



Notice of Meeting and Agenda

Edinburgh Integration Joint Board

10.00 am, Tuesday, 21st March, 2023

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 Any items under "Private Business" will not be published, although the decisions will be recorded in the minute.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

Email: lesley.birrell@edinburgh.gov.uk

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

- | | | |
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| 4.1 | Minute of the Edinburgh Integration Joint Board of 28 February 2023 -submitted for approval as a correct record | 5 - 10 |
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5. Forward Planning

- 5.1 None.

6. Items of Strategy

- | | | |
|-----|---|---------|
| 6.1 | Savings and Recovery Programme 2023-2024 – Report by the Chief Finance Officer, Edinburgh Integration Joint Board | 11 - 46 |
| 6.2 | 2023-24 Financial Plan – Report by the Chief Finance Officer, Edinburgh Integration Joint Board | 47 - 66 |

7. Items of Performance

7.1 None.

8. Items of Governance

8.1 None.

9. Committee Updates

9.1 None.

Board Members

Voting

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Councillor Euan Davidson, Elizabeth Gordon, George Gordon, Peter Knight, Councillor Claire Miller, Councillor Max Mitchell, Peter Murray and Councillor Vicky Nicolson.

Non-Voting

Bridie Ashrowan, Robin Balfour, Colin Beck, Heather Cameron, Christine Farquhar, Helen FitzGerald, Ruth Hendery, Kirsten Hey, Rose Howley, Grant Macrae, Jacqui Macrae, Allister McKillop, Moira Pringle, Judith Proctor and Emma Reynish.

Webcasting of Integration Joint Board meetings

Please note that that this meeting may be filmed for live or subsequent broadcast via the Council's internet site – at the start of the meeting the Chair will confirm if all or part of the meeting is being filmed.

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If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact Committee Services (committee.services@edinburgh.gov.uk).



Minute

Edinburgh Integration Joint Board

10.00am, Tuesday 28 February 2023

Hybrid Meeting in the Dean of Guild Court Room, City Chambers, High Street, Edinburgh and remotely by video conference

Present:

Board Members:

Councillor Tim Pogson (Chair), Angus McCann (Vice-Chair), Bridie Ashrowan, Robin Balfour, Heather Cameron, Councillor Euan Davidson, Christine Farquhar, Helen Fitzgerald, Elizabeth Gordon, George Gordon, Kirsten Hey, Rose Howley, Peter Knight, Jacqui Macrae, Councillor Claire Miller, Councillor Max Mitchell, Councillor Vicky Nicolson, Moira Pringle, Judith Proctor and Emma Reynish.

Officers: Angela Brydon, Hazel Stewart and David White.

Apologies: Ruth Hendery and Peter Murray.

1. Order of Business – Additional Report – Drumbrae Care Home Status Report

In terms of Standing Order 7.4, the Board agreed that the additional report on Drumbrae Care Home Status report, which had been notified to the Chair at the start of the meeting, should be ruled urgent and considered at this meeting.

2. Minute

The minute of the Edinburgh Integration Joint Board meeting of 13 December 2022 was submitted for approval as a correct record.

Decision

To approve the minute as a correct record subject to the following amendments:

- 1) **Apologies** - To record Helen Fitzgerald's apologies in the minute.
- 2) **Item 10 – Committee Update Report (Decision 2)** – To record this as an action and to note that this would be picked up as part of the annual review of governance arrangements.

3. Rolling Actions Log

The Rolling Actions Log updated to February 2023 was presented.

Decision

- 1) To agree to close Action 1 – Committees Annual Assurance Report – referral from the Audit and Assurance Committee.
- 2) **Action 4 – Bed Based Review – Public Consultation on the Future Provision of Older People's Care** – To agree that the Chief Officer would provide an update to Board members on the arrangements for the pre-consultation meeting with the Trades Unions.
- 3) **Action 5 – EIJB Risk Register** – To add an expected completion date of April 2023.
- 4) To add "ModernGov Access for External Members" to the rolling actions log.
- 5) To otherwise note the updates in the rolling actions log.

(Reference – Rolling Actions Log, submitted)

4. Annual Cycle of Business

The Board's annual cycle of business for the period to December 2023 was presented.

Decision

- 1) To review the annual cycle of business to ensure the timetable captured the full range of the Board's regular and other scheduled pieces of work throughout the year.
- 2) To add Inspections to Items of Strategy.
- 3) To ask Board members to contact the Board's Operations Manager with any specific areas of work to be added to the timetable.

- 4) To note that the draft IJB Annular report would be presented firstly to the Strategic Planning Group and thereafter to the Board in August 2023.

(Reference – Annual Cycle of Business, submitted)

5. General Medical Services Provision in South-East Edinburgh – Liberton High School Campus

The Business Case for General Medical Services Provision in South-East Edinburgh at Liberton High School Campus was presented.

The proposal sought capital funding from NHS Lothian and the Standard Business Case had been prepared in line with the guidance contained in the Scottish Capital Investment Manual.

Decision

- 1) To agree the proposal to develop GP Premises in the City of Edinburgh Council led Liberton High School Campus redevelopment.
- 2) To note that, this proposal resulted from an opportunity to undertake a collaborative project with City of Edinburgh Council to include a GP Practice in the Liberton High School Campus ('20 Minute Neighbourhood' related development).
- 3) To note that the Initial Agreement (Liberton High School Campus) was submitted and approved by the Edinburgh Integration Joint Board and NHS Lothian in 2020.
- 4) To note that the Standard Business Case (Liberton High School Campus) was submitted and approved by the Edinburgh Integration Joint Board Strategic Planning Group on 24 January 2023.
- 5) To note that a separate Initial Agreement (IA) (South-East Outer GP Provision), to provide General Medical Services provision to the population expansion at the southern boundary of the locality was also submitted and approved by Edinburgh Integration Joint Board and NHS Lothian in 2020. To note that this was subsequently submitted to Scottish Government, where it currently awaited consideration as a population increase related scheme.
- 6) To agree to the submission of the Standard Business Case to the NHS Lothian Capital Investment Group, in accordance with the capital prioritisation process.
- 7) To note the recent position of Scottish Government, to pause all NHS capital commitments.
- 8) To note the impact of withdrawal from this project, due to start construction in early 2023.

- 9) To agree that the Chair would write to the Scottish Government and NHS Lothian expressing the Board's concerns about the recent position of Scottish Government to pause all NHS Lothian capital commitments and the detrimental impact withdrawal from this project would have on the provision of medical services in South-East Edinburgh but to iterate that the Board were open to dialogue in terms of seeking a positive solution to the issue.
- 10) To agree that any response would be reported back to the Board.

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

6. Escalation Report

In 2021, the Board agreed a Climate Change Charter which outlined the Board's commitment, pledges of support and changes to business practices to help Edinburgh meet its net zero carbon emission target by 2030. The Charter also committed to appointing two Climate Change Champions.

Section 14.2 of the updated Integration Scheme specified that both NHS Lothian and the City of Edinburgh Council would provide the Edinburgh Integration Joint Board with sufficient support to enable it to fully discharge its duties in relation to risk management.

Since 2017, the EIJB Chief Finance Officer had also undertaken the role of Chief Risk Officer. The internal audit report into risk management arrangements had highlighted that good progress had been made in development of the EIJB's risk management framework with an effective audit outcome.

Whilst noting that the current arrangements were effective, members of the Board's Audit and Assurance Committee had expressed some concerns around a potential conflict of interest with the dual roles being undertaken by the same person and had referred the matter to the Board for consideration.

Decision

- 1) To appoint Councillor Miller as one of the Board's Climate Change Champions.
- 2) To agree that further information on the Climate Change Champion role be provided to George Gordon for his consideration.
- 3) To welcome the offer from EVOG to support the Board's Climate Change Champions through the work of their Climate Forum and the Scottish Government supported Climate Action Hub.
- 4) To agree to proceed with recruitment to the Chief Risk Officer post on a part-time basis.
- 5) To note there was no identified Edinburgh Integration Joint Board budget for this post and that the costs would require to be identified from within existing resources.

- 6) To welcome the offer of support from EVOC towards exploring innovative ways of advertising the post.

(References – EIJB Performance and Delivery Committee 30 November 2022; EIJB Audit and Assurance Committee 5 December 2022; report by the Chief Officer, Edinburgh Integration Joint Board, submitted)

7. Drumbrae Care Home – Status Update

An update was provided on the actions taken leading up to the closure of Drumbrae as a care home together with the actions which had taken place post-closure of the facility.

Information was provided on an alternative development option with some alterations to the conditions set which would focus on ensuring withdrawal from Liberton Hospital and creating and maintaining flow across beds and go forward with operationalising 30 beds at Drumbrae and maintaining the lease on Ferryfield House until the end of its lease in October 2027.

This transitional position would give the Partnership time as a whole system to undertake the pathway review from hospital to community to understand the range of beds in use across the system and would inform strategic plans for community infrastructure and bed-based service provision in the medium to long term.

Decision

- 1) To note the briefing on the status of Drumbrae Care Home, the steps taken leading up to the closure of the facility as a care home and the actions taken post-closure.
- 2) To agree that a further update report be provided to the Board on Drumbrae Care Home as matters progressed.
- 3) To agree that a further report be brought to the Board to include information on the following:
 - The wider strategic issues of the bed-based review and the impact of the bed-based public consultation
 - Governance processes, methodology and current data around the NHS modelling of the bed-based review.
 - A full system-wide pathway review.
- 4) To refer the following process issues to the Audit and Assurance Committee for review with a request that the outcome of these considerations be reported back to the Board:
 - Ways of improving information sharing and communication with stakeholders, the workforce and Board members

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

8. Finance Update

An update was presented on the financial performance of delegated services for the first nine months of the year. This showed a projected year end overspend of £2.7m and represented a deterioration from the position reported to the Board in December 2022 driven by an increase in externally purchased care costs and prescribing expenditure.

Decision

- 1) To note the financial position for delegated services to 31 December 2022.
- 2) To note the moderate assurance of a break-even position for 2022/23 provided by the Chief Finance Officer.

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

9. Appointment to the Strategic Planning Group

Information was provided on a vacancy which had arisen on the Edinburgh Integration Joint Board's Strategic Planning Group following the resignation of the previous Public Health member on the Group.

Decision

To appoint Flora Ogilvie to the Strategic Planning Group as a non-voting member representing Public Health.

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

10. Committee Update Report

An update was provided on the work of the Edinburgh Integration Joint Board Committees which had met since the last Board meeting.

Decision

To note the work of the committees and the draft minutes.

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

11. Edinburgh Integration Joint Board Vice-Chair

The Chair informed Board Members that Angus McCann, Vice-Chair would be stepping down from his role in June 2023.

Decision

The Board recorded its thanks to Angus for his considerable expertise and contribution to the work of the Edinburgh Integration Joint Board.



EIJB REPORT

Savings and Recovery Programme 2023-24

Edinburgh Integration Joint Board

21 March 2023

| | |
|--------------------------|---|
| Executive Summary | The purpose of this report is to present the proposed 2023-24 Savings and Recovery Programme for consideration in the approval of the 2023-24 Financial Plan. |
|--------------------------|---|

| | |
|------------------------|---|
| Recommendations | <p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Agrees proposals 8 – 12, which form the Savings and Recovery Programme for 2023-24, as set out in this report and associated appendices. 2. Agrees the proposed plan to review and finalise IIAs for individual projects and the programme, set out in appendix 4. |
|------------------------|---|

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 financial impact of the 2022-23 Savings and Recovery Programme is inherent in the direction accompanying the 2022-23 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 complex environment. Health and social care services are under pressure due to tightening resources, increasing demands, workforce shortages leading to a requirement to prioritise.
3. We are faced with a significant disparity between the level of funding available, and the anticipated costs to deliver the IJB's delegated services at an expected level of outcomes. The combination of these factors threatens the sustainability of our health and social care system.
4. Following a combined budget offer of £809.4m from the City of Edinburgh Council and NHS Lothian, and the projected costs for delegated services totalling £856.4m the EIJB has an estimated £47m savings requirement going into 2023-24 as shown in table 1 below:

| | Total £m |
|------------------------------|---------------|
| Indicative delegated budgets | 809.40 |
| Projected delegated costs | 856.40 |
| Savings requirement | £47.00 |

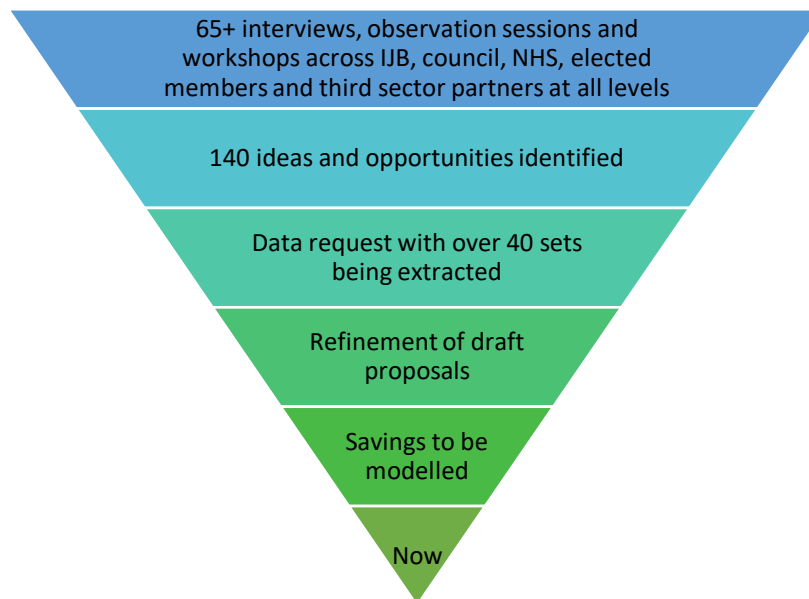
Table 1: Projected IJB savings requirement 2023-24

EIJB Savings and Recovery Programme

Developing the Savings Programme

5. The Savings Programme for 2023-24 has been developed in tandem with the Medium Term Financial Strategy for the EIJB. Engagement has taken place with stakeholders across the EIJB, Council, NHS Lothian, elected members and third sector partners. Workshop sessions, dedicated team discussions and utilisation of existing forums (e.g. budget holder meetings, Strategic and Operation Forums, Project Working Groups and Savings Governance Board meetings) have helped to inform options.

6. Picture 1, below, shows a summary of the process which has been applied in developing options for both the Savings and Recovery Programme 2023 – 24 and the Medium Term Financial Strategy.



Picture 1: Approach to developing options

7. Potential proposals have been 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.
8. Alongside this process, the EIJB members participated in four budget working group meetings and a Budget Question and Answer (Q&A) session, which have informed and shaped the development of the programme. Whilst not decision-making forums, the working group meetings and the budget Q&A session have provided opportunity for members to consider the proposed content of the 2023-24 Savings and Recovery Programme.
9. In 2020/21 a clear framework was agreed to support the delivery of a Savings and Recovery Programme. This is included at Appendix 1 and this framework has been applied to the 2023-24 Programme. The framework considers not only the requirement for immediate savings to ensure financial balance, but also supports a clear and structured approach for future years that aligns with our partners financial planning processes.

The 2023/24 Savings Programme

10. Within the 2023-24 Savings and Recovery Programme there are 12 savings projects and proposals which have been structured under three sections detailed in Table 2 below.

| | Category | Description |
|----------|---|---|
| 1 | Operational/Grip and Control Proposals | <ul style="list-style-type: none"> 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 <p>OR</p> <ul style="list-style-type: none"> Projects that promote grip and control by ensuring effective financial management or implementation of policies, procedures & processes leading to efficiencies. <p>As a result, these have been identified as projects not requiring EIJB approval, but for which Project Overviews have been provided in Appendix 3.</p> |
| 2 | Previously approved proposals | Proposals under section 2 are projects that have previously been approved by the EIJB, but that will have an additional financial impact in 2023-24. |
| 3 | New Proposals | These are new projects that are presented to the EIJB for formal approval as part of the Savings and Recovery Programme for 2023 – 24. |

Table 2: Programme framework categories

11. A summary of all proposals under these categories is included in Appendix 2. Proposals 8 -12 are presented for formal approval. Project overviews have been provided for all projects in Appendix 3.
12. To monitor progress and provide scrutiny, delivery of the programme will be overseen by the Savings Governance Board, chaired by the Chief Officer. Furthermore, a quarterly update report will be provided to the EIJB's Performance and Delivery Committee.

Integrated Impact Assessments (IIAs)

13. 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 make or maintain performance improvements. However, it should be noted that these proposals should be considered in the wider context of the work and services commissioned by the EIJB (for which there is a total budget of c£850m), and through which there are opportunities to positively impact upon equality, human rights, the environment and the economy.

14. To enable a properly informed decision-making process, potential impacts have been identified for each individual savings proposal. These impacts have been identified through the completion of Integrated Impact Assessments (IIAs), where appropriate.
15. For the proposal previously approved by the EIJB (Overnight Support), the associated IIA was reviewed and can be found on the EHSCP website: [Integrated Impact Assessments – Overnight Responder Service - Edinburgh Health & Social Care Partnership \(edinburghhsc.scot\)](https://www.edinburghhsc.scot/Integrated-Impact-Assessments-Overnight-Responder-Service)
16. 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 it is not possible to assess impact; or where an IIA is planned at a later date. IIAs and IIA statements have been published on the EHSCP website: [Integrated Impact Assessments - Edinburgh Health & Social Care Partnership \(edinburghhsc.scot\)](https://www.edinburghhsc.scot/Integrated-Impact-Assessments).
17. While a final IIA is a required document for a decision or approval, it should be noted that the IIAs completed for all proposals are evolving documents. IIA's will be kept under review and are required to be refreshed and updated as part of the ongoing assurance activities for each project within the programme. This is in recognition of the fact that further consultation and engagement with staff and stakeholders and gathering of further evidence, will inform options being proposed and the approach to implementation. Proposed dates to review individual IIA's has been provided in Appendix 4.
18. In addition to individual IIAs/IIA statements for each of the proposals, a cumulative programme IIA has been completed (Appendix 5). 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. Like the individual proposal IIAs, the cumulative IIA will be reviewed and revised as projects develop and to reflect any additional impacts identified.
19. The completion of the cumulative IIA has highlighted that attention should be given to the impact on older people, those with a disability, low income families and carers and steps to mitigate against any negative impact, have been identified within the IIA recommendations and actions.
20. Ongoing risks associated with the individual proposals and programme will be monitored and managed via the Savings Governance Board and escalated through the agreed governance route as appropriate.

Financial Impact of Savings and Recovery Programme

21. The financial impact of 2023-24 Savings and Recovery Programme on the overall savings requirement is summarised in table 3 below.

| <i>Savings and Recovery Programme</i> | £m |
|---|---------------|
| Savings Requirement | £47.00 |
| 1. Operational Grip and Control Proposals | £6.20 |
| 2. Previously Approved Proposals | £1.15 |
| 3. New Proposals | £4.10 |
| Total savings | £11.45 |
| Remaining Gap | £35.55 |

Table 3: Financial Impact of Savings Programme

22. The financial plan for 2023-24 currently remains unbalanced, with the proposed Savings and Recovery Programme not bridging the gap between anticipated income and expected costs. Assuming the proposals within the Savings and Recovery Programme are approved in full, a savings gap of £35.55m remains.

Medium Term Financial Strategy

23. Identification and development of savings proposals which are aligned with strategic intent and do not have significant detrimental impacts on service delivery is increasing difficult to achieve. There are few savings opportunities which can be delivered during the course of 2023-24 which will not impact to some degree on services and outcomes for individuals. It is recognised however, that in order to achieve financial balance, further proposals must be implemented both in-year and beyond and that these are likely to have more significant negative impacts.

24. Our Innovation and Sustainability programme has developed an alternative approach to evolve 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 Innovation and Sustainability programme has been working to redesign systems to facilitate earlier interventions at lower costs with sustained outcomes supporting health and wellbeing.

25. Over recent months, further planning has been undertaken to widen the scope of the programme and place a firmer emphasis on the delivery of financial benefits. Development of a Medium-Term Financial Strategy (MTFS) is underway, which builds on the work to date and aims to transform and improve services whilst delivering significant financial efficiencies, enabling the sustainability of health and social care services in Edinburgh.

26. The MTFS will involve the planning and implementation of both tactical improvements and large-scale, strategic change and transformation over the next 5 years. Further information on this approach and the route to financial balance is included within a separate report on this agenda which sets out the Financial Plan for 2023-24.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal / risk implications

28. The key risk to the EIJB is that the Savings and Recovery Programme proposals presented for approval today do not deliver sufficient level of savings to ensure a balanced budget. Further proposals, are currently being scoped as part of the Medium Term Financial Strategy and further details of this are provided in the separate Financial Plan report on this agenda.

Equality and integrated impact assessment

29. Integrated impact assessments have been undertaken, where appropriate, for both the individual savings proposals and the programme. 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

30. 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.

31. There are no further specific implications arising from this report.

Quality of care

32. Integrated impact assessments have been undertaken for both the individual savings proposals and the programme.

Consultation

33. This report has been prepared with the support of the colleagues in the City of Edinburgh Council and NHS Lothian.

Report Author

Moira Pringle, Chief Finance Officer, Edinburgh Integration Joint Board

Contact for further information:

Name: Moira Pringle

Email: moira.pringle@nhslothian.scot.nhs.uk Telephone: 0131 469 3867

Name: Jessica Brown

Email: Jessica.brown@edinburgh.gov.uk

Telephone: 0131 529 5211

Background Reports

1. Integrated Impact Assessments and Integrated Impact Statements have been completed for all proposals which can be found on the EHSCP Website:
<https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>

Appendices

| | |
|------------|--|
| Appendix 1 | 2023-24 Savings Programme Structure |
| Appendix 2 | 2023-24 Savings and Recovery Programme - Detailed Table |
| Appendix 3 | 2023-24 Savings and Recovery Programme Project Overviews |
| Appendix 4 | 2023-24 Savings and Recovery proposed plan to review and finalise IIAs |
| Appendix 5 | 2023-24 Savings and Recovery Programme Cumulative IIA |

Appendix 1: EIJB Savings Programme Structure

1. Previously approved proposals from 2022/23

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 2023

Appendix 2: 2023-24 Savings Programme - Detailed Table

| Total Savings and Recovery Programme | | | £11.45M |
|---|-------------------------------------|------------------------------|----------------|
| No. | Title | Lead | Amount (£m) |
| Operational/ Grip and Control Projects | | | |
| 1 | Purchasing | Nikki Conway/ Deborah Mackle | £0.40 |
| 2 | Prescribing | Anna Duff | £2.60 |
| 3 | Community Equipment | Heather Tait | £0.20 |
| 4 | Hosted and Set Aside | Moira Pringle | £2.80 |
| 5 | Housing Support | Deborah Mackle | £0.45 |
| 6 | Transport | Deborah Mackle | £0.15 |
| Previously approved | | | |
| 7 | Overnight Support * | | £1.15 |
| New proposals | | | |
| 8 | Contract Uplifts | Moira Pringle | £0.20 |
| 9 | Review Blood Borne Virus Investment | Moira Pringle | £0.20 |
| 10 | Pentland Ward Investment | Moira Pringle | £1.10 |
| 11 | Reduce Community Investment Fund | Linda Irvine-Fitzpatrick | £1.00 |
| 12 | Reduced commissioned interim beds | Nikki Conway | £1.60 |
| TOTAL | | | £11.45M |

* Agreed at EIJB on 22 March 2022:

<https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=6298&Ver=4>

Appendix 3: 2023-24 Savings and Recovery Programme Project Overviews

| | | | | | |
|-----------------------------------|---|--------------------------|-------------------|---|---|
| No. | 01 | Savings Proposal: | Purchasing | Lead: | Deborah Mackle & Nikki Conway |
| Proposal Summary (Scope) | <p>Ongoing programme of practice and process review and improvement to ensure fiscal control in the delivery of statutory obligations. To focus initially on effective debt recovery/debt management, particularly in relation to “Gross Funding” of residential care placements. Gross Funding is a type of funding where the Council agrees to pay the whole cost of an individual’s care home fee when they lack capacity, have been assessed as requiring residential care and where no access to funds has been established. The maximum rate paid for this placement should not exceed the National Care Home Contract rate (this is a national contract which is negotiated across Scotland and full engagement of Scottish Councils via COSLA) and should only be paid until the individual’s finances are established and the costs are then recovered. This proposal will ensure more effective systems and processes for that recovery.</p> <p>Further grip and control workstreams to be developed throughout the year.</p> | | | Financial Impact | |
| Impacts | <p>As this involves better application of existing policy and legislation and no reduction in service or change in policy, it is identified that an IIA is not required. An IIA Statement has been completed for this proposal which is located on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot).</p> | | | <p><i>Full Year Target for 23/23 (£m)</i></p> | £0.40 |
| Benefits & Disbenefits | <ul style="list-style-type: none"> • Consistency and equity in funding decisions, in line with existing charging policy and legislation • Appropriate debt recovery ensures funding is available to meet the needs of other citizens • Improved practice, systems and processes • Improved accountability for spend | | | <p><i>Delivery Investment</i></p> | Nil |
| Risks/ Considerations | <ul style="list-style-type: none"> • Some people may no longer receive the same level of funding to access the same level of care and support previously provided, although this will be in line with agreed policy and legislation. | | | Dependencies | <ul style="list-style-type: none"> • Development of the wider Medium Term Financial Strategy |
| | | | | Strategic Alignment | <ul style="list-style-type: none"> • Making best use of capacity across the system • Managing our resources effectively |

| | | | | | |
|------------|-----------|--------------------------|--------------------|--------------|-----------|
| No. | 02 | Savings Proposal: | Prescribing | Lead: | Anna Duff |
|------------|-----------|--------------------------|--------------------|--------------|-----------|

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|-----------------------------------|---|
| Proposal Summary (Scope) | Each year, the NHS Lothian Primary Care Pharmacy team identify proposals aimed at delivering efficiencies in the primary care prescribing budget across NHS Lothian. The 23/24 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. 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. |
| Impacts | A session to review and update the Integrated Impact Assessment is planned for April 23 and will be completed on a pan-Lothian basis. The previous IIA for prescribing is located on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot) . |
| Benefits & Disbenefits | <ul style="list-style-type: none"> • Supports delivery of financial stability through cost effective prescribing • Improves patient access to evidence-based medication and multidisciplinary medication review, minimising inappropriate polypharmacy and supporting self-care. |
| Risks/ Considerations | <ul style="list-style-type: none"> • Pharmacy and practice time to implement plan will be at the expense of other operational priorities and workstreams • Rising cost of medicines leading to greater pressure on prescribing budget |

| | |
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| Financial Impact | |
| <i>Full Year Target for 23/24 (£m)</i> | £2.6 |
| <i>Delivery Investment</i> | Nil |
| Dependencies | GP and stakeholder engagement is maintained to deliver efficiencies. |
| 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. | 03 | Savings Proposal: | Community Equipment | Lead: | Heather Tait |
|------------|-----------|--------------------------|----------------------------|--------------|--------------|

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| Proposal Summary (Scope) | <p>The Community Equipment Loans Service provides a range of equipment to enable people to live independently at home for as long as possible. This is a pan-Lothian service funded jointly on a recharge basis.</p> <p>This is a grip and control proposal which will involve the following:</p> <p>Phase 1: Review internal CELS processes, criteria for provision, stock control, SLAs and crisis delivery service, ensure tighter financial accountability via devolved budgeting and development of a clear communications strategy for equipment access.</p> <p>Phase 2: Improve the financial accountability to the 3 partnerships and at locality level.</p> <p>By devolving budgets support improved financial processes and access to data, allowing greater scrutiny and accountability against budgetary spend</p> |
| Impacts | <p>Devolved budgets: will lead to more sustained grip and control over spend and greater scrutiny and accountability against budgetary spend.</p> <p>Community Equipment Loan Model: review of equipment and criteria for Community Equipment; streamlining processes and introduction of a ‘future proofed’ strategy for provision of equipment, will support people to leave hospital, prevent admissions and support end of life care. Aligned to both the prevention and crisis intervention work streams.</p> <p>An IIA was completed in March 23 and is available on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot).</p> |
| Benefits & Disbenefits | <p>Benefits</p> <ul style="list-style-type: none"> • Consistency in assessment and associated equipment • Clearer and fairer processes • Improved systems and processes • Improved accountability and transparency of the process including decision making • Improved reporting, and audit trails |
| Risks/ Considerations | <p>Increase in raw material and equipment costs and supply chain delays may impact target-setting and delivery of identified savings</p> |

| | |
|---|--|
| Financial Impact | |
| <i>Recurring Savings for 23/24 (£m)</i> | £0.20 |
| <i>Delivery Investment</i> | NIL |
| Dependencies | <ul style="list-style-type: none"> • Clinical teams based within localities carry out assessments and order equipment. Close working with these teams will be required to achieve efficiencies. |
| Strategic Alignment | <ul style="list-style-type: none"> • Prevention and early intervention • Person Centred Care • Managing our resources effectively |

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|------------|-----------|--------------------------|----------------------|--------------|---------------|
| No. | 04 | Savings Proposal: | Hosted and Set Aside | Lead: | Moira Pringle |
|------------|-----------|--------------------------|----------------------|--------------|---------------|

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| Proposal Summary (Scope) | Hosted services are operationally managed by a HSCP or business unit within NHS Lothian on behalf of two or more of the Lothian IJBs. Similarly set aside services are acute, hospital based and are operationally managed by NHS Lothian on behalf of all 4 IJBs. Operational business units within NHS Lothian are expected to breakeven and demonstrate 3% efficiency savings on a yearly basis. Each business unit will develop savings plans locally and some of these will involve services hosted on behalf of IJBs. The development, implementation and monitoring of these schemes will take place in accordance with local arrangements. Several proposals have been identified via this route and are reflected in the NHS Lothian financial plan |
| Impacts | An Integrated Impact Assessment (IIA) will be conducted alongside the review to ensure any potential equalities, human rights, environmental or economic impacts, are appropriately considered and mitigated. Due consideration will be also given to equalities regarding proposed changes to service delivery resulting from the review. The IIA will be updated to reflect this in recognition that this should be an ongoing part of any service review. Currently, there is no anticipated impact on staff. |
| Benefits & Disbenefits | Impacts and benefits will be assessed at local business unit level, the share of any savings realised will be allocated to Edinburgh IJB based on the existing NHS Lothian mechanisms for attributing expenditure to IJBs. |
| Risks | These are assessed locally and monitored through local governance arrangements |

| Financial Impact | |
|--|--|
| <i>Full Year Target for 23/24 (£m)</i> | £2.80 |
| <i>Delivery Investment</i> | Nil |
| Dependencies | These are assessed locally and monitored through local governance arrangements. |
| Strategic Alignment | <ul style="list-style-type: none"> • Best use of capacity across the system • Managing our resources effectively |

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|------------|----------|--------------------------|------------------------|--------------|----------------|
| No. | 5 | Savings Proposal: | Housing Support | Lead: | Deborah Mackle |
|------------|----------|--------------------------|------------------------|--------------|----------------|

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|-----------------------------------|---|
| Proposal Summary (Scope) | <p>There are a number of individuals across the city who receive housing support as part of their package of care. Housing support is a chargeable service. There are 3 identified workstreams to be developed as part of this proposal:</p> <ul style="list-style-type: none"> • Reviewing data to ensure that housing support is correctly coded and therefore charged appropriately; • Reviewing packages of care to ensure that housing support tasks address a critical or substantial need and should continue; and • Where ongoing housing support is appropriate, exploring alternative commissioning approaches. Housing support is currently provided via a range of home care providers and there may be opportunities to source more cost effective alternatives, potentially via third sector organisations. |
| Impacts | <p>An IIA has been completed and is available on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot) This will be reviewed and updated as the project progresses.</p> <p>Potential impacts could include: Possible cessation or reduction of service for individuals; Service being delivered by alternative organisations; Charges being applied.</p> |
| Benefits & Disbenefits | <p>Benefits:</p> <ul style="list-style-type: none"> • Grip and control to ensure that housing support being provided is appropriate and meets a currently eligible need; • Equity and fairness in application of charging policies ; • Effective and efficient commissioning to ensure best value • Potential growth within community sector and better links with community organisations • Free up capacity within home care providers to support more people with personal care <p>Disbenefits:</p> <ul style="list-style-type: none"> • May adversely impact service users who have come to rely on this kind of support if the level of their service is reduced or removed Potential business impact for current providers if the same level of demand is not needed • |
| Risks/ Considerations | A full assessment of all risks, considerations and issues will be carried out as part of the development of this proposal |

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| Financial Impact | |
| <i>Full Year Target for 23/24(£m)</i> | £0.45 |
| <i>Delivery Investment</i> | Nil |
| Dependencies | <ul style="list-style-type: none"> • Community mobilisation • One Edinburgh |
| Strategic Alignment | <ul style="list-style-type: none"> • Person Centred Care • Best use of capacity across the system • Managing our resources effectively |

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No. 06**Savings Proposal:****Community Transport****Lead:****Deborah Mackle**

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| Proposal Summary (Scope) | The community transport programme within the City of Edinburgh Council is working towards greater usage of group transport, investing additional funds in Public Social Partnership models with the third sector. This will replace existing individual taxi journeys for those whose needs can be appropriately met by a group transport alternative. It is also introducing new “flexi route” software to ensure more intelligent route planning and scheduling of transport. The EHSCP is already working in partnership with CEC colleagues to deliver better grip and control around transport within localities. The resulting efficiency is estimated to be £0.15m. |
| Impacts | An IIA Statement has been completed for this proposal which is located on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot/) . |
| Benefits & Disbenefits | Benefit: <ul style="list-style-type: none"> Increased opportunities for people through widening networks and capacity building Increased scope for innovative alternatives to transport eg travel training, use of technology and for increasing independence amongst current taxi users Disbenefits: <ul style="list-style-type: none"> A move to group transport may involve longer journeys for some individuals. This change would only be made where it is clear that an individual’s needs can be appropriately met in this way. It is recognised that not all people currently in receipt of taxi travel will be suitable for transition. |
| Risks/ Considerations | Some risk that transport users and carers may resist any change. Mitigated through clear and appropriate engagement and communication. |

| | |
|---------------------------------------|--|
| Financial Impact | |
| <i>Full Year Target for 23/24(£m)</i> | £0.15 |
| <i>Delivery Investment</i> | Nil |
| Dependencies | Dependencies with the City of Edinburgh Council’s transport programme and Medium Term Financial Plan. This proposal forms part of the wider approach to identify efficiencies across the transport infrastructure. |
| Strategic Alignment | <ul style="list-style-type: none"> Tackling Inequalities Person Centred Care Best use of capacity across the system Managing our resources effectively |

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|------------|-----------|--------------------------|--------------------------|--------------|----------------------|
| No. | 07 | Savings Proposal: | Overnight Support | Lead: | Mark Grierson |
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| Proposal Summary (Scope) | A new contract has been arranged to provide night-time responder services for those individuals with an assessed need for overnight support. This contract has capacity to support 30 new service users in 23/24, with the saving representing the difference between the average cost per person of the responder service (£3800 per annum), compared with the average cost per person of a traditional sleepover service (£40,900 per annum). The responder service would be used only where it has been assessed that an individual's needs can be appropriately met by this service. |
| Impacts | An Integrated Impact Assessment was completed when this contract was first established and is available on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot) This IIA has been reviewed and remains relevant. |
| Benefits & Disbenefits | <p>Benefits</p> <ul style="list-style-type: none"> • Greater independence and less intrusion for those requiring support during night time hours, while still providing assurance of response if/when required • Substantially cheaper than traditional sleepover services <p>Disbenefits</p> <ul style="list-style-type: none"> • Perception that support delivered by technology presents more risks |
| Risks/ Considerations | <ul style="list-style-type: none"> • Risk that full saving is not delivered if there are insufficient service users identified whose needs can be appropriately met in this way. |

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|---------------------------------------|---|
| Financial Impact | |
| <i>Full Year Target for 23/24(£m)</i> | £1.15 |
| <i>Delivery Investment</i> | Nil |
| Dependencies | There may be dependencies with the LD Pathways Review. These will be monitored and managed throughout the lifecycle of the project. |
| Strategic Alignment | <ul style="list-style-type: none"> • Person Centred Care • Best use of capacity across the system • Managing our resources effectively |

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|------------|-----------|--------------------------|-------------------------|--------------|---------------|
| No. | 08 | Savings Proposal: | Contract Uplifts | Lead: | Moira Pringle |
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| Proposal Summary (Scope) | <p>The Scottish Government provides additional funding to IJBs to meet the costs of uplifting contracts, however the funding provided for 23-24 does not fully meet the projected costs. This has happened in previous years and the shortfall accounts for c£4m of the IJB's budget gap.</p> <p>It is proposed that where there are specific funding streams in place which are not part of baseline funding arrangements, that these funding streams pick up the additional cost pressure relating to contract uplifts from any identified slippage or non-committed funds. This includes Thrive, The Edinburgh Alcohol and Drug Partnership (EADP) and Carers funding. It is proposed that this is monitored throughout the year and that the contract uplift pressure would only be applied to these funding streams where there is sufficient flexibility to do so without affecting any existing commitments. This is in line with the approach taken for other increased costs associated with these funding streams (eg pay awards).</p> |
| Impacts | An IIA Statement has been completed for this proposal which is located on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot) . |
| Benefits & Disbenefits | <p>Benefits:</p> <ul style="list-style-type: none"> No adverse impacts on any existing plans or commitments within these funding streams <p>Disbenefits:</p> <ul style="list-style-type: none"> Slippage which is used to fund contract uplifts would not be available for investment in other new priorities |
| Risks/ Considerations | <ul style="list-style-type: none"> If no available slippage in year from these funding streams, then there is a risk that this savings cannot be delivered |

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| Financial Impact | |
| <i>Full Year Target for 21/22 (£m)</i> | £0.20 |
| <i>Delivery Investment</i> | Nil |
| Dependencies | EADP Carers Strategy Thrive |
| Strategic Alignment | <ul style="list-style-type: none"> Best use of capacity across the system Managing our resources effectively |

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|------------|----------|--------------------------|-------------------------------------|--------------|---------------|
| No. | 9 | Savings Proposal: | Blood Borne Virus Investment | Lead: | Moira Pringle |
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| Proposal Summary (Scope) | <p>Prior to the pandemic the IJB invested c£0.6m in bed-based blood borne virus (BBV) services provided at Milestone House. Demand for these beds reduced over time, as advances were made in treatment. During the pandemic, the facility at Milestone House was repurposed and it became an intermediate care unit. Following evaluation of this service a business case to make this change permanent has now been agreed.</p> <p>The associated costs are funded from a number of sources – the baseline BBV monies, a charitable foundation and the Edinburgh Drug and Alcohol Partnership. This in turn allows a saving of £0.2m to be delivered from the baseline BBV monies.</p> |
| Impacts | <p>An IIA Statement has been completed for this proposal which is located on the EHSCP website here: : Integrated Impact Assessments – Edinburgh Health & Social Care Partnership (edinburghhsc.scot).</p> |
| Benefits & Disbenefits | <ul style="list-style-type: none"> No impact on service delivery model as intermediate care business case is full funded |
| Risks/ Considerations | <ul style="list-style-type: none"> The proposal assumes no additional community based BBV services are required – some risk if a greater need for this emerges Funding for intermediate care unit only supported for a 5 year period – future funding source may need to be identified |

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| Financial Impact | |
| <i>Full Year Target for 22/23 (£m)</i> | £0.20 |
| <i>Delivery Investment</i> | Nil |
| Dependencies | Establishment of intermediate care facility at Milestone House |
| Strategic Alignment | <ul style="list-style-type: none"> Managing our resources effectively |

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|------------|-----------|--------------------------|------------------------------|--------------|----------------------|
| No. | 10 | Savings Proposal: | Pentland Ward Closure | Lead: | Moira Pringle |
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| Proposal Summary (Scope) | <p>Pentland Ward was a Hospital Based Continuing Complex Care (HBCCC) ward located on the Royal Edinburgh hospital site, delivering older peoples' mental health inpatient service. In October 2022, due to difficulties in recruitment of registered nurses, a decision was taken to merge it with Canaan ward, thereby closing Pentland on a recurring basis.</p> <p>The annual cost of running Pentland was £1.1m, as the service is delegated the Integration Joint Board has a decision on how to invest this funding. As part of the Savings and Recovery Programme 2023-24, it is proposed that this recurring funding is taken as a saving.</p> |
| Impacts | <p>Since no plans were in place to agree how the £1.1m could be invested, it is not possible to assess the impacts of this decision. It is accepted that there is an opportunity cost attached to the loss of the funding, as it will no longer be available to support delivery of strategic objectives, however specific impacts cannot be assessed. An IIA Statement has been completed for this proposal which is located on the EHSCP website here: : Integrated Impact Assessments – Edinburgh Health & Social Care Partnership (edinburghhsc.scot).</p> |
| Benefits & Disbenefits | <ul style="list-style-type: none"> • Opportunity cost – if the funds are taking as a saving, we are unable to use it to deliver on our strategic ambitions. |
| Risks/ Considerations | <ul style="list-style-type: none"> • If alternative funding cannot be identified for new community infrastructure, then there is a risk that people could potentially remain in inappropriate hospital settings for longer |

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|---------------------------------------|---|
| Financial Impact | |
| <i>Full Year Target for 22/23(£m)</i> | £1.10 |
| <i>Delivery Investment</i> | Nil |
| Dependencies | <ul style="list-style-type: none"> • Bed Based Review • Home First • Mental health commissioning |
| Strategic Alignment | <ul style="list-style-type: none"> • Managing our resources effectively |

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|------------|-----------|--------------------------|-----------------------------|--------------|--------------------------|
| No. | 11 | Savings Proposal: | Community Investment | Lead: | Linda Irvine-Fitzpatrick |
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| Proposal Summary (Scope) | <p>The EIJB has set aside £1m of recurring funding for community investment and to support activity around the community mobilisation project. This is in addition to its community grants programme.</p> <p>As part of our Community Mobilisation project and to support the aims of the Edinburgh Pact, various commitments have been made via the Community Mobilisation project over a 3 year period to fund projects and tests of change. Slippage from previous years and the availability of winter funding means that there is sufficient flexibility to honour these commitments, but remove the recurring £1m funding with effect from 23-24.</p> |
| Impacts | <p>This proposal represents a loss of opportunity rather than a direct impact on community services. It is recognised that the £1m funding could have supported further activity in the community sector to support our strategic aims and ambitions. However, it is not possible to accurately articulate the impacts, as the funding had not been allocated to specific initiatives on a recurring basis. An IIA Statement has been drafted and is located on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot).</p> |
| Benefits & Disbenefits | <ul style="list-style-type: none"> • Projects already committed to under the Community Mobilisation project can still be delivered in line with existing plans and commitments • Opportunity cost from loss of investment in future activity |
| Risks/ Considerations | <p>Some risks to the wider Community Mobilisation workstream and the ability of third and community sector organisations to continue to resource partnership working approaches in future, in line with the Edinburgh Pact</p> |

| | |
|---------------------------------------|---|
| Financial Impact | |
| <i>Full Year Target for 23/24(£m)</i> | £1.00 |
| <i>Delivery Investment</i> | Nil |
| Dependencies | <ul style="list-style-type: none"> • Community Mobilisation • Edinburgh Pact • Three Conversations |
| Strategic Alignment | <ul style="list-style-type: none"> • Managing our resources effectively |

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|------------|-----------|--------------------------|---|--------------|--------------|
| No. | 12 | Savings Proposal: | Reduce commissioned interim beds | Lead: | Nikki Conway |
|------------|-----------|--------------------------|---|--------------|--------------|

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| Proposal Summary (Scope) | <p>55 Interim Beds were commissioned in 2021, utilising funding from the Scottish Government, to assist with system pressures and provide additional bed capacity during the pandemic and to ease flow from hospital through the winter months. This funding will cease from 31 March 2023. Pressures remain in the system and as at the end of February 23, 46 of these beds were occupied.</p> <p>This proposal would involve ongoing commissioning of 45 beds, a reduction of 10.</p> |
| Impacts | <p>An IIA was completed in March 23 and is available on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot).</p> <p>Some people may be delayed in hospital for longer than previously due to the reduction in interim bed capacity, however, every effort will be made to find suitable solutions. There may also be an impact on people waiting to access a hospital bed. The reduction in capacity within the system may cause some impacts relating to flow, with a corollary impact on staff supporting affected individuals. However, the proposal may increase capacity within the private sector. Focus will be on finding appropriate longer term care to avoid the need for people to move twice.</p> |
| Benefits & Disbenefits | <p>Benefits:</p> <ul style="list-style-type: none"> • Reduction in number of beds will ease the unfunded budget pressure • Care home capacity within the private sector will increase for self-funders <p>Disbenefits:</p> <ul style="list-style-type: none"> • Risks exist to flow and capacity, delayed discharge performance may deteriorate • There will be a reduction in capacity for reablement, therapy and support in a homely setting |
| Risks/ Considerations | <p>A full assessment of all risks, considerations and issues will be carried out as part of the development of this proposal, however, there are risks associated with the reduction in capacity and the impact on flow and delayed discharge performance.</p> |

| | |
|---------------------------------------|---|
| Financial Impact | |
| <i>Full Year Target for 23/24(£k)</i> | £1,600 |
| <i>Delivery Investment</i> | Nil |
| Dependencies | <ul style="list-style-type: none"> • One Edinburgh • Bed-Based Review • Home First |
| Strategic Alignment | <ul style="list-style-type: none"> • Person Centred Care • Best use of capacity across the system • Managing our resources effectively |

Appendix 4 2023-24 Savings and Recovery proposed plan to review and finalise IIAs

| Project Number | SRO | Project Name | IIA Status on EHSCP site | Recommendation | IIA Proposed Review date |
|----------------|------------------------------|---------------------------|---------------------------|--|--------------------------|
| 1 | Nikki Conway/ Deborah Mackle | Purchasing | IIA Statement - Published | Statement completed and published. No further action required at this time. | - |
| 2 | Anna Duff | Prescribing | IIA Completed - Published | IIA completed in 22/23. Pan-Lothian IIA review session scheduled for April 23 to update as required. | Apr-23 |
| 3 | Heather Tait | Community Equipment | IIA Completed – Published | IIA completed in March 23 and published. To be kept under review as plans develop and updated. | Jun-23 |
| 4 | Moira Pringle | Hosted and Set Aside | IIA Statement - Published | No further action at this time. March 21 IIA statement reviewed and still relevant. | - |
| 5 | Deborah Mackle | Housing Support | IIA Completed - Published | IIA completed in March 23. To be kept under review and updated as plans develop. | Jun-23 |
| 6 | Deborah Mackle | Community Transport | IIA Statement - Published | IIA statement published. No further action required at this time. Keep under review. | Jun-23 |
| 7 | Mark Grierson | Overnight Support | IIA Completed - Published | IIA completed in February 2022 when contract for responder service was developed. Reviewed and still appropriate. IIA will be kept under review. | Jun-23 |
| 8 | Moira Pringle | Contract Uplifts | IIA Statement - Published | IIA statement published. No further action required at this time, but will be monitored throughout the year. | Jun-23 |
| 9 | Moira Pringle | Blood Borne Virus Service | IIA Statement – Published | IIA Statement published. No further action required at this time. | - |
| 10 | Moira Pringle | Pentland Ward closure | IIA Statement – Published | Statement published. Final. No further action required. | - |
| 11 | Linda Irvine-Fitzpatrick | Community Investment | IIA Statement – Published | Statement published. Final. No further action required. | - |
| 12 | Nikki Conway | Interim Bed Reduction | IIA Completed - Published | IIA completed in March 2023 and published. Will be kept under review and updated as plans develop. | Jun-23 |

Appendix 5 2022-23 Savings and Recovery Programme Cumulative IIA

Integrated Impact Assessment

Summary Report Template

Each of the numbered sections below must be completed

| | | | | |
|----------------|--|--------------|---|-----------------------|
| Interim report | | Final report | ✓ | (Tick as appropriate) |
|----------------|--|--------------|---|-----------------------|

- 1. Title of plan, policy or strategy being assessed**
Edinburgh Integration Joint Boards (EIJB's) Savings Programme 2023/24 – Cumulative Integrated Impact Assessment

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

We have a legal duty to set a balanced budget each year. To meet our commitment to a fairness test for key decisions and our legal obligations under the Equality Act 2010, we carry out integrated impact assessments (IIAs or Impact Statements) of proposals that will result in a change to services or policies in the next financial year.

It is recognised that the opportunities for developing and effectively delivering significant savings proposals within a single financial year has become increasingly challenging and brings risk to performance and quality outcomes. In the current financial climate, the delivery of further savings will depend on complex funding, workforce and service change and redesign initiatives, that extend past a single financial year. To address this, we need to evolve our thinking and adopt a longer term, strategic approach. As a result, we are developing our medium term financial strategy (MTFS), which will address sustainability in the longer term and avoid the need to relentlessly develop savings programmes that lead to inefficient "salami slicing". Effectively the MTFS is a set of longer term transformation change projects, expected to deliver improved care and financial benefits as part of a multi-year programme.

However, the planning and implementation of such large-scale, strategic change takes time and many of the financial benefits will only be realised over a number of years. 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 2023/24 to help bridge the transition to this new approach.

The savings proposals have been developed, to where possible help:

- Achieve a balanced budget
- Improve efficiencies in service delivery
- More effectively target resources
- Minimise negative impacts on service delivery and outcomes for individuals.

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.

As well as the impact of individual proposals, it is essential to consider how our overall plan could affect people. In this report, we have tried to consider the emerging cumulative impacts of our proposals from several perspectives. The information and evidence used to inform this cumulative analysis draws on the individual IIAs produced for proposals that will change services in 2023-24.

Summaries of the proposals will available on the City of Edinburgh Council website from the 13th March 2023 when papers will be published in advance of the EIJB meeting on the 21st March 2023.

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

The Saving Recovery Programme is currently undergoing option approval. Several budget workshops involving EIJB members, including elected members and non-executive NHS Board members have taken place.

The proposals align as far as possible with the intentions of the strategic direction laid out within the EIJB Strategic Plan, though it is recognised that the current challenging financial situation means that some savings proposals may not be without impact.

4. Date of IIA: 8th March 2023

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 |
|------|----------|-----------|----------------------|
|------|----------|-----------|----------------------|

| | | | |
|-----------------------------|---------------|---|---------------------------|
| Moira Pringle | Lead Officer | Chief Finance Officer | |
| Sarah Bryson | Facilitator | Planning & commissioning Officer | Nov 2017 |
| Nancy Brown | Report writer | Finance Programme Manager | Scheduled for 22 Mar 2023 |
| Rhiannon Virgo | Contributor | Project Manager | Feb 2020 |
| Jessica Brown | Contributor | Innovation and Sustainability Senior Manager | |
| Peter Pawson | Contributor | Interim Director for Savings and Transformation | |
| Deborah Mackle | Contributor | Locality Manager - South West Edinburgh | |
| Nikki Conway | Contributor | Locality Manager – South East Edinburgh | |
| Dr Linda Irvine Fitzpatrick | Contributor | Strategic Programme Manager for Mental Health and Wellbeing | |
| Denise McInerney | Note Taker | Executive Assistant | Scheduled for 22 Mar 2023 |

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>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i> | Yes | Provides current and projected data on the wider population in the City of Edinburgh (Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)) |

| Evidence | Available? | Comments: what does the evidence tell you? |
|--|------------|---|
| <p><i>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</i></p> | Yes | <p>Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated).</p> <p>Actions highlighted as needed to address these include:</p> <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. <p>https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf</p> |
| <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p> | Yes | <p>Details the Strategic direction of the EHSCP</p> <p>https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p> |
| <p>Data on service uptake/access</p> | No | See individual IIAs |
| <p>Data on equality outcomes:</p> <p><i>Individual Savings Proposals IIAs</i></p> | Yes | <p>Completed/Interim IIAs and IIA statements for the 2022/23 savings programme proposals (will be available here: https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/) and provide details of identified impacts that may come from the implementation of the proposed changes:</p> <ol style="list-style-type: none"> 1. Purchasing (Statement) 2. Prescribing (IIA) 3. Community Equipment (IIA) 4. Hosted and Set Aside (Statement) 5. Contract Uplifts (Statement) 6. Community Transport (Statement) 7. Learning Disability Overnight (IIA) 8. Review Blood Borne Virus Investment (statement) 9. Pentland Ward Closure (Statement) 10. Community Investment funding (Statement) 11. Commissioned Interim Beds (IIA) |

| Evidence | Available? | Comments: what does the evidence tell you? |
|---|------------|---|
| | | 12. Housing Support (IIA) |
| Research/literature evidence | No | See individual IIAs |
| Public/patient/client experience information | No | See individual IIAs |
| Evidence of inclusive engagement of service users and involvement findings <i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i> | Yes | See individual IIAs 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 <u>The Strategic Plan</u> is currently being refreshed and engagement is underway. An interim IIA for the new Strategic Plan is scheduled for late March 23. |
| Evidence of unmet need <i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i> | Yes | See individual IIAs Details the health needs and priorities for the people of Edinburgh 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> | Yes | Health and social care services face a challenging time, with the impacts and consequences of the Covid pandemic still evident and ongoing problems with recruitment and retention of key workforce groups, increasing risk and impacting service delivery and quality. The EHSCP has made performance improvements in key areas over the last 12 months, in relation to delayed discharge, unmet need and waits for assessment. However, backlogs and waiting lists still exist in some areas. There is some risk that any savings proposals which impact on capacity and flow through the system could make it more difficult to make and maintain performance improvements. |

| Evidence | Available? | Comments: what does the evidence tell you? |
|------------------------------|------------|--|
| | | <p>Several of the savings proposals represent an “opportunity cost” where funding that could have been made available to support development of community infrastructure has instead been taken to the bottom line as a recurring saving. While it is not possible to accurately assess the specific impacts of such proposals, since no specific plans for investment had been developed, it is recognised that without alternative funding being identified, this will impact on our ability to invest in services and initiatives that would help to deliver on some of the ambitions set out in the EIJB Strategic Plan.</p> <p>Impacts identified within each individual budget proposal IIA have been considered to undertake this cumulative impact assessment.</p> |
| Other (please specify) | | <p>The Independent Review of Adult Social Care https://www.gov.scot/groups/independent-review-of-adult-social-care/</p> <p>A National Care Service for Scotland: Consultation A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</p> |
| Additional evidence required | | |

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

| | |
|---|---|
| <p>Equality, Health and Wellbeing and Human Rights</p> <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>Positive The savings proposals take a person-centred/human right and assets-based approach as far as is possible, and are guided by the values, priorities, and guiding principles of the EIJB’s Strategic Plan</p> <p>There will be an opportunity to help ensure choice, control and equality of outcomes for people. Service provision will be based on needs rather than people’s expectations, with priority given to the most vulnerable.</p> <p>Priority will be given to the most vulnerable and a focus on ensuring equity of access across the population</p> <p>In order to deliver savings and improvements required, all services cannot continue to be delivered as they currently are. Those affected (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>There is an opportunity to incorporate technological solutions to aid and provide flexible access to service delivery.</p> <p>Changes will provide a level of support which we can afford, that achieves current and future sustainability.</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>Important to ensure consistency, equity and fairness in application of charging policies and debt recovery policies, with effective and efficient commissioning to ensure best value.</p> <p>Negative Savings will be made through efficiencies and improved effectiveness, which may result in some people not</p> | <p>Affected populations</p> <p>All people who receive services – more of which are older people, people with disabilities and carers</p> <p>All people who receive services – more of which are older people, people with disabilities and carers</p> <p>All people who receive services</p> <p>All people who receive services</p> <p>All people who receive services</p> <p>All people who receive services</p> <p>All staff</p> <p>All people who receive services</p> |
|---|---|

| | |
|---|--|
| <p>receiving the same support to that which they currently receive or would expect to.</p> <p>Some services may be delivered through a different approach, or through different providers, which 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>Cumulative impact of proposals, if not carefully managed and monitored, could affect flow through the system and result in people spending more time in inappropriate care settings such as hospital, negatively affecting outcomes for individuals.</p> <p>Anxiety and stress due to perceived or actual financial and/or safety concerns with obtaining and receiving care.</p> <p>Steps will be taken to ensure those with poor health literacy skills, language difficulties and those with limited or no digital skills or with less online access are taken into account and not disadvantaged whilst developing any technology enabled services or any move to a more self-managed care approach</p> <p>Staff</p> <p>Positive Clear operational and organisational policies and procedures will protect and help support staff in their roles and provide a level of confidence.</p> <p>Clear performance measures to support expectations and understanding of roles and responsibilities within and across teams and individuals.</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 help increase staff morale.</p> <p>Flexible approaches to working are likely to lead to digital investment to support the workforce, enabling them to deliver services in a different way, providing opportunities for innovation and skills development.</p> <p>Negative The changes may bring additional stress and a sense of loss if staff feel that they are not able to provide the services which they think people are entitled to.</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>All Staff</p> <p>All staff</p> <p>All Staff</p> <p>All Staff</p> <p>All staff</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 citizens (including people in receipt of services, families and unpaid carers). Changes to service provision may lead to a rise in the number of complaints which may also be stressful/anxiety provoking and can place a considerable time burden on staff.</p> | <p>All staff</p> |
| <p>Staff shortages, recruitment and retention issues has continued to impact the physical and mental health and wellbeing of the current workforce. With less personnel in posts, overall workloads have increased. This has resulted in increased anxiety and stress in staff associated with a lack of capacity to provide safe and optimal care services on an ongoing and sustained basis. Delivery of identified savings proposals could increase workload for some groups of staff involved in implementation.</p> <p>Steps will be taken to ensure staff are supported and any impacts are minimised.</p> | <p>All staff</p> |

| Environment and Sustainability including climate change emissions and impacts | Affected populations |
|---|-----------------------------|
| <p>Positive</p> <p>The EIJB commitment to influencing and encouraging an environmentally responsible approach to the provision of health and social care services in Edinburgh wherever possible, through its strategic aims and decision-making processes</p> <p>Both NHS Lothian and City of Edinburgh Council have carbon reduction plans as part of their responsibilities linked to the Climate Change Act.</p> <p>Staff are encouraged to travel sustainably.</p> <p>Reduction in travel using technology and digital staff scheduling solutions. Ensures any changes proposed will support the NHS Lothian Sustainable Development Framework, CEC Sustainability Strategies and the Edinburgh 2030 netzero carbon target.</p> | <p>ALL</p> |
| <p>Negative</p> | |

| Economic | Affected populations |
|--|--|
| <p>Positive The aims to make better use of resources through furthering the integration health and social care, with more joined up working and better systems and processes to reduce duplication of effort.</p> <p>There are good quality jobs available in health and social care. The EIJB is committed to further development of workforce planning.</p> | |
| <p>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.</p> <p>Any reduction in investment in third sector projects and innovations may reduce the ability to leverage additional benefit and place greater pressure on statutory services in the longer term.</p> | <p>All those that access services and staff in third/ independent sector</p> |

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

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.

10. 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.

All communications plans/ strategies will include specific information for patients, unpaid carers, staff and wider stakeholders compliant with;

- UK Government guidance on Accessible Communication formats (2021); and
- The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

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.

- 11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

No

12. 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.

The Savings Programme 2023-24 Cumulative IIA will be reviewed and updated to reflect any identified impacts in each of the individual IIA's.

- 13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) 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 job title) | 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 | Finance Programme Manager | Monthly | June 2023 |
| Ongoing reporting to EIJB bimonthly | Chief Finance Officer (with support from the Finance Programme Manager) | Bi-Monthly | June 2023 |
| Training and support for staff is provided where changes in process or approach is required. | Savings proposal leads – where pertinent to their proposal | Ongoing | Ongoing |
| Procedures and policies should be clearly set out and available. | Savings proposal leads – where | 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 job title) | Deadline for progressing | Review date |
|---|--|---------------------------------|--------------------|
| | pertinent to their 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, taking account of dependencies. | Savings proposal leads | Ongoing | Ongoing |

14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

No.

15. How will you monitor how this proposal 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 change

16. Sign off by Head of Service

Name: Moira Pringle, Chief Finance Officer

Date: 9 March 2023

17. Publication

Completed and signed IIAs should be sent to:

integratedimpactassessments@edinburgh.gov.uk to be published on the Council website
www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care sarah.bryson@edinburgh.gov.uk to be published at www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/

REPORT

2023/24 Financial Plan

Edinburgh Integration Joint Board

21 March 2023

Executive Summary

This report presents the 2023/24 financial plan for the Integration Joint Board (IJB). The financial plan incorporates 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.

To address the projected financial shortfall over a 3 year period we are developing our medium term financial strategy (MTFS). This will set out a range of initiatives, aligned wherever possible to our strategic plan which, over time, will support financial balance. Delivering a plan of this complexity will require appropriate resource.

To bridge this gap, an initial in year savings and recovery programme has been presented to the board. However, even with this, the modelling indicates that delivering financial balance by the end of the year is not achievable without negative impact on outcomes for people and performance more generally.

This position has been the subject of tripartite talks with our partners. All involved in these discussions recognise and accept a number of complex inter-related factors, namely: the ongoing improvements in performance; the likely increased demand for services as we emerge from

the Covid pandemic; and the IJB's structural deficit and inflation price pressures. In this context, partners are supportive of the proposed approach and committed to working with IJB officers to bridge the financial gap as the year progresses.

Recommendations

It is recommended that the Board:

1. Note the 2023/24 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. Support the development of the medium term financial strategy and agree to receive an update at a special board meeting in May 2023;
3. 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;
4. Agree to receive an update on progress on a regular and appropriate basis throughout the year; and
5. Issue a direction to the City of Edinburgh Council for the uplifting of contracts in line with nationally agreed methodology.

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 & NHS Lothian | ✓ |

Report Circulation

1. This report has not been presented elsewhere but the content and issues raised in the paper have been explored and discussed through a series of IJB Budget Working Group sessions.

Main Report

Background

2. Immediately after the agreement of the IJB's 2022/23 financial plan, work started on the 2023/24 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. Work also continued to develop the savings and recovery programme in accordance with the board's aim to align efficiency with strategic intent. In recognition of the increasing financial challenge facing all public sector organisations and the projected size of the IJB's budget deficit, additional resource was secured to lead this work.
3. The first of a series of Budget Working Groups was held in August 2022. These allowed officers to share various iterations of the financial plan and savings and recovery programme. It also offered an opportunity for members to be kept up to date on the emerging issues and to discuss and debate these with officers. At the current time, the financial plan for 2023/24 is not balanced. The underpinning details and assumptions are set out in this paper.

Financial context

4. Understanding the wider context in which the IJB is setting its budget is imperative. Official publications, from both UK and Scottish Governments, set the scene of tightening resources, increasing demands, workforce shortages and the requirement to prioritise and target key priorities.
5. In May 2022 the Resource Spending Review (RSR, available [here](#)) was published, setting out the Scottish Government's (SG) high level financial plans for 2023/24 to 2026/27. This document signalled that future budgetary settlements were projected to be below current levels in real terms, thereby exacerbating constraints in public sector spending.
6. The RSR was followed by correspondence from the SG's Director of Health Finance and Governance which highlighted that no further Covid consequential were anticipated in 2022/23 or in future years.
7. Published in November 2022, the SG's Emergency Budget Review (EBR, available [here](#)), represented one element of the continuing response to the cost of living crisis. It noted that 'The Scottish budget is at the absolute limits of affordability' and outlined that the 2022/23 NHS pay award would be funded through a range of saving initiatives, including reprioritising spending in health and social care.
8. This was followed by the UK Government's Autumn Statement which set out how "public spending discipline" must be shown through a "challenging period". Specifically, the planned increase in National Insurance was reversed, and, whilst announcing increases in both NHS and social care spending, this was predicated on the NHS making further efficiencies and local authorities increasing council tax.
9. Finally, the SG draft budget for 2023/24 '*takes place in the most turbulent economic and financial context most people can remember. We are facing the combined impact of war in Europe, surging energy prices, increasing inflation and workforce shortages. We are also aware of the impact of the pandemic on people's health and wellbeing, with Covid exacerbating existing inequalities. This has translated into an unprecedented increase in demand for our services*'.

10. Thus, in common with all public services, the IJB is setting a budget at a time when demand for our services is increasing, costs are rising and we are striving to improve performance. Balancing the budget will require the identification and agreement of significant savings, making it extremely unlikely that the current level of service provision can be sustained. This complex landscape leads to a difficult set of choices for the Integration Joint Board, how we balance our ambition to expand and improve services and continue to improve our performance and outcomes for our citizens, with the requirement to balance our budget. These goals are not necessarily congruent but do reflect the picture nationally.

Funding - IJB delegated budget 2023/24

11. On 15th December 2022, the Deputy First Minister presented a draft one-year Scottish Budget and Local Government Finance Settlement to the Scottish Parliament (available [here](#)). Stage 3 of the budget debate was held on 21st February when the budget was passed by Parliament. This in turn informs the budgets delegated to the IJB from its 2 partners, the Council and NHS Lothian. Details are discussed in paragraphs 12 to 19 below.
12. For **local authorities**, the Scottish Government (SG) budget provided net additional funding of £95m, to be transferred from the health portfolio to support social care and integration (see table 1 below). This recognises the recurring commitments on adult social care pay in commissioned services, inflationary uplift on free personal nursing care rates, offset by non-recurring interim care money ending. Local authorities were required to pass this additional funding on in full to integration authorities. As can be seen from the table, Edinburgh’s share of the £95m is £8.9m.

| | Scotland £m | Edinburgh IJB £m |
|--|----------------|------------------------|
| Living wage - uplift to £10.90 from 1/4/23 | 100 | 8.4 |
| Free personal and nursing care | 15 | 2.3 |
| Interim care | (20) | (1.8) |
| Total | 95 | 8.9 |

Table 1: Additional Scottish Government funding provided for social care 2023/24

13. The Council set its budget on 23rd February 2023. As well as passing on the £8.9m in full, the Council has provided funding to cover the full year impact of the 2022/23 pay settlement. These adjustments bring the total budget delegated by the **Council** to **£295m**, as summarised in table 2.
14. All **health boards** received a baseline uplift of 5.9% incorporating recurring funding for pay in 2022/23 and a baseline uplift of 2% for 2023/24. Given the challenging and uncertain outlook for inflation, the need to conclude some pay deals for the current year and the associated implications for spending baselines, the SG did not set out a public sector pay policy alongside the 2023/24 budget and further information will be forthcoming at an appropriate point in the new year. Health boards and integration authorities have been instructed to plan on the basis that pay awards for health services will be fully funded. In line with previous years, 2023/24 NHS payments to integration authorities for delegated health functions must deliver an uplift of 2% over 2022/23 agreed recurring budgets and make appropriate provision for 2022/23 pay.
15. NRAC is the formula used to assess each board's fair share of the overall NHS Scotland resource. As well as the baseline uplift, those boards furthest from NRAC parity received a share of £23.2m, NHS Lothian's share of which was £15.7m.
16. Finally, the draft budget recognised that there are specific legacy Covid costs that will require additional funding support in the new financial year. This includes: vaccinations; test & protect; additional PPE requirements; and some specific public health measures. Beyond this, NHS boards and integration authorities are expected to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.
17. The NHS Lothian Finance and Resource Committee considered their financial plan on 7th February 2023. At this point, a gap of £94m was projected and the Director of Finance provided the board with limited assurance that a balanced outturn would be achieved in 2023/24. Work continues to refine the plan and the final iteration will be scrutinised by the committee on 20th March 2023. Assuming they endorse the plan, it will be presented to the NHS Lothian board for approval on 5th April. Following which it will be submitted to the SG.

18. Based on the February version of the plan, we have now received formal confirmation of the indicative budget offer to the IJB. In line with the other 3 Lothian IJBs this reflects a 2% uplift on the recurring baseline budget (excluding general medical services). However, given that we are aware that a number of material adjustments have been made to this version of the plan we have worked with NHS Lothian's Deputy Director of Finance to agree an indicative position for the Integration Joint Board. This would give us a delegated budget of £514.4m, which will be subject to change as the plan is finalised and the final settlement from the SG received (after the pay uplifts for 2022/23 and 2023/24 are confirmed).
19. The combination of both budget offers would give the IJB a **delegated budget** of **£809.4m** at the beginning of financial year 2023/24 as demonstrated below in table 2:

| | Council £m | NHS Lothian £m | Total £m |
|---------------------------------------|---------------|----------------------|--------------|
| Baseline delegated budget | 285.2 | 506.3 | 791.5 |
| Local Authority settlement | 9.8 | | 9.8 |
| NHS pass through of 2% uplift | | 8.1 | 8.1 |
| Total delegated budget 2023/24 | 295.0 | 514.4 | 809.4 |

Table 2: Indicative delegated budget 2023/24

Expenditure - IJB projected costs for 2022/23

20. 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 at 3% as per the assumptions set out in the Council's budget framework. Each additional 1% will cost a further c£1m;
 - **Pay awards** for NHS staff in 2023/24 have been included at 2%, in line with the funding provided in the budget settlement. Health boards have been advised to plan on the basis that additional funding will be provided to meet any award above this level. Accordingly, our planning assumption is that NHS Lothian will reflect the relevant funding in the budget

delegated to the Integration Joint Board, making any increases above 2% cost neutral;

- Expenditure projections for the year assume that operational services continue to run with **vacancies**. This reflects the ongoing recruitment and retention challenges and the high levels of current staffing gaps. This will be closely monitored as the year progresses;
- Full year costs of the **increase in capacity** which has driven improved performance in the third quarter of 2022/23 have been estimated at £6.3m. A further £5.1m has been provided to maintain the 55 **interim care beds**, following the withdrawal of the funding in the SG budget;
- Over and above this, the impact of **demographic growth** on Council purchasing costs has been assumed at a further £10.1m. 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** has been calculated in line with the methodology developed nationally and allows for the increase in the living wage to £10.90 from 1st April 2023. As has been the case in previous years, the funding received falls short of the sum required to uplift all contracts in line with national policy. For this reason, it is recommended that, where specific funding sources exist (eg Thrive, carers funding), the cost of actioning uplifts are sourced from these monies where sufficient slippage or non-committed funds exists to do this without impact on planned activity. This is discussed in more detail in a separate paper to this meeting. Assuming this is agreed it is **recommended** that the IJB instructs the Council, via a direction, to implement the uplifts in line with national policy. This direction is attached as appendix 1;

- Costs associated with **free personal and nursing care** are assumed to increase in line with the funding received. This is consistent with the assumptions used in previous years, which have proved to be reliable;
- A provision has been included to account for the potential additional costs of **insourcing** services;
- The NHS Lothian financial plan assumes a cost growth on hospital drugs of 10%. This is split between underlying drug growth and the impact of new medicines approved through Scottish Medicines Consortium. Work is ongoing to refine these estimates;
- The Medicines Management Team have estimated prescribing growth of 6.7% next year; and
- Excluding the elements above, the expected growth in NHS Lothian's non-pay costs has been set at 7.4% in the plan for 2023/24. This also excludes energy costs, which are based on actual estimated growth (as well as not being delegated).

21. The impact of these assumptions is that the cost of delivering delegated services will rise by £46.1m to £856.4m, a breakdown is shown below in table 3:

| | Council £m | NHS Lothian £m | Total £m |
|---|----------------------|--------------------------|--------------------|
| Baseline spend* | 295.4 | 514.9 | 810.3 |
| Projected increases in spend: | | | |
| <i>Pay inflation</i> | 2.9 | 5.2 | 8.1 |
| <i>Purchasing inflation</i> | 9.1 | 0.0 | 9.1 |
| <i>Non pay inflation</i> | 2.4 | 2.6 | 5.0 |
| <i>Prescribing and medicines growth</i> | 0.0 | 7.2 | 7.2 |
| <i>Demographic growth</i> | 10.1 | 0.0 | 10.1 |
| <i>Interim care</i> | 5.1 | 0.0 | 5.1 |
| <i>Provisions</i> | 2.0 | 0.0 | 2.0 |
| <i>Other</i> | (0.5) | 0.0 | (0.5) |
| Total increases | 31.1 | 15.0 | 46.1 |
| Total projected spend | 326.5 | 529.9 | 856.4 |

Table 3: projected delegated expenditure 2023/24

* includes £6.3m attributed to the cost of improving performance in 2022/23

22. Comparing these budget offers from the Council and NHS Lothian with the projected costs for delegated services gives the IJB a £47.0m savings requirement going into 2023/24 as shown in table 4 below:

| | £m |
|----------------------------|---------------|
| Baseline budget | 791.5 |
| Uplift | 17.9 |
| Total budget | 809.4 |
| Baseline expenditure | 810.3 |
| Cost increases | 46.1 |
| Total expenditure | 856.4 |
| Savings requirement | (47.0) |

Table 4: projected IJB savings requirement 2023/24

23. This can be further analysed as a brought forward deficit of £18.8m which will increase by £28.2m during the year. See table 5 below:

| | Council £m | NHS Lothian £m | Total £m |
|---|---------------|----------------------|---------------|
| Brought forward deficit | (10.2) | (8.6) | (18.8) |
| Increase 2023/24 | (21.3) | (6.9) | (28.2) |
| Total projected budget gap 22/23 | (31.5) | (15.5) | (47.0) |

Table 5: projected IJB savings requirement 2023/24

24. Table 5 demonstrates that we are faced with a combination of longstanding pressures (which are reflected in the brought forward deficit) and new pressures (as increases in unavoidable costs routinely outstrip rises in income). The drivers of resultant gap can be summarised as:

| | £m |
|---------------------------------------|---------------|
| Demographic pressures | (12.3) |
| Performance linked capacity increases | (15.3) |
| Insourcing services | (2.0) |
| Living wage & contract uplifts | (5.1) |
| Pay awards | (2.9) |
| Vacancies | 6.1 |
| Sub total Council services | (31.5) |
| Prescribing | (10.7) |
| Set aside services | (9.1) |
| Vacancies | 8.9 |
| Other | (4.6) |
| Sub total health services | (15.5) |
| Savings requirement | (47.0) |

Table 6: drivers of the savings requirement 2023/24

Medium term financial strategy

25. The financial outlook facing the IJB is longstanding and Edinburgh is not in a unique position, with integration authorities across Scotland facing similar challenges. Over the last few years we have had an ongoing dialogue about how to balance the current care, workforce and financial deficits whilst ensuring the sustainability of the Edinburgh health and social care system. Table 7 below summarises the estimated budget gap over the next 3 years:

| | 2023/24 £m | 2024/25 £m | 2025/26 £m |
|---|---------------|---------------|---------------|
| Council run services | (31.5) | (44.4) | (57.4) |
| Health run services | (15.5) | (18.3) | (21.2) |
| Total projected budget gap 22/23 | (47.0) | (62.7) | (78.6) |

Table 7: projected IJB savings requirement 2023/24 to 2025/26

26. It is recognised that the opportunities for developing and effectively delivering significant savings proposals within a single financial year has become increasingly challenging and brings risk to performance and quality outcomes. In this climate the delivery of further savings will depend on complex funding, workforce and service change and redesign initiatives that extend past a single financial year. To address this, we need to evolve our thinking and adopt a longer term, strategic approach. As a result, we are developing our medium-term financial strategy (MTFS), which will address sustainability in the longer term and avoid the need to relentlessly develop savings programmes that lead to inefficient "salami slicing". Effectively the MTFS is a set of longer-term transformation change programmes and projects, expected to deliver improved care and financial benefits as part of a multi-year programme.
27. We believe that the MTFS is the vehicle to move the IJB towards sustainability. It focuses on around 40 key areas and incorporates a number of key programmes which are set out in appendix 2. The underpinning programmes form a 5 year plan which will target delivery of between £20m and £80m of recurring savings.
28. However, the planning and implementation of such large-scale, strategic change takes time and many of the financial benefits will only be realised over a number of years. 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 2023/24 to help bridge the transition to this new approach. Allied to this, elements of the MTFs will be accelerated and fast tracked into year 1 delivery to support financial sustainability and safeguard critical services and deployed on an agile basis in year.

Savings and recovery programme

29. The savings and recovery programme is covered in a separate paper to this meeting. This is aligned to the IJB's aim to deliver change through transformation and in a way which has minimal impact on outcomes for people and general performance.
30. The planned programme for 2023/24 is summarised in table 8 along with the impact on the budget gap:

| | £m |
|---------------------------------|-------------|
| Savings Requirement | 47.0 |
| 1. Operational grip and control | 6.2 |
| 2. Previously approved | 1.2 |
| 3. New proposals | 4.1 |
| Total savings | 11.5 |
| Remaining gap | 35.6 |

Table 8: summary IJB savings and recovery programme 2023/24

Next steps

31. We are facing 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 conditions; 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 issues are longstanding and have been recognised on a UK and Scotland wide basis.
32. In the case of Edinburgh this is evidenced by the structural deficit which the IJB inherited from partners. Since its inception the IJB has routinely faced an underlying budget gap which we are unable to bridge on a sustainable basis.
33. Paragraphs 29 and 30 above described the savings and recovery programme which will deliver cost reductions of £11.5m in 2023/24. Whilst this is clearly insufficient to balance the plan, opportunities to deliver further efficiencies in the timescale required and, 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. The MTFS offers an opportunity to redesign services over a 3 year period in a way which maximises alignment with the strategic plan. Whilst officers' efforts will now be focussed on progressing this it must be recognised that complex change at this scale takes time and needs to be properly resourced. Initial priority will be given to further developing the grip and control proposals and these will be presented to future meetings of the Integration Joint Board. These workstreams will be reinforced with discrete plans and clearly defined and measurable efficiency outcomes and savings targets, underpinned by robust communication, training, and learning and development initiatives.

34. This approach will therefore leave us with an unbalanced budget as we start 2023/24. During the development and refinement of the IJB's financial plan, the Chief Officer and Chief Finance Officer 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. An example of this are the discussions which have taken place in regard to the set aside budget. Even after the identification of savings schemes, a key determinant of the IJB's financial gap is the position with set aside services, contributing c£8m to the budget deficit. The Chief Finance Officer has discussed this with NHS Lothian's Director of Finance. Both have agreed a shared ambition to work collaboratively to deliver a balanced outturn. Assuming that set aside broke even would reduce the in year deficit to £27.6m.
35. Partners are supportive of the Chief Officer's plans to now focus on developing the MTFS. This work 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.
36. Work will continue across a number of fronts to provide the IJB assurance as the year progresses. 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 with further updates will be provided via the regular finance report.

37. The draft budget is reflected in the initial allocation for all delegated services set out in the financial schedule which accompanies the overarching direction. This schedule is attached as appendix 3.

Implications for Edinburgh Integration Joint Board

Financial

38. Outlined in the main body of this report.

Legal/risk implications

39. Even if agreed in full, the savings and recovery programme for 2023/24 is insufficient to support financial balance. This clearly presents a material risk for the IJB and its partners. However we have secured the commitment of our partners to work collaboratively to address this as the year progresses, including the development of the MTFs. Regular updates will be provided for the board with the quarter 1 review providing a key milestone for review.
40. 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.
41. A number of specific risks should be considered by the board, as noted below:
- The impact of material changes to the cost base for next year, for example the financial impact of workforce shortages and rising energy costs. This is being closely monitored by partners;
 - Potential costs associated with the national move from analogue to digital telecommunications systems have not been included in the plan at this stage. These are currently being quantified, particularly as they impact on the ATEC 24 alarm service;

- Continued management of the financial exposure arising from the ongoing desire to improve performance, addressing unscheduled care capacity pressures and reducing delayed discharges;
- Availability of SG funding for both nationally funded programmes & initiatives and services funded annually on a non recurring basis; and
- Ongoing impact of uncertainty in global markets as a result of the Russian invasion of Ukraine.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

45. 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

moira.pringle@nhslothian.scot.nhs.uk

Appendices

| | |
|------------|---|
| Appendix 1 | Direction to the City of Edinburgh Council – Contract uplifts for 2023/24 |
| Appendix 2 | Medium term financial strategy themes |
| Appendix 3 | Direction to the City of Edinburgh Council and NHS Lothian – 2023/24 |

DIRECTION – CONTRACT UPLIFTS FOR 2023/24

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD (EIJB)

Partner agencies are required to carry out this direction in accordance with statutory and regulatory obligations, ensuring adherence to relevant guidance, policies and procedures, in pursuit of the EIJB's strategic objectives.

| | |
|---|---|
| Reference number | TBC |
| Does this direction supersede, vary or revoke an existing direction? If yes, please provide reference number of existing direction | No |
| Approval date | 21 st March 2023 (TBC) |
| Services/functions covered | <ul style="list-style-type: none"> • All purchased services • All direct payments, individual service funds and payments to personal assistants |
| Full text of direction | <p>Implement contractual uplifts as follows:</p> <ul style="list-style-type: none"> • Apply nationally agreed rates to contracts covered by the national care home contract; and • For all other contracts - bring rates in line with a minimum hourly rate of £10.90 for front line social care staff using the methodology agreed nationally. |
| Direction to | The City of Edinburgh Council |
| Link to relevant EIJB report/reports | TBC |

| | | | |
|---|--|--------------------|----------------------------------|
| Budget/finances allocated to carry out the direction. | State the financial resources allocated to enable NHS Lothian or the Council or both to implement the direction. | <i>NHS Lothian</i> | <i>City of Edinburgh Council</i> |
| | Year one funding (2023/24) | | £9.1m |
| | Recurring funding | | £9.1m |
| Performance measures | Uplift to be actioned | | |
| Date direction will be reviewed | September 2023 | | |

MEDIUM TERM FINANCIAL STRATEGY - THEMES

Themes include but are not limited to;

- Digital – replacing the existing social care system SWIFT, growing the use of telehealth and telecare and introducing middleware;
- Review and assessment – improving the practice and timeliness of review and assessment, managing the spot buying and contracting mechanisms to get the right care at a fair price;
- Self directed support (SDS) – making the most of the personal assistant workforce and ensuring we use direct payments and individual service funds for the benefit of people;
- Commissioning and market shaping – putting Edinburgh back into a world class commissioning space with improved management of the market;
- Reablement – growing the reablement offer to help all people in Edinburgh discharged from acute care get independent more quickly and be less reliant on care packages;
- Early intervention and prevention – growing the supporting services to ensure people can access more than medical care and social prescribing to live happier healthier lives;
- Pathway realignment – focussed on our people pathways across learning disabilities, long term conditions, older people, younger adults through a series of reviews;
- Workforce – driving down agency spend and looking at better career pathways to fill hard to recruit vacancies;
- Culture change – changing the culture to become more integrated and change ready;
- Review, redesign and optimisation of internally managed GP services;
- Review levels of care that we commission from the third and independent sector – for example, day services and interim care home placements;
- Optimising the use of our care home estate and providers;
- Looking at different models of support for carers;
- Optimising our homecare service and reablement funding and model of care;
- Reviewing the model for drugs and alcohol services; and
- Reviewing the model of care for older people, younger adults and those with disabilities.

**DIRECTION TO THE CITY OF EDINBURGH COUNCIL AND NHS Lothian – FINANCIAL
SCHEDULE 2023/24**

| | £m |
|---|--------------|
| City of Edinburgh Council delegated budget | |
| Employee costs | 100.7 |
| Premises costs | 0.8 |
| Transport costs | 3.3 |
| Supplies, services and transfer payments | 12.0 |
| Purchasing - residential and FPNC | 92.4 |
| Purchasing - care at home and day care | 124.1 |
| Purchasing - direct payments and ISFs | 54.3 |
| Purchasing - grants and block contracts | 32.9 |
| Purchasing - other | 5.2 |
| Grants, funding and cost recovery | (79.8) |
| Customer and clients receipts | (19.5) |
| Budget gap | (31.4) |
| Net Council delegated budget | 295.0 |

| NHS Lothian delegated budget | |
|---|--------------|
| Core - community hospitals | 16.1 |
| Core - district nursing | 15.8 |
| Core - geriatric medicine | 2.8 |
| Core - GMS | 96.7 |
| Core - learning disabilities | 1.3 |
| Core - mental health | 11.4 |
| Core - prescribing | 78.2 |
| Core - reserves | 8.4 |
| Core – substance misuse | 5.5 |
| Core - other | 98.7 |
| Hosted - community equipment | 1.9 |
| Hosted - GMS | (11.1) |
| Hosted - hospice & palliative care | 2.6 |
| Hosted - LUCS | 6.7 |
| Hosted - mental health | 31.6 |
| Hosted - oral health | 3.6 |
| Hosted - rehabilitation services | 5.3 |
| Hosted - sexual health | 4.1 |
| Hosted - other | 34.4 |
| Set aside - acute management | 3.4 |
| Set aside - cardiology | 4.1 |
| Set aside - diabetes & endocrinology | 2.2 |
| Set aside - ED & minor injuries | 10.2 |
| Set aside - gastroenterology | 6.0 |
| Set aside - general medicine | 27.2 |
| Set aside - geriatric medicine | 17.1 |
| Set aside - infectious disease | 7.2 |
| Set aside - respiratory medicine | 5.6 |
| Set aside - therapy services | 9.0 |
| Set aside - other | 8.7 |
| Net NHS Lothian Delegated Budget | 514.4 |

| | |
|-----------------------------------|--------------|
| Total Net Delegated Budget | 809.4 |
|-----------------------------------|--------------|

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Proposal by Councillor Max Mitchell

Edinburgh Integration Joint Board

21 March 2023

Item 6.1 – Savings and Recovery Programme 2023-2024

1. Note the proposals 8 – 12, which would form part of the Savings and Recovery Programme for 2023-24, as set out in this report and associated.
2. Notes the proposed plan to review and finalise IIAs for individual projects and the programme, set out in appendix 4.
3. Notes the significant shortfall in savings required to balance the year's budget.
4. Agree to defer final consideration until the next meeting of the EIJB and agrees to receive more detailed proposals to enable the EIJB to set a balanced budget.

Proposed by Councillor Max Mitchell

Seconded by

Proposal by Councillor Max Mitchell

Edinburgh Integration Joint Board

21 March 2023

Item 6.2 – 2023-24 Financial Plan

1. Note the 2023/24 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. Acknowledges the need for further development of the financial strategy.
3. Agree to issue a direction to the City of Edinburgh Council for the uplifting of contracts in line with nationally agreed methodology if fully funded. Otherwise, defer the decision until the next meeting of the EIJB.
4. Requests that an updated financial strategy returns to the next meeting of the EIJB that provides additional funding options or, if required, further savings to enable the EIJB to set a balanced budget as well as further detail that would allow the EIJB to approve a medium-term financial strategy.

Proposed by Councillor Max Mitchell

Seconded by