi within GP practices, it is anticipated that the design and requirements of future health premises will be altered to embrace new ways of working and meet stringent infection control requirements. This is may cause further delays whilst standards are in development stages.
- 2.2.15 Edinburgh Health and Social Care Partnership (EHSCP) and NHS Lothian Primary Care Contracts Organisation (PCCO) will develop the proposal to create a new practice partnership and invite business case submission from interested parties to deliver it. It is anticipated this could replicate previous models whereby an existing partnership, supported by investment, will seed the new practice by taking on additional patients, in its current premises, to an agreed list size – although other options are possible. Subsequently that patient cohort will form the nucleus of the new practice which the parent practice will have the opportunity to continue to manage as a branch practice, or can choose to relinquish it whereupon it can be advertised as a new partnership.

Table 2 below summarises the need for change, the impact it is having on present service delivery and why action is required now.



Table 2: Need for change

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now?
Significant planned population increases in areas with little or no General Medical Services (GMS) provision	Pressures on existing practices to provide GMS provision to expanding population	Existing services under strain by additional capacity required to address this
Potential for the West Edinburgh developments to increase further in future Local Development Plan	Existing service arrangements unable to cope with future projected levels of population growth	City of Edinburgh Council Local Development Plan details the housing developments programmed for the area with additional 4000 population expected within 5years and an increase of 1700 planned beyond 2026. Release of more land for development will result in further population pressures.
Existing local practices do not have the physical capacity to absorb the additional population nor the desire to expand so significantly	Additional population unable to register for GMS provision	The timescales and practical issues relating to introducing new GMS services to an area are such that early actions are required to ensure practice list availability when the population growth reaches approximately 2000
Planned developments will generate sufficient population to offer a sustainable business model for new practices and provide development opportunity to existing practices through the new contract	Alteration to existing practices maximised to accommodate population growth, additional practice required to meet population needs and GMS contract implementation	New GMS contract came into effect on 1 st April 2018, with time limited implementation for delivery of the Primary Care Improvement Plan to deliver the contract requirements
Opportunities to address and accommodate workforce uncertainty to meet new contract and locality needs.	Ability to recruit workforce is affected by condition of premises. Development of new premises for a new practice will have a positive impact on recruitment.	Time implications of setting up new practice / management support may be challenging and onerous. Early planned intervention will enable best solution to practice development



2.3 Investment Objectives

The assessment of the existing situation and the drivers for change have been used to identify what has to be achieved to deliver the changes required. These are defined as the investment objectives and are summarised in the table below:

Table 3: Investment Objectives

Effect of the need for change on the organisation	What has to be achieved to deliver the necessary change? (Investment Objectives)
Existing service arrangements unable to cope with future projected levels of population growth	Improve service capacity to enable everyone to access GMS
Additional pressures on existing practices nearby to provide GMS provision to expanding population	Development of additional General Medical Practice
Transformation of primary care services to meet the requirements of the new GMS contract	Enable delivery of the Primary Care Improvement Plan as required for implementation of the new GMS contract

2.4 Is the preferred strategic solution still valid?

- 2.4.1 As indicated in the Initial Agreement the preferred solution is required to accommodate increased population within the area, that currently has very little capacity to expand in nearby practices. The premises must be clinically functional and compliant and the lease arrangements such that the risk to individuals and practices is reduced.
- 2.4.2 The proposed solution is to enter into joint development with City of Edinburgh Council Education Department.



3 Economic Case

There is no existing provision as outlined in [Section 2.1](#) and 'Do Nothing' is not feasible as it does not address any of the strategic drivers for change and has the potential to cause existing practice instability. A 'Do Minimum' option is therefore included as the baseline (as required by the Scottish Capital Investment Manual guidelines) against which other options are assessed. This will only address the strategic drivers in part and will result in capacity constraints which fail to provide for the population growth in the area. The table below defines the 'Do Minimum' option including the requirements to implement this option.

3.1 Do nothing/baseline

Table 4: Do Minimum

Strategic Scope of Option	Do Minimum
Service provision	Continue with existing
Service arrangements	Existing GP practices with support for some capacity increase where possible
Service provider and workforce arrangements	Existing GMS provision with additional workforce to address any increase
Supporting assets	Limited physical alteration to premises to increase capacity if feasible
Public & service user expectations	Public and service users will expect full access to GMS and require the ability to register with a GP in the local area

3.2 Short-list of Implementation Options

From the initial assessment the following short-listed options have been identified:

Table 5: Short Listed Options

Option	Description
Option 1	Do Minimum
Option 2	New build in partnership with City of Edinburgh Council (CEC)
Option 3	NHS leased premises in a new build for a new practice on a standalone site

3.2.1 A long list of options was assessed for their advantages and disadvantages and the extent to which each met the investment objectives to identify the preferred solution.

Option 1: Do Minimum

Minor refurbishment in existing practices to increase capacity to accommodate some of the increased population due to the housing expansion



Option 2: New Build with City of Edinburgh Council

New build for a new practice in a joint development with City of Edinburgh Council Education Department.

Option 3: New build by NHS Lothian

1. NHS leased premises in a new build for a new practice on a standalone site.
- 3.2.2 Option 3 has been discounted due to availability of standalone site, and ability to deliver all the benefits identified.

3.3 Non-monetary Costs and Benefits of Options

- 3.3.1 Each of the short-listed options was also assessed against the benefits included in the benefits register in [Appendix 2](#): . Each of the identified benefits was weighted and following this each of the shortlisted options was scored against its ability to deliver the required benefits. The full assessment is contained in

[Appendix 4](#): .

The results of the benefits assessment are summarised below:

Table 6: Results of Non-Financial Benefits Assessment

#	Benefit	Weight (%)	Option 1 Do minimum	Option 2 New build in partnership with CEC
1	Everyone has access to a GP	25%	0	10
2	Ensure that people who use health and social care services have positive experiences and their dignity respected	15%	2	10
3	Support the attainment of HEAT targets *Reduces the rate of emergency inpatient bed days for people aged 75 *Reduces the rate of attendance at A&E *Supports early cancer detection	15%	2	8
4	Provides safe and easy access to GP services	20%	2	9
5	Ensure the functional suitability of the healthcare estate	15%	7	10
6	Optimise financial and resource usage through an efficient estate	10%	7	10
Total Weighted Benefits Points			275	950



3.4 Monetary Costs and Benefits of Options

The table below summarises the costs associated with each of the shortlisted implementation options. Further detail on the calculation of these costs including assumptions made can be found in the Financial Case.

Table 7: Indicative Costs of Shortlisted Options

Cost (£k)	Do Minimum	Option 2 : New build in partnership with CEC
Capital Cost	0	3,800
Recurring Revenue Costs	0	120

3.5 Net Present Value

The table below details the indicative whole life costs associated with each of the shortlisted options. For further detail around the determination of the costs see the Financial Case.

Table 8: NPV of Shortlisted Options

Cost (£m)	Option 1 Do Minimum	Option 2 New build in partnership with CEC
Whole life capital costs	0	3,154
Whole life operating costs	0	759
Estimated Net Present Value (NPV) of Costs	0	3,912

The additional assumptions associated with the calculation of the NPV of costs are:

- A discount rate of 3.5% has been used in line with Government guidelines.
- A useful life of 20 years has been determined for the projects.
- The base date for the proposal is Q4 2021.
- VAT and inflation have been excluded in line with Green Book guidance.
- Phasing of the costs reflects the useful life and the programme of works as identified in the Commercial Case.

3.6 Overall economic assessment and preferred way forward

The table below show the weighted benefit points for each shortlisted option, the NPV of costs and the calculated cost per benefit point. This calculated cost per benefit point has been used to rank the options and identified the preferred way forward.



Table 9: Economic Assessment Summary

Option Appraisal	Option 1 Do minimum	Option 2 New build in partnership with CEC
Weighted benefits points	275	950
NPV of Costs (£k)	0	3,912
Cost per benefits point (£k)	0	4.12
Rank	3	1

The preferred solution was identified as Option 2 – New build with partnership with CEC. This was identified as the preferred option because it meets all the investment criteria identified in the Initial Agreement. Do minimum has been ranked last due to the inability to deliver any of the investment criteria.



4 The Commercial Case

4.1 Procurement Strategy

- 4.1.1 The total indicative costs for the preferred option at this stage are £3.8m including VAT. It is anticipated that the procurement of the project will be led by CEC supported by Edinburgh Health and Social Care Partnership and NHSL
- 4.1.2 It is proposed that NHSL will provide a Capital Grant to CEC for the construction costs and then lease the completed facility from CEC.
- 4.1.3 The project will be delivered by Edinburgh City Council, in line with their procurement policies.

4.2 Timetable

- 4.2.1 The table below shows the proposed timetable for the progression of the business case and project delivery milestones:

Table 10: Project Timetable

Key Milestone	Date
Initial Agreement approved	August 2020
Standard Business Case approved	March 2021
Lease signed for the property	June 2021
Construction starts	November 2021
Construction complete and handover begins	June 2023
Service commences	July 2023

- 4.2.2 The timescales outlined above are fully dependant on the development timescales. Any delays in the commercial/school developments will result in slippage in this programme,

4.2.2 Design Quality Objectives/ Design Assessment Process

- 3.5.1 The project will use the Achieving Excellent Design Evaluation Toolkit (AEDET) to assess design quality throughout the procurement and design process and as part of the Post Project Evaluation.

5 The Financial Case

5.1 Capital Affordability

5.1.1 The estimated capital cost associated with the preferred option(s) is detailed in the table below. Construction costs were provided by Edinburgh City Council based on the reports received from their independent quantity surveyors. The table also details any changes to costs from those included in the IA. These are further explained below.

Table 11: Capital Costs

Capital Cost (£k)	Preferred Option – Costs at IA	Preferred Option – Costs at SBC	Preferred Option – Change in Costs
Construction	2,115	2,133	(18)
Inflation	64	13	51
Professional Fees	378	378	-
Equipment	80	80	-
IT & Telephony	0	64	(64)
Contingency	89	0	89
Costed Risk Register	177	177	-
Optimism Bias (15%)	436	322	114
Total Cost (excl VAT)	3,339	3,167	172
VAT	668	633	35
Total Capital Cost	4,007	3,800	207

5.1.2 The assumptions made in the calculation of the capital costs are:

- Optimism bias has been calculated in line with SCIM guidance and is included at 15% of construction costs.
- Preliminaries are included within the total construction cost.
- An inflation allowance of 0.6% has been included using a base date of November 2021 and the construction timeline detailed in the Commercial Case
- VAT has been included at 20% on all costs. No VAT recovery has been assumed. VAT recovery will be further assessed in the SBC.
- Inflation and IT & Telephony were wrongly classified in the IA (classed as Contingency and Inflation respectively), this has been corrected above.
- Capital costs and programme will be reviewed as the project progresses

5.2 Revenue Affordability

5.2.1 The estimated recurring revenue costs associated with each of the short-listed options are detailed in the table below. These represent the additional revenue costs when compared to the 'Do



Nothing' option. There is no incremental increase for this project as there is no existing service provision.

Table 12: Incremental Revenue Costs

Incremental Revenue Cost/year (£k)	Preferred Option – Costs at IA	Preferred Option – Costs at OBC	Preferred Option – Change in Costs
Facilities	102	102	-
Premises Costs	18	18	-
Total Annual Revenue Cost	120	120	-

5.2.2 The assumptions made in the calculation of the revenue costs are:

- Premises related costs have been estimated using a square metre rate from a similar type project, and is inclusive of rates, water, and clinical waste.
- Facilities costs have been applied based on annual costs of maintenance domestic services, and energy. These have been calculated based on £39, £30 and £58 per sqm respectively, based on costs for similar type GP premises.

5.2.3 Staffing costs have not been included at this stage as they have not yet been fully assessed and it is anticipated these will be funded through GMS. There may also be a requirement for financial support in the establishment of a new practice. Both staffing and support requirements will be further assessed, as well as the funding sources for these costs, and updates provided as required.

5.2.4 Recurring revenue costs in relation to facilities will be funded directly by the practice, subject to discussion and adjustment for any short-term occupation considerations. Premises costs will be fully funded via GMS payments.

Table 13: Summary of revenue funding

Incremental Revenue Cost/ Funding	Preferred Option – Costs/ Funding (£k)
Total Annual Incremental Revenue Cost	120
Funding – new funding (GP Practice)	120
Total Funding	120
Funding Gap	-

5.3 Overall Affordability

5.3.1 The capital costs detailed above are expected to be funded through traditional capital funding. This project has been prioritised by NHS Lothian and Edinburgh Health and Social Care Partnership.



Availability of capital funding remains a key risk to the project. A high level of risk is included in the construction cost as the project is at a early stage in the development process.

- 5.3.2 It is proposed that NHSL will provide a Capital Grant to CEC for the construction cost and then lease the completed facility from CEC.
- 5.3.3 Funding has been assumed for additional revenue costs from GMS and the practice itself, only practice related costs have been noted in this SBC. This will be further refined and will then be reviewed and agreed by the relevant parties.

The table below summarises the total costs associated with the preferred options and the funding proposed to implement this option.

Table 14: Summary of costs and funding

Incremental Revenue Cost/ Funding	Preferred Option – Capital Costs/ Funding (£k)	Preferred Option – Revenue Costs/ Funding (£k)
Total Cost	3,800	120
Funding – GP Practice Revenue Funding		120
Funding – NHSL capital formula funding	3,800	
Total Funding	3,800	120
Funding Gap	-	-

The capital costs detailed above are predicted to be funded through traditional capital funding. This project has been prioritised by NHS Lothian and Edinburgh Health and Social Care Partnership and the estimated costs noted above are included in the NHS Lothian Property and Asset Five Year Investment Plan.

5.4 Confirmation of stakeholder support

- 5.4.1 Following the endorsement of the EHSCP Population Growth and Primary Care Assessment 2016 – 2026, which reflected the extensive housing developments set out by CEC Local Development Plan, by EIJB in September 2017 and LCIG in March 2018, a strategic assessment for general practice provision in the West Edinburgh area was completed and submitted by EHSCP as part of the NHS Capital Prioritisation Process 2019/2020.
- 5.4.2 The need to provide additional educational facilities within the same locality, has provided an opportunity for NHSL to collaborate with CEC to consider a joint development of new health premises and primary school with shared amenities.
- 5.4.3 Whilst there are significant advantages to a collaborative approach to this provision, the projected timescales of requirement vary. CEC is required to provide the new school when the first houses are completed in 2023. In other circumstances, EHSCP would normally aim for completion of



new medical premises when the potential population would reach a minimum list size of 2000. In this scenario, completion would be required around 2024/25.

- 5.4.4 Consequently an Initial Agreement for the provision of general medical services in West Edinburgh (Maybury) was developed and approved by EIJB and NHS Lothian Capital Investment Group in July 2020 and subsequently approved at NHS Lothian Finance and Resources Committee in August 2020.



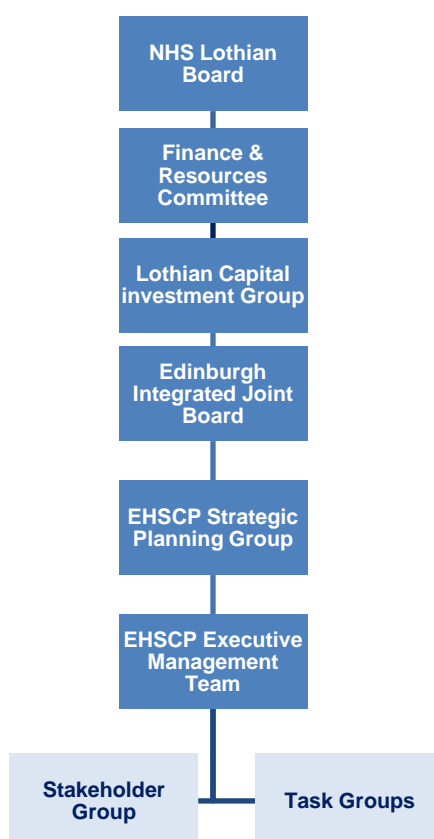
6 The Management Case

6.1 Project Management

6.1.1 Governance arrangements

6.1.2 Engagement with Stakeholder is detailed in the Strategic Case and includes information on how members of the proposal's governance arrangements have been involved in its development to date and will continue to support it.

6.1.3 The diagram below shows the organisational governance and reporting structure that will be in place to take forward the proposed solution.





6.1.4 Key roles and responsibilities

6.1.4.1 The table below notes the project board that will be responsible for taking the project forward including details of the capabilities and previous experience.

6.1.4.2 Legal advice for the project (if required) will be obtained from the Central Legal Office.

Table 15: Project Management Structure

Role	Individual	Capability and Experience
Project Sponsor	David White, Strategy Planning & Quality Manger, primary Care and Public Health	Previous experience as Project Sponsor in primary care capital projects
Project Owner	Fiona Cowan	Previous experience of NHS capital projects
Project Manager	Campbell Kerr	Senior Project Manager in NHSL Capital Planning with extensive experience and responsibility for primary care projects
Capital Finance Support	Laura Smith	Experience supporting capital investment projects including similar primary care provisions
EHSCP Chief Finance Officer	Moirra Pringle	Previous experience at Senior Manager level in similar projects, formerly Head of Capital Finance NHSL
NW Locality Lead	To be confirmed	Dependant on appointee
Clinical Lead	To be confirmed	Dependant on appointee
Communication Rep	To be confirmed	Dependant on appointee



6.1.5 Project plan and milestones

The project plan is as set out in **Section 4.2**.

6.2 Benefits Register and Realisation Plan

The investment objectives and the Strategic Assessment (see [Appendix 1: Strategic Assessment](#)) have informed the development of a Benefits Register (see [Appendix 3; Benefits Register](#)).

Per the draft Scottish Capital Investment Manual guidance on `Benefits Realisation`, this register is intended to record all the main benefits of the proposal and also includes a full Benefits Realisation Plan detailing how the benefits will be realised and measured.

6.3 Change Management

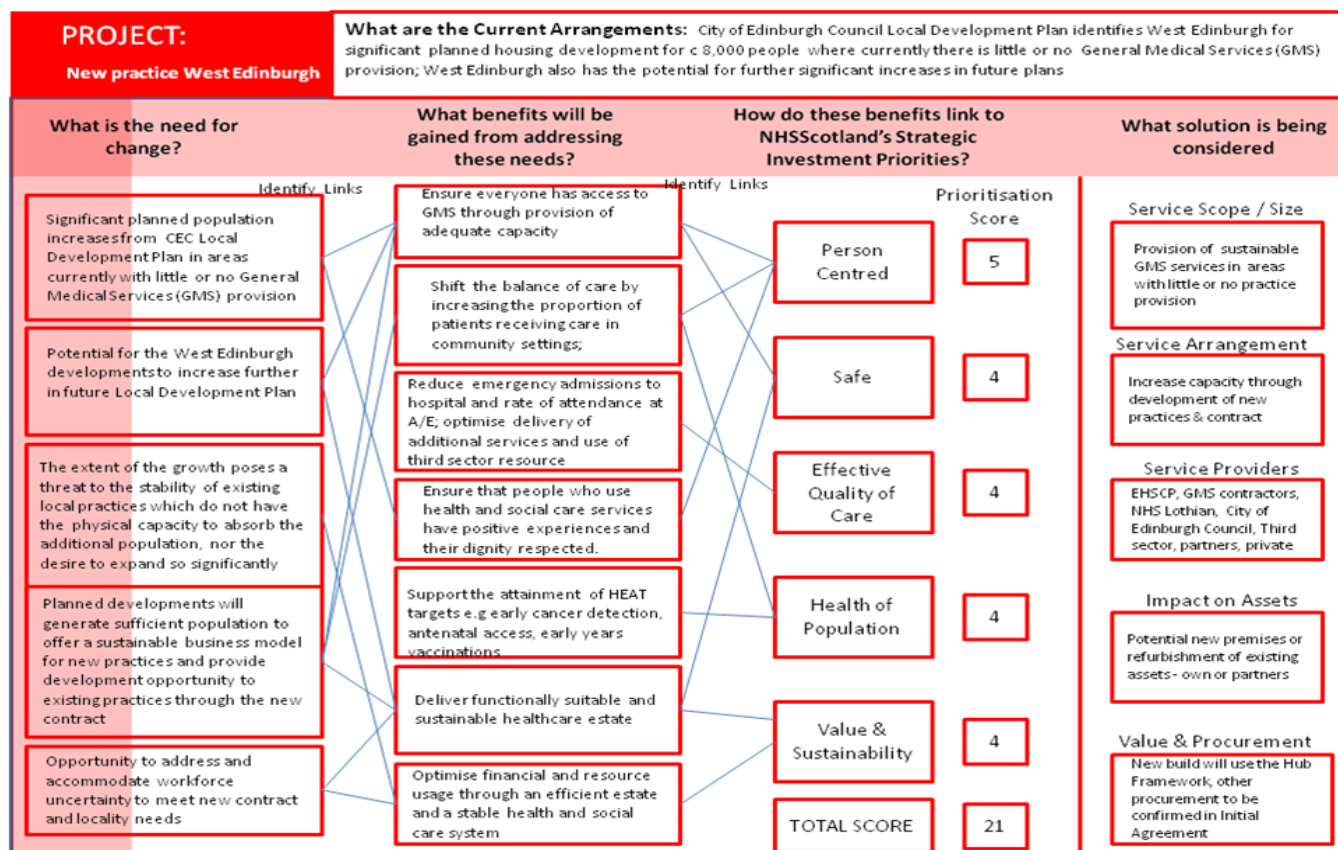
- 6.2.1 In order to avoid scope creep and overspend and to ensure project success, change control mechanisms have been developed. The Project Owner and Director will be responsible for maintaining strict control of the project and managing changes as they arise.
- 6.2.2 In the delivery and commissioning stages of the project, the established design parameters will not be changed without the prior consent of NHS Lothian via the Project Owner, Project Manager and the Project Group.
- 6.2.3 Regular Project Group meetings have been established for the day to day project operations in order to respond to key escalated issues and proposed changes in a timely manner. Any changes to the project relating to the service delivery, programme, time or cost will be decided on by the Project Director and the Project Group.



7 Conclusion

- 7.1.1 The strategic assessment for this proposal (included in Appendix 1 Strategic Assessment) scored 21 (weighted score) out of a possible maximum score of 25.
- 7.1.2 The proposal has been prioritised by the relevant governance groups and identified as a priority for NHS Lothian as part of the NHS Capital Prioritisation Process 2020/21.

Appendix 1: Strategic Assessment



Appendix 2: Site Maps



Appendix 3: Benefits Register

Step 1: Identify desired benefits and include in the project benefits register												
Project Name: West Edinburgh Primary Care Provision												
1. Benefits Register						2. Prioritisation	3. Realisation					
Ref No.	Benefit	Assessment	As measured by	Baseline Value	Target Value	Relative Importance	Who Benefits?	Who is responsible?	Investment Objective	Dependencies	Support Needed	Date of Realisation
Guidance	Describe Benefit	Select from dropdown	How are you going to measure this?	Where you are now on this (baseline)	Where you want to get to	Select from dropdown	e.g. Public, patients, staff?	e.g. service manager	Which investment objective does this link to?	Does achieving this depend on anything else other than the project?	Is there any other support (not this project) required to achieve this?	When will you measure the realisation of this benefit (usually after 12 month of operation)
1	Ensure everyone has access to GMS through provision of adequate capacity	Quantitatively	Capacity increase, restricted lists, patient assignments	No of patients resident assigned	No restricted lists, patients assigned	5 - Vital	Patients, GP Practices	GP/EHSCP/ NHSL	Improve service capacity to enable everyone to access GMS. Enable delivery of the Primary Care Improvement Plan as required for the implementation of the new GMS contract			24 months post project
2	Ensure that people who use health and social care services have positive experiences and their dignity respected	Qualitatively	Patient experience of GP practice, patient experience of Health and Social Care services	New practice - no current information	Results of post completion questionnaire	4 - Important	Patients	EHSCP/ NHSL	Improve service capacity to enable everyone to access GMS. Enable delivery of the Primary Care Improvement Plan as required for the implementation of the new GMS contract			24 months post project
3	Provides safe and easy access to GP services. Premises are DDA compliant	Qualitatively	Patients experience of travel options questionnaire	New practice - no current information	Results of post completion questionnaire and full DDA compliance achieved	4 - Important	Patients	EHSCP	Improve service capacity to enable everyone to access GMS. Enable delivery of the Primary Care Improvement Plan as required for the implementation of the new GMS contract			
4	Improve the functional suitability and sustainability of the healthcare estate	Quantitatively	Proportion of the estate categorised as either A or B for the functional suitability facet	New practice - no current information	A	4 - Important	EHSCP		Development of additional General Medical Practice			
5	Optimise financial and resource usage through an efficient estate and a stable health and social care system	Quantitatively	Annual statutory appraisal	New practice - no current information	A	3 - Moderately important	Population / EHSCP / NHSL	EHSCP	Development of additional General Medical Practice			24 months post project



Appendix 4: Risk Register

PROJECT TITLE West Edinburgh (Maybury) Development

Risk No.	Date Raised	Description of Project Risk	Potential Failure / Cause	Direct Consequence	Severity (1 - 5)	Probability (1 - 5)	Risk Factor	Risk Allowance £k	Comments	Trigger	Mitigation Response	Risk Controller	By when
1	07/07/2020	Delay in negotiations with CEC.	Failure to agree commercial terms (lease, construction, service charges) for the development with CEC.	Cost / Time	4	2	8	0.00	NHSL/HSCP sign off required on design, costs and operational agreements. These are still outstanding.		Capital Planning involvement with design to date including details of construction cost.	Capital Planning / Project Board	Ongoing
2	07/07/2020	NHSL Capital budget exceeded	NHS element of the costs exceed expectations due to higher than anticipated inflation/tender prices.	Cost	4	2	8	0.00	Costings included in the IA are based on the current information available from CEC.		Costs will be reviewed during the design process will be confirmed in the SBC.	Capital Planning	Ongoing
3	07/07/2020	Revenue costs exceeded and unaffordable	Revenue costs may exceed estimates in IA	Cost	4	2	8	0.00	Revenue costs (including those for setting up a new GP Practice) will be reviewed for the SBC.			Finance	Ongoing
4	07/07/2020	Passivhaus design not compatible with NHS design guidance	NHSL has yet to use the Passivhaus model, this will need to be checked throughout the design process.	Time	3	1	3	0.00			Capital Planning involvement with design to date.	Capital Planning	Ongoing
5	07/07/2020	Revenue/Running Costs not agreed with new GP Practices	New Practice unable to sign up to recurring running costs	Time	3	3	9	0.00	Requirement for practice to agree revenue costs prior to SBC submission.		SLA cost to be shared with practice when they are selected.	Project Board	Ongoing
6	07/07/2020	IT / Telecom costs	Issues with E Health briefing and initial costing information	Cost	3	2	6	0.00			E - Health to be include in the early design stages.	Capital Planning	Ongoing
7	07/07/2020	Design changes /variations following design freeze	Final brief/design not agreed by all parties. Changes to user group or working practices during detailed design and/or construction stages.	Cost / Time	4	2	8	0.00			Final SOA and layouts etc to be signed off by users and Project Board.	Capital Planning	Ongoing
8	07/07/2020	Delays/Difficulties with Statutory Approvals	Planning Permission/Building Warrant difficult to obtain causing delays	Cost / Time	3	1	3	0.00				Capital Planning / CEC	Ongoing
9	07/07/2020	Unforeseen building condition issues	Survey work incomplete or insufficient. Unknown issues discovered during construction stage.	Cost / Time	3	1	3	0.00				CEC	Ongoing
10	07/07/2020	Exceptional weather during construction	Adverse weather may affect programme.	Time	2	2	4	0.00				Capital Planning	Ongoing
11	07/07/2020	Communications/public engagement	Adverse publicity, failure to communicate with local community	Reputational	2	2	4	0.00				Project Board	Ongoing
TOTAL RECOMMENDED CONTINGENCY ALLOWANCE													

Key

Severity scored 1 Minor to 5 Severe.
Probability scored 1 very unlikely to 5 very likely.

0 to 5

GREEN

6 to 11

AMBER

12 & over

RED



Appendix 5: Non-Financial Benefits Assessment

#	Benefit	Weighting (%)	Option 1 Do Minimum	Option 2 CEC	Option 3 Refurbishment of available property
1	Everyone has access to a GP	25%	0	10	10
2	Ensure that people who use health and social care services have positive experiences and their dignity respected	15%	2	10	10
3	Support the attainment of HEAT targets *Reduces the rate of emergency inpatient bed days for people aged 75 *Reduces the rate of attendance at A&E *Supports early cancer detection	15%	2	8	8
5	Provides safe and easy access to GP services	20%	2	9	9
5	Ensure the functional suitability of the healthcare estate	15%	7	10	10
6	Optimise financial and resource usage through an efficient estate	10%	7	10	9
Total Weighted Benefits Points			275	950	940

Maximum possible benefits points -

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REPORT

Committee Update Report

Edinburgh Integration Joint Board

24 March 2021

Executive Summary

The purpose of this report is to provide the Edinburgh Integration Joint Board with an update on the business of all Committees between January – March 2021.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Notes the work of the Committees

Report Overview

1. This report gives an update on the business of the committees covering the period January - March 2021. This report has been compiled to support the Edinburgh Integration Joint Board (EIJB) in receiving timeous information in relation to the work of its committees and balances this with the requirement for the formal note of committees to have undertaken due process and agreement by those committees. All reports are stored in the EIJB document library for information.

Audit and Assurance Committee – 29 January 2021

2. **External Audit Plan** - the committee were presented with the External Audit Annual Plan 2020/21.
3. **EIJB Risk Register** - the committee discussed a report on the IJB risk register
4. **Internal Audit Update** - the committee were presented with a report on the approach adopted to addressing IA reports.
5. **Progress with Implementation of IA and Recommendations** - the committee had before it a report on the progress with implementation of IA recommendations.

6. **Annual Governance Report** - the committee discussed the mechanism for reviewing the work of the EIJB.
7. **IA Overdue Findings and KPIs** – the committee had before it a referral report from GRBV.

Futures Committee - 10 February 21

8. **Strategy Progress Update** – the committee had before it, a presentation on the next strategic planning cycle.
9. **Climate Change Charter** - the committee were presented with a report on the development of a Climate Change Charter.
10. **Edinburgh Pact** – the committee discussed a report on the Edinburgh Pact
11. **Academia Presentation** – the committee had before it. a report on building relationships and maximising opportunities with Academia.

Performance and Delivery Committee - 20 January 2021

12. **Finance Update** - the committee were presented with a report on the projected in year financial performance.
13. **NHS Lothian Financial Overview** - the committee were presented with a report on the year-to date position and projected financial outturn for 20/21
14. **Transitions for Young People** - the committee discussed the progress with the five key action points in relation to transitions from children to adult services for young people with a disability.
15. **Directions Tracker** - the committee had before it a report on the progress with directions.

Strategic Planning Group - 20 January 21

16. **Strategy Progress Update** - the committee had before it a report on the next strategic planning cycle.
17. **Joint Strategic Needs Assessment (JSNA)** - the committee were presented a report on the Joint Strategic Needs Assessment.

18. **Transformation Programme Update** - the committee discussed a report on the transformation programme.
19. **Community Investment Project** - the committee had before it a presentation on the community investment project.

Included in the April Update Report

20. Clinical and Care Governance Committee – 16 March
21. Strategic Planning Group – 17 March

Report Author

Judith Proctor

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Minutes

IJB Audit and Assurance Committee

10.00am, Friday 29 January 2021

Virtual Meeting, Microsoft Teams

Present:

Councillor Phil Doggart (Chair), Andrew Coull, Councillor George Gordon, Kirsten Hey, Martin Hill and Peter Murray.

Officers: Nick Bennett (Azets), Matthew Brass (Clerk), Laura Calder (Principal Audit Manager), Helen Elder (Executive Assistant), Nicola Mackenzie (Azets), Lesley Newdall (Chief Internal Auditor), Moira Pringle (Chief Finance Officer), Angela Ritchie (Senior Executive Assistant) and Julie Tickle (Planning and Commissioning Officer)

Apologies: None.

1. Minutes.

The minute of the Audit and Assurance Committee of the 6 November 2020 was presented for approval as a correct record.

Decision

To approve the minute as a correct record.

2. Annual Cycle of Business

The annual cycle of business was presented to Committee.

Decision

- 1) To note the Annual Cycle of Business.
- 2) To consider removing the Records Management Plan from the Annual Cycle of Business.

(Reference – Annual Cycle of Business, submitted.)

3. Outstanding Actions

The outstanding actions up to January 2021 were presented to committee.

Decision

- 1) To note the Outstanding Actions
 - 2) To include the expected completion date of June 2021 with Action 3.
- (Reference – Outstanding Actions, submitted).

4. External Audit Plan 2020-21

The External Audit Plan for 2020-2021 was presented to Committee, which updated members on the work plan for the external audit of the Edinburgh Integration Joint Board.

The report also briefed members on the core elements of the external auditors' work, which included;

- 1) An audit and provision of a specific audit opinion of the 2020/21 accounts and related matters.
- 2) Consideration and reporting of the EIJB's arrangement on the four audit dimensions; governance and transparency, financial management, financial sustainability and value for money.
- 3) Any other work requested by Audit Scotland.

Due to the ongoing COVID-19 pandemic, members noted that there will be a delay in completing the external audit, with the original timescale moved back a month.

Decision

- 1) To note the External Audit Plan 2020-21.
- 2) To consider pushing the November meeting back in order to accommodate for the External Audit delay.

(Reference – Report by the Chief External Auditor, submitted).

5. Edinburgh Integration Joint Board Risk Register

An update on the EIJB's Risk Register was presented to Committee, which updated members on the activity to manage, mitigate and escalate the EIJB risks seen throughout the Register.

The Register itself remained relatively unchanged, with no change to the overall scoring of each risk since the last Committee meeting held in November 2020. The most substantive change was seen at Risk 3.2, where an additional control had been included relating to the recruitment of carer and service user representation – which had been marked as a

priority. A further control had also been proposed in respect to the requirement to clarify the relationship between the EIJB and Edinburgh Alcohol and Drug Partnership.

Members noted Appendix 2 of the report which updated Committee with the risk management activity undertaken since the previous Audit and Assurance meeting. The Committee were particularly encouraged by the actions taken in relation to Strategic Planning and Commissioning, with additional actions identified to mitigate and control risks.

The report also updated members on the development of the Register, with the next steps focused on setting out a process of risk acceptance, especially in cases where the EIJB's ability to control and mitigate the risk is reliant on partner organisations.

Members acknowledged the clear and concise manner of which the Register was presented and thanked those responsible for the work on forming the report. It was also acknowledged that any concerns regarding the scoring of certain risks would be taken to a Management Review, who evaluate the risks and any mitigating factors on a monthly basis.

Decision

- 1) To note the updates to risk management activity.
- 2) To review the adequacy of mitigating controls identified against current risks and asses.
- 3) To review the current risk scores and assess if these need to be amended.
- 4) To consider the need for further risks to be added to the register.
- 5) To consult with NHS Lothian and review their COVID Risk Register alongside the Council's COVID Risk Register to determine whether there are any impacts on the IJB's function, and to then bring a report back to this Committee on the review.
- 6) To update the wording of the Annual Review of Directions to reflect that the review is done in financial years, rather than calendar years.
- 7) To present a report to Committee on the risks to Set Aside Services, after said report is presented to the Performance and Delivery Committee.
- 8) To note that the Risk Register will be subject to review at the monthly management review meeting, with any changes from this meeting to be reported to this Committee.

(Reference – Report by the Head of Strategic Planning, EHSCP, submitted)

6. Internal Audit Update for the Period 29 September 2020 – 11 January 2021

A report updating members on the progress of the Internal Audit (IA) assurance activity was presented to Committee. The activity reported was performed on behalf of the EIJB by the City of Edinburgh Council's and NHS Lothian's IA teams.

Members noted the progress relating to open IA findings since September 2020, with 17 open IA findings as of 11 January 2021. Of this 17, 14 were noted to be overdue, which reflected a net decrease of 3 from the position reported at 28 September 2020.

Assurance was given to members that positive steps had been taken to improve the working relationship between the Council's Governance, Risk and Best Value Committee, NHS Lothian's Audit and Risk Committee and the EIJB's Audit and Assurance Committee, with a workshop to be held to revisit the working arrangements between the four Lothian IJBs and NHSL and to determine whether the Principles need to be refreshed.

Decision

- 1) To note the progress with the delivery of the EIJB 2020/21 IA Plan.
- 2) To note the outcomes of the Capital and Workforce Planning audit recently completed.
- 3) To note progress with implementation of agrees management actions to support closure of EIJB IA findings raised.

(Reference – Report by the Chief Internal Auditor, submitted)

7. Edinburgh Integration Joint Board Update on Progress with the Implementation of Internal Audit Recommendations

An update on the approach adopted to addressing internal audit reports was presented to Committee. The report focused on the management response and engagements with the audit process, as well as updating Committee with the progress of the current implementation of recommendations.

The management engagement to IA was noted to have improved over the last year in a number of areas, with a focus on reducing the number of times the delivery date is extended. Appointing a lead officer to each action who provides monthly updates on their actions, as well meeting with the lead IA Officer eight weeks prior to the delivery date was noted to be key in ensuring a timely closure. Extensions on the delivery date were only

permissible following engagement and agreement with both the Executive Team and Internal Audit Team.

The current EIJB outstanding management actions were noted to have progressed over the last 12 months, with the number of outstanding actions being reduced from 88 to 32. Of the 32 remaining actions, it was noted that the deadline for completion and validation has not passed in 4 instances, with the remaining 28 overdue against the original due date, but currently working towards an agreed, revised implementation date.

Decision

- 1) To note the processes introduced by the Chief Officer to address the outstanding actions.
- 2) To note the status of the outstanding Integration Joint Board actions.
- 3) To consider whether a workshop session to explore the issues in more detail would be helpful.
- 4) To include the start date indicating when the project was first commissioned in the 'dates' column.
- 5) To consider an alternative way of merging this report with the previous report to ensure clarity on the difference between each report, and to ensure no overlap on what is being reported.

(Reference – Report by the Chief Finance Officer, submitted).

8. Internal Audit Overdue Findings and Key Performance Indicators at 30 October 2020

A referral report from the Council's Governance, Risk and Best Value Committee on the progress of IA overdue findings and Key Performance Indicators at 30 October 2020 was presented to the Committee for noting.

The report highlighted that, as of 30 October 2020, there were 126 open IA findings that remain to be addressed across the Council, which included one remaining historic finding and excluded open and overdue historic IA findings for the EIJB and Lothian Pension Fund.

Members noted concerns that, although the report specified how the Council were progressing overdue findings, NHS Lothian's assurance was not included – which would be beneficial in order to get a rounded view of how both partner organisations are tackling overdue audit findings. The Chief Internal Auditor assured members that the NHSL CIA was exploring a way of providing the information needed in a suitable manner which ensured confidentiality.

Decision

- 1) To note the report.
- 2) For the Chair to support the CIA in raising concerns regarding the inclusion of NHS Lothian's information on how they are tackling overdue findings at the next Governance, Risk and Best Value meeting, and to report back to this Committee on the discussion.

(Reference – Report by the Chief Internal Auditor, submitted).

9. Board Assurance Framework

Committee were presented with an update on the implementation of the mechanisms used for reviewing the work of the Integration Joint Board committees.

Members noted that the most significant mechanism currently in place is the annual performance report – produced by each committee – to support the assurance the committees are giving and identify any significant issues.

Included with the report was a “checklist” which would be supplied to each committee and used to complete the annual report. Members were asked to note that the annual report was due to be approved by 31 March 2021.

Decision

- 1) To note the proposed process, including the deadline of 30th June 2021 for submission of reports.
- 2) To consider inviting committee chairs to the meeting at which reports are considered.
- 3) To draft a letter to circulate round the committee chairs inviting them to the meeting.

(Reference – Report by the Chief Finance Officer, submitted).

10. Records Management Plan

A verbal report on the records management plan was presented to committee. Members acknowledged that the information was currently with the Keeper of Records, and feedback was expected in the near future.

Committee agreed that a formal paper would be presented to Committee following this feedback.

Decision

- 1) To note the update.
- 2) To present a paper at committee on the feedback from the Keeper of Records once the feedback has been received.

11. Date of next Meeting

11 June 2021 via Microsoft Teams.

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Minute

IJB Futures Committee

10am, Wednesday 10 February 2021

virtual meeting by MS Teams

Present:

Peter Murray (Chair), Angus McCann, Ian Mackay (from Item 4) and Councillor Melanie Main.

In attendance: Matthew Brass, Sarah Bryson, Tony Duncan, Christine Farquhar, Dr Linda Irvine-Fitzpatrick (from Item 5), Katie McWilliam, Ella Simpson, Jay Sturgeon.

Apologies

Ricky Henderson.

1. Minute

The minute of the Futures Committee meeting held on 2 December 2020 was submitted for noting.

Decision

To approve the minute as a correct record subject to amending dietitians from 'Food Train' to dietitians from 'NHS Lothian'.

2. Annual Cycle of Business

The Annual Cycle of Business was presented to the Committee.

Decision

To note the annual cycle of business.

(Reference – Annual Cycle of Business, submitted).

3. Rolling Actions Log

The Rolling Actions Log (RAL) up to date to February 2021 was presented to the Committee.

Decision

- 1) To agree to close the following actions:
 - Action 3 – Long Term Strategy Proposal and Transformation Programme Update.
 - Action 5 – Shaping Health Futures Report.
 - Action 7 (1) – Multimorbidity.
 - Action 9 (1) – Climate Change Charter.
 - Action 10 – Joint Strategic Needs Assessment Framework.
- 2) To move Action 8 – Home Care Robots from the RAL to the Annual Cycle of Business.
- 3) To clarify the correct process for the incoming membership replacement for Eddie Balfour.

(Reference – Rolling Actions Log, submitted)

4. Strategy Progress Update

An update on the Strategic Plans Programme was presented to committee, which included updated information on the high-level design, principles and considerations of the Programme, as well as the potential next steps and outcomes of the Plan.

Members noted the ambitious targets and timeframes of the Plan, and expressed support towards the strong Ends, Ways and Means approach.

Members expressed concerns surrounding the funding of the elements of the Strategic Plan. With the recently published Feeley Report likely to shape Scottish Government Election manifestos in the coming weeks and months, members noted that a picture of how the Edinburgh Integration Joint Board's Strategic Plan would be funded would become clearer.

Concerns were also noted surrounding the absence of children and families throughout the Plan, with other IJB's throughout the country performing strongly in this area with children and families being part of their Strategic Plan. It was noted that the area of children and families seems to be absent from the Feeley Review, making it difficult to weave into the Strategic Plan at this moment.

Gaps were noted to be of a concern in relation to data collecting and analysis, which was noted to be of great importance in the monitoring and

delivering of the Plan. These concerns would continue to grow as a result of a vacant position after a colleague from LIST had moved to a seconded post.

Decision

- 1) To note the presentation.
- 2) To revise the presentation of the Strategic Plan to make it more understandable in the public eye.
- 3) To revise the placement of 'Prevention and Early Intervention Fully Embraced' in the 18+ years Horizon.

(Reference – Report by the Head of Strategic Planning, EHSCP, submitted).

5. Climate Change Charter

Following further consideration after the last Futures meeting, committee were presented with a draft version of the Climate Change Charter. The Charter outlined the Edinburgh Integration Joint Board's (EIJB) commitment, pledges of support and changes to business practices which allow the Board to contribute to the goal of a net zero carbon emission Edinburgh by 2030.

Members still noted concerns on certain areas of the charter that would need addressing before being submitted to the EIJB. The main concern surrounded the common approach that would be required across all IJBs and the Council in order to achieve the goal of a net zero carbon Edinburgh by 2030. A harmonised approach across all parties would allow a greater chance of achieving the goals.

Further, members were keen to be provided with the measurement tools that would be used to measure the effectiveness of the Charter. Although not detailed in the report, the Carbon Tool was the mechanism that would measure the impact the Charter had, which again was noted to be a tool that, ideally, would be rolled out across all partnership organisations to promote common action.

Members were particularly encouraged with the idea of Climate Change Board Champions. These Champions could initially be Board members, but in the long term, the post could be filled by anyone (public, Board members etc.) who has a passion and strong drive for the work the Charter is trying to achieve.

Decision

- 1) To consider the draft EIJB Climate Change Charter.
- 2) To refer the refined draft EIJB Climate Change Charter to the EIJB for consideration and adoption.

- 3) To consider the recommendations for climate change board member champions.
- 4) To amend the first line of paragraph 3 (p41) for clarity.
- 5) To circulate the Climate Tool presentation around members for information.
- 6) To circulate the final draft of the Climate Change Charter to members before it's circulation with the EIJB papers.

(Reference – Climate Change Charter, report by the Head of Strategic Planning, EHSCP, submitted).

6. Edinburgh Pact

A revised definition of the Edinburgh Pact was presented to the committee following a request from the previous meeting. The report included a definition, information on the current status of the Pact, potential outcomes of the Pact and Key Performance Indicators (KPIs) that are used to measure effectiveness and growth.

The approach of the Edinburgh Pact was supported by members, with the use of positive language throughout – especially in relation to ‘people’ – allowing it to be accessible and appropriate for the public, as well as the wider EIJB.

Members also noted the fluidity of the Pact, with the current definition and current principles allowed to evolve in line with an evolving health and social care scenario throughout the city.

The next steps for the Pact were now noted to be to work on how the actions and aspirations can fit and act within the strategic plan of the EIJB.

Decision

- 1) To note and support the principles, aspiration and translation to action on the ground of the Edinburgh Pact.

(Reference – Report by the Head of Strategic Planning, EHSCP, submitted).

7. Building Relationships and Maximising Opportunities with Academia

Dr Linda Irvine-Fitzpatrick presented to the committee on the benefits of using academia to build relationships and maximise opportunities for the Edinburgh Integration Joint Board.

Members noted the positive collaborative potential of working with academia, with the possibility of working across all institutions across Edinburgh.

Concerns arose over the potential for funding and development of working with academia. Although it was agreed to hold great potential, it was noted that currently, there is not a great capacity in terms of resources and funding. Members agreed that this perception could be challenged and hopefully resource could be acquired, given the potential benefits of the work.

Decision

1) To note the presentation.

(Reference – Report by Dr Linda Irvine-Fitzpatrick, submitted).

8. Date of next Committee Meeting

The next meeting was confirmed for Thursday 8 April 2021 to be held virtually via Microsoft Teams.

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Minute

IJB Performance and Delivery Committee

12.30pm, Wednesday 20 January 2021

Microsoft Teams

Voting Members:

Councillor Melanie Main (Chair), Councillor Phil Doggart and Richard Williams.

Non-Voting Members:

Colin Beck, Helen Fitzgerald

In Attendance:

Matthew Brass (Clerk)

Ian Brooke (EVOC)

Nikki Conway (Locality Manager – South East Edinburgh, EHSCP)

Helen Elder (Executive Management Support, EHSCP)

Sebastian Fischer (VOCAL)

Deborah Mackle (Locality manager – South West Edinburgh, EHSCP)

Jenny McCann (Programme Manager, EHSCP)

Graeme McGuire (NHS Lothian – Assistant Finance Manager)

Moir Pringle (Chief Finance Officer, IJB)

David Walker (CEC Senior Accountant)

Philip Brown (CEC Strategy & Communications)

Apologies:

Tony Duncan (Head of Strategic Planning, EHSCP)

1. Minute

The minute of the Performance and Delivery Committee from 16 November 2020 was presented for approval and any matters arising.

Decision

- 1) To approve the minute as a correct record.
- 2) To agree to producing a briefing note as agreed to in the decisions on the Annual Review of Directions at the previous meeting.

2. Savings and Recovery Programme 2020-2021 Update

An update on the 2020-21 Savings and Recovery Programme was presented to the Committee. The report provided information on how the Programme aligned with both the IJB's Savings Governance Framework and the IJB's Transformation Programme to provide an update on the previously agreed £15.9m in year savings, whilst ensuring consistency and collaboration throughout.

Members noted progress has been made throughout all projects within the Programme, with five projects having fully achieved their savings targets and a further five on track to deliver or exceed their targets. Out of the nineteen projects, the remaining were noted to have been delayed as a result of the COVID-19 pandemic, however assurance was given that financial balance would be achieved across the whole Programme either through underspend or slippage in other budget areas, or through Scottish Government funding via mobilisation plans.

Members expressed concerns regarding the impact on care as a result of significant savings, specifically regarding carers. However, assurances were given that saving areas were subject to comprehensive care assessments, alongside reviews included in practices such as the Good Practice Forum, to ensure that support provided by – and to – carers was not left underfunded.

Decision

- 1) To note the current position of the 2020/21 Savings and Recovery Programme
- 2) To agree that a further report is provided to the next meeting of the Performance and Delivery Committee on 14 April presenting the anticipated end of year position for 2020/21 Savings and Recovery Programme
- 3) To consider the inclusion of a rolling programme of 'deep dives' into projects, to provide them with a broader perspective.
- 4) To circulate a summary surrounding the best practice of the care assessments, including who is involved and how the result is achieved.

- 5) To bring potential areas relevant for the 'deep dives' rolling programme to the following meeting.

(Reference – Report by the Chief Finance Officer, submitted).

3. Work Programme

The Work Programme for January 2021 was presented to Committee.

Decision

To note the Work Programme

(Reference – Work Programme, submitted).

4. Outstanding Actions

The Outstanding Actions updated for this meeting were submitted. With a number of actions recommended for closure relating to items on the agenda for this meeting – and these items producing further action after consultation – it was agreed to leave all actions open and note the remaining outstanding actions.

Decision

To note the remaining outstanding actions.

(Reference – Outstanding Actions, submitted).

5. Finance Update

An update on the in year projected financial performance was presented to Committee. The report provided updated figures up to Period 8 (November 2020) from the Council and NHS Lothian.

Overall, the latest financial projections indicated a year end overspend of £19.2m, which reflected a deterioration from the previous financial update from October, which estimated a £17.9m overspend. This has been largely due to increased purchasing costs. Although the financial position and projections showed a negative position, members were assured that Scottish Government (SG) officials have emphasised their intention to fully fund the financial impact of COVID-19, with this promise reinforced after the Cabinet Secretary announced a £1bn funding package at the end of September. It was noted that the majority of this funding has not been included in the report, and work is ongoing and will be throughout the financial year to get an accurate figure of COVID-19 related offset to ensure no underfunding.

Funding has been received from NHS Lothian from the SG, with £78m being received in December 2020, £60m of which was allocated to the Health Board and £18m for Health and Social Care partnerships.

Members expressed concerns over the allocation of funding, specifically, the NHSScotland Resource Allocation Committee (NRAC) formula. Under this formula, the Edinburgh Integration Joint Board (EIJB) would be allocated funding based on their projected budget and allocated costs, both of which – in previous years – have been under-projected. As a result, members expressed concerns that the NRAC formula would not cover the actual costs incurred by the EIJB. This problem was noted to have already taken a negative effect on drug and alcohol misuse funding in the past – the effects of which could be used as a reference in future conversations.

Although it was noted that the effects of this may not be seen over the next few years, members agreed that sitting on the issue until the effects are seen would not be appropriate, and further discussion would be needed to consider how to tackle the problem.

Decision

- 1) To note the current year end forecasts provided by NHS Lothian and the Council.
- 2) To note the funding allocations received to date to meet the additional costs of COVID-19.
- 3) To note that further and a final allocation will be agreed in January 2021.
- 4) To note that increased confidence around the full recovery of the costs associated with COVID-19 has led to the Chief Finance Officer giving the Integration Joint Board moderate assurance on the financial out turn for delegated services.
- 5) To produce a report on the problems incurred through the NRAC formula funding allocation and welcome suggestions at the next meeting on how and when to approach the IJB to consider these implications.

(Reference – Report by the Chief Finance Officer, submitted).

6. NHS Lothian Financial Overview – Acute (Delegated Services)

A report providing an overview of the year-to-date position and projected financial overrun for the Financial Year (FY) 2020-21 of delegated services was presented to Committee. The report also outlined the uncertainty with the current financial planning process for FY2021/22 and beyond.

It was noted that the overspend on delegated services was £2.7m at the end of month 8, with forecasts estimating a total overspend of £4.9m at the year end. However, the flexibility of this forecasting was stressed to members, with uncertainty surrounding fluctuations in demand, capacity and the impact of COVID-19 – both in terms of overspend and increased funding – on the workforce.

This flexible forecasting was also reported through the financial planning process for FY2021/22, with an expectation that the financial pressures on set aside services will be

driven by increased staffing costs and anticipated growth in medicines, as well as the ongoing costs of the Pandemic. The SG uplift settlement and further allocations of COVID-19 funding add further flexibility and ambiguity to this planning process.

Members noted concerns over how the budget-setting process was carried out for set aside, and in turn, how the budget was set across all EIJB services. The discussion surrounded – but was not limited to – the following points:

- How the IJB Strategy is reflected in the Set Aside strategy: Members expressed concerns that the Set Aside strategy was not aligned with the IJB Strategy, which raised questions of the wider goal of achieving a truly integrated system.
- How realistic is the strategy/budget: Members raised concerns over how the budget and strategy was originally formed. From previous years – and this paper would suggest for the following years – the budget appeared to be consistently missed – not just in relation to Set Aside services, but IJB-wide. Members suggested an unrealistic budget made it difficult to effectively manage and deliver services, and for the EIJB to gain necessary assurance; set services up to fail in the eye of public; made it difficult to argue the case for increased funding.
- Does the budget need to be realistic or do services need to operate differently: Members recognised that there has been a consistent overspend on budget in previous years – and now projected for the following years – however, revisions to the budget could prove detrimental to care levels. As a result, members questioned whether it was possible to achieve the budget whilst services operated in their current manner. Members suggested that services – such as Set Aside services – had to revise their practices in order to align with the budget, rather than consistently setting an unrealistic budget which would never be achieved and result in significant overspend.

Following discussion, members agreed that their concerns would be presented to the IJB in an appropriate manner. The Chair welcomed contributions to help formulate a report on the subject.

Decision

- 1) To note the year-to-date position.
- 2) To present to committee a detailed response on how the wider IJB Strategy is implemented throughout the Set Aside strategy.
- 3) To produce a report surrounding member's concerns of IJB Strategy and budget-setting, and how realistic these processes are. The produced report would be referred to the EIJB for consideration.

(Reference – Report by the Chief Finance Officer, submitted).

7. Transitions for Young People with a Disability from Children to Adult Services.

A report on the Transition for Young People with a Disability from Children to Adult Services was presented to Committee. The report updated members of the progress made surrounding the five key action points in relation to the Transition at the IJB in December 2018. The five key action points were:

- A single point of contact.
- Starting transitions work earlier.
- Information to young people and families.
- Provide accommodation options.
- Communication approaches.

Progress across all action points was noted apart from the provision of accommodation, which had been adversely impacted as a result of the COVID-19 Pandemic, however, the opportunities identified will now be delivered across 2021.

Concerns were expressed surrounding the data used throughout the report, with a very low number of young people reported to be moving to adult services. Members also were left questioning what services were included in the data – whether the data reflected learning disability services or physical disability services, or both.

Concerns also surrounded the lack of evidence in the paper as to whether any impact assessments had been carried out since the original report was presented to Committee in December 2018. It was agreed that an impact assessment would aid with the confusion surrounding the data throughout the report, and bring clarity as to what services were included in the transition from children to adult services.

Decision

- 1) To note the updates on the five key action points in relation to young people with a disability.
- 2) To update and circulate an impact assessment (if one had been carried out) – OR – explore the options to carry out an impact assessment in order to get an accurate representation of the figures relating to the number of young people transitioning from children to adult services.
- 3) To present to the committee up-to-date information regarding the specific differences the work has made since the original report in 2018.

(Reference – Report by the Head of Strategic Planning, submitted).

8. Date of Next Meeting

Wednesday 14 April 2021 via Microsoft Teams.



Minute

IJB Strategic Planning Group

10.00am, Wednesday 20 January 2021

Virtual Meeting – Via Microsoft Teams

Present: Ricky Henderson (Chair), Councillor Robert Aldridge, Colin Beck, Philip Brown, Christine Farquhar, Stephanie-Anne Harris, Linda Irvine-Fitzpatrick, Michele Mulvaney, Rene Rigby, Ella Simpson and Hazel Young.

In attendance: Matthew Brass, Jessica Brown, Tony Duncan, Donna Gilroy, Katie McWilliam, Alana Nabulsi, Moira Pringle, Martin Scott, Julie Tickle and Jay Sturgeon

Apologies: Angus McCann, Belinda Hacking and Nigel Henderson

1. Minutes

Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 10 November 2020 as a correct record.

2. Rolling Actions Log

The Rolling Actions Log for November 2020 was presented to Committee.

Decision

- 1) To agree to close the following action:
 - Action 3 – Decision Making Framework
- 2) To otherwise note the remaining outstanding actions

(Reference – Rolling Actions Log, submitted.)

3. Annual Cycle of Business

The annual cycle of business was presented to Committee.

Decision

To note the annual cycle of business.

(Reference – Annual Cycle of Business, submitted.)

4. Strategy Progress Update

An update was provided on the next strategic planning cycle. Work on the next 3-year strategic commissioning plan was due to start imminently. The transformation programme would remain a central component. In October 2020, the Edinburgh Integration Joint Board (EIJB) approved the intent to produce a concise higher-level strategic vision for the EIJB, which was not bound by time, and guided future 3- year strategic planning cycles. The Futures Committee was sponsoring the development of the higher-level strategic vision and approved the approach and framework on 2 December 2020.

A consultation and engagement programme were being constructed to support the planning cycle. The key timings for the 3-year strategic commissioning plan 2022-25 was the production of the first draft in August 2021 and the publishing of the final draft in March 2022.

The following points were raised and discussed:

- The planning cycle would be carried out on an intelligence led basis.
- The narrative around the Ends was helpful and a good summary of the Partnerships aspirations and should be worked into the final details.
- A consultation and engagement programme was being constructed. The consultation would begin late February 2021 through to April 2021 and would focus on sustainability work. Following this, a proposition would be made to the Executive Team to run the consultation until the Strategic Commissioning Plan is ready for consultation.
- Emphasising the Partnership's commitment to the work of the Poverty Commission. There was a recognition that health inequalities and other inequalities cannot be addressed by some services on their own.
- A work programme had been developed around addressing drug related deaths. This had been distributed around IJB Board members but could also be circulated to SPG members to allow them to see what had been planned and invested in.

Decision

- 1) To note the approach and frameworks to the next planning cycle.
- 2) To note the timeline and milestones for development and production of the next 3-year strategic commissioning plan 2022-25.
- 3) To agree to produce a stakeholder map to show how different partners link to the different strands.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

5. Joint Strategic Needs Assessment (JSNA)

A Joint Strategic Needs Assessment (JSNA) was intended to underpin the strategic planning functions, in particular the Strategic Plan. Strategic commissioning guidance, published by the Scottish Government in 2015, set out an expectation that developing and updating Strategic Plans should be part of an iterative, cyclical process, supported by analysis of available data. A JSNA was required to analyse the needs of local populations and inform and guide the commissioning of health, wellbeing and social care services.

An update on the Joint Strategic Needs Assessment (JSNA) work programme, the content framework and associated timescales.

Decision

- 1) To note the planning work that has been undertaken to develop the JSNA and the approach to delivery.
- 2) To note that research being carried out by EVOC on the state of the sector would be shared prior to its publication.

(Reference – report by the Head of Strategic Planning, Edinburgh Health and Social Care Partnership, submitted.)

6. Transformation Programme Update

A presentation providing an update on the Transformation Programme was presented to Committee.

The Transformation programme was formally launched in February 2020. A team of project managers were recruited to support the development and delivery of major change and innovation. There were four main programmes of work, structured around the 3 Conversations model, with a further programme of crosscutting, enabling change.

Governance boards were established to oversee the programme, with a wide range of board members. Boards met monthly to agree proposals, unblock barriers and drive progress. There were some delays due to Covid-19, but a “Return to Transformation” was approved by the Edinburgh Integration Joint Board in July 2020 and good progress now being made.

Regular meetings were set up with colleagues in the Council who were involved with the Adaptation and Renewal Programme to identify areas of cross-over and synergy. Discussions would take place between the Strategy Manager and the Change Manager about how they can look in a partnership context and explore the use of existing facilities to promote wider promotion.

The Group noted that there was no lay representation on any of the Programme Boards but this was something that would be considered and discussed offline with Christine Farquhar

Decision

- 1) To note the presentation on the Transformation Programme.

- 2) To note that the RAG status of some of the projects noted in the meeting papers were shown as green but should have been amber and that a correct version would be circulated to the Group.

7. Community Investment Project – Edinburgh Health and Social Care Pact – Formulation to Enactment

Dr Linda Irvine Fitzpatrick provided a presentation on the next stages of the Edinburgh Pact.

Dialogue had taken place with city leaders, focus groups, front line staff, members of the public and through photo voice exhibition. These conversations were ongoing, and Dr Linda Irvine Fitzpatrick noted she would be happy to speak with carer groups about the work being done and to be informed by the carers experience and knowledge. Six key themes were identified around shared purpose, relationships, community mobilisation, radical transformation, ability and measuring and evidencing change. Three Conversations, One Edinburgh, Workforce Strategy, 20-minute neighbourhood and the bed-based review were identified as enablers which would help the partnership enact that different relationship with the citizens of Edinburgh. Gaps had been identified in earlier conversations so Black and Minority Ethnic communities and faith communities were reached out to.

A lot of work had been conducted around early enactment activities. A lot of interest and enthusiasm had been generated from different partners. Two data Date Driven Innovation Programmes with University of Edinburgh had attracted separate funding streams. One was around Communities in Motions; this was an attempt to achieve a deep understanding on how citizens best use commissioned mental health services and what data can and should be collected. The other was Active Citizenship, this involved outlining a prototype “wellmometer” system through which people, could identify opportunities to improve their wellbeing and monitor progress along a person-centred wellness journey.

Key activities within both streams included:

- Workshops to develop user stories.
- Co-creation of tools and prototypes with end users.
- Technical design and build through understanding user requirements.
- Evaluation of project impact
- integrating feedback from the users

Ongoing dialogue was frames around how outcomes could be improved. It was clear that personal relationships improve care and that human contact and engagement was important both at points of crisis and moments of change.

There was an opportunity for a new collaboration between state, citizens and their communities to address the drivers of rising demand. This required transforming that desire for influence in principle into a willingness to participate in practice.

Discussions had taken place about how the new community paradigm leading to community commissioning would be introduced. It was noted that a transfer of power from the public service institution to the community as its key goal. This transfer of power was vital as a way of mobilising communities in the cause of prevention and to ensure future sustainability.

Community commissioning key milestones were highlighted. Development would occur at the Edinburgh IJB on 12 January 2021, the SPG 20 January 2021 and a stakeholder workshop on 27 January 2021. The proposal would be taken to the Edinburgh IJB in April 2021 and the decision to renew any current grant funded contracts and selection of anchor organisations would be made in June 2021. The tranche 1 of commissioning would commence in September 2021 and Tranche 2 February 2022.

Decision

To note the presentation.

8. Valedictory Remarks

The Chair gave thanks to Ella Simpson for serving on the Strategic Planning Group and wished her well for the future.

9. Date of Next Meeting

To note that the next Strategic Planning Group meeting would be held at 10.00am on Wednesday 17 March 2021.

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