



# REPORT

## Savings and Recovery Programme 2020/21

Edinburgh Integration Joint Board

21<sup>st</sup> July 2020

### Executive Summary

The purpose of this report is to present the proposed 2020/21 Savings and Recovery Programme for approval. If agreed, this will allow the Edinburgh Integration Joint Board (EIJB) to set a balanced budget for the year.

### Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Agree Phase 1 of the Savings and Recovery Programme
2. Note the content of Phase 2 of the Savings Programme and agree to receive more detailed plans about the proposals at a future meeting
3. Agree to award the Carers contracts from the 1<sup>st</sup> January 2021
4. Note Phase 3 of the Savings Programme
5. Agree that more details about the proposed three year Savings Programme is brought back for consideration by the Edinburgh Integration Joint Board (EIJB) by the end of the year

### Directions

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

### 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, continue to face unprecedented challenges to the sustainability of our health and care system; an ageing population; an increase in the number of people living with long term 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. As such there is a discrepancy between the level of funding available and the projected costs for delivering the IJB's delegated services.
3. Following a combined budget offer of £682.26m from the City of Edinburgh Council and NHS Lothian, and the projected costs for delegated services totalling £706.4m, the EIJB had an estimated £21.9m savings requirement going into 2020/21 as shown in table 1 below:

	CEC £m	NHSL £m	IJB £m	Total £m
Indicative delegated budgets	232.7	451.9		684.6
Projected delegated costs	251.7	458.4	*(3.7)	706.4
<b>Savings requirement</b>	<b>19.0</b>	<b>6.5</b>	<b>(3.7)</b>	<b>21.9</b>

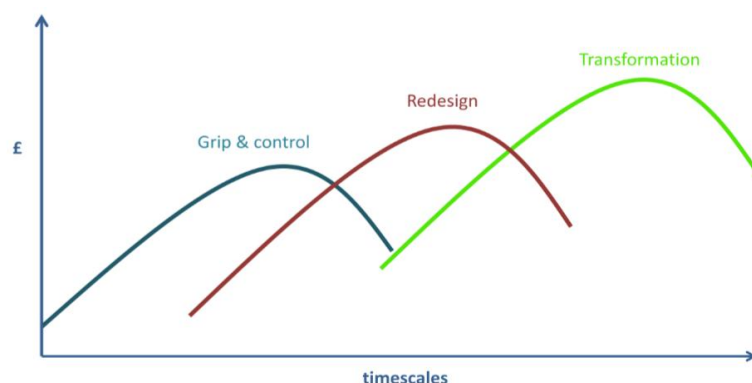
*Table 1: projected IJB savings requirement 2020/21*

\*full year effect of savings from Gylemuir closure

4. Additional mitigating actions totalling £6m have been identified to help address the financial gap and are further detailed in the EIJB financial plan paper also included on the agenda. Following these mitigating actions the total savings requirement is £15.9m.

#### **Three Horizons: The lens for the Savings and Recovery Programme**

5. It is in response to these challenging circumstances, that the IJB has developed its savings and recovery strategy which recognises that efficiencies are delivered in 3 "phases": grip and control; redesign; and transformation. The savings and recovery strategy is displayed graphically in figure 1 below:



*Figure 1: IJB savings and recovery strategy*

6. It is recognised that the greatest gains are delivered via transforming services (horizon three). In response to this, an ambitious transformation programme was set out. The aim of the overall programme is to develop a fit for purpose organisation, with an optimised operating model and focus on prevention and enablement within a sustainably sized estate.
7. Whilst our organisational capacity to deliver the programme is now in place, and there is intention to ensure deliverables and benefits are realised at pace, we must ensure the foundations of the programme are firmly established before savings will be realised. Progress with delivery of the programme has slowed in recent months due to the additional operational pressures of the COVID-19 pandemic, however there is a separate paper on this agenda setting out plans for the “return to transformation”. This includes proposals for a two-phase delivery approach, with the first phase focused on seven key strategic priorities.
8. It is therefore necessary to deliver shorter term efficiencies through the introduction of and reinforcement of controls (horizon one: grip and control) and smaller scale redesign (horizon two) to bridge the gap.

## **EIJB Savings and Recovery Programme**

### **Developing the Savings Programme**

9. The EIJB has consistently reiterated its desire to have a savings and recovery programme which aligns, as far as possible, with our strategic aims. As such there is intent to continually strive to improve outcomes for people, to maintain and improve performance and maintain the scope and quality of services. However, the enormity of our savings targets and funding gap, has meant that approval of the Savings Programme will require decisions and the implementation of changes of a scale that have the potential to have a direct impact on service delivery and services and there is a significant risk that this will impact performance across social care and health services.
10. The Savings Programme has been developed over a period of 10 months. Appendix 1 provides an overview of the timelines of this process. Proposals were developed by officers (between September and November 2019) through a series of four workshops, based initially upon a whole system review of budgets, with potential options that balanced strategic intent, risk, impact and ease of implementation to provide options that would both ensure effective service delivery and realise efficiencies. These were further refined through a process of peer and management review and in consultation with finance colleagues from both NHS Lothian and The City of Edinburgh Council. The outcome of this process was the preparation of savings proposal templates that articulated the scope, impact, benefit, risks (to people, reputation and outcomes) and dependencies of each proposal which were shared with board members.
11. Alongside this process the EIJB members participated in four EIJB budget workshops. At these workshops officer proposals were presented to members, which they were able to consider, inform, scrutinise and challenge. Following these discussions a number of proposals were not progressed because the level of risk or impact was deemed unacceptable or not aligned with our strategic aims.

## **Developing a Savings Framework**

12. There was recognition of the need to start to develop a clear framework for the Savings Programme, that considers not only the requirement for immediate savings to ensure financial balance, but that provides a clear and structured approach for future years, that aligns with our partners financial planning processes. As such an initial Savings Programme Framework has been established with support from the Council's internal audit team.
13. As part of the framework, identified proposals have been structured into phases that span both this and next financial year detailed in Appendix 2.
14. The four phases under which the proposals have been grouped are
  - Phase 0 - Includes proposals that have already been approved by EIJB
  - Phase 1 - proposals for which we are seeking approval
  - Phase 2 - proposals which we have identified as our route to financial balance, but which will require ongoing work in year
  - Phase 3 - proposals at planning stage, to ensure savings can be realised in the next financial year
15. In addition, we have taken steps to demonstrate strategic alignment, and as such the proposals have also been grouped under programme focuses in recognition of interlinkages and potential interdependencies between proposals which must be monitored to both ensure benefit realisation and identified adverse consequences mitigated.
16. These programme focuses (which will grow and adapted as the programme evolves in this and future financial years) currently include:
  1. Bed based review
  2. Purchasing
  3. Building based services
  4. Workforce
  5. Lothian Services
  6. Other
17. As appropriate, we have also recognised within the framework, links to the transformation programme to ensure that proposal development, delivery and benefits realisation (including savings) are monitored collaboratively to avoid duplication.
18. However, we recognise that this framework must be further developed, to ensure strategic alignment and links with the transformation programme are strengthened. Furthermore we recognised that the development of a risk matrix as part of the framework would aid and inform decision making.

## The 2020/21 Savings Programme

19. Within the Savings Programme there are 8 savings proposal (in Phase 1 for which we are seeking approval and have produced High Level Project Briefs detailed in Appendix 4. Steps have been taken to develop detailed implementation plans for each proposal with risks from across the proposals and programme captured in an appropriate Risk Register. Furthermore Integrated Impact Assessments (IIAs), have been completed both for individual schemes and the programme as a whole (details of which can be found in Appendix 4 and Appendix 5 respectively) which provides a cross-system overview of the impacts on all groups, to ensure that no group or area is cumulatively, disproportionately impacted by the savings programmes.
20. The impact of Phase 0 and the proposed Phase 1 savings proposals on the Savings and Recovery Programme is summarised in table 2 below, with further detail included in Appendix 3:

	£m
Savings requirement	15.9
<i>Savings and Recovery Programme</i>	
Phase 0	2.96
Phase 1	8.95
<b>Total</b>	<b>11.91</b>
<b>Net position</b>	<b>3.99</b>

Table 2: Impact of identified Savings Proposals 2020/21

21. In order to address the remaining gap it will be necessary for us to progress with additional proposals under Phase 2 which we have identified as our route to financial balance. Phase 2 proposals will require further work in year and more detailed plans about the proposals will need to be brought back to a future meeting of the EIJB. The impact of the total Savings and Recovery Programme is summarised in table 3 below, with further detail included in Appendix 3:

	£m
Savings requirement	15.9
<i>Savings and Recovery Programme</i>	
Phase 0	2.96
Phase 1	8.95
Phase 2	3.99
<b>Total Savings and Recovery Programme</b>	<b>15.90</b>
<b>Net position</b>	<b>0</b>

Table 3: Impact of Savings and Recovery Programme 2020/21

22. Both the scale and pace of the delivery of the proposed programme will be challenging. To monitor progress and provide scrutiny the delivery of the programme will be overseen by the savings governance board, chaired by the Chief Officer.

## **Risk and Impact**

23. Every effort has been made by officers to ensure that the Savings Programme, and the proposals within it align as fully as possible with the EIJBs strategic aims. However, the significant and challenging financial landscape means the options presented to balance the financial plan will require the board to make difficult decisions which may impact adversely on a combination of: service quality; the level of services provided; outcomes for people; and our ability to maintain performance improvements.
24. To this end and to aid a properly informed decision making process for each of the proposals, we have clearly identified and articulated the associated impacts. These impacts have been identified through the completion of IIAs.
25. The process of completing the IIA allows us to set equality considerations alongside our social policy objectives e.g. tackling poverty, it also considers the impact of our decisions in relation to the environment and the economy. The IIA identifies the nature and importance of these effects, and the need for any additional measures to mitigate them. Through the completion of this standardised process we are able to present in as fair and equal way as possible the impacts of each of the savings proposals and highlight the mitigating actions necessary to manage these.
26. The IIAs completed for all proposals will be evolving documents that will need to be refreshed and updated as proposals themselves develop. This is in recognition that the gathering of additional evidence and further consultation will inform the proposals (if they are approved) as they are refined and implemented.
27. In addition to individual IIAs for each of the proposals, a cumulative, programme IIA has been completed. This highlights that particular attention should be given to the impact on older people, those with a disability and carers and steps to mitigate against any negative impact, have been identified within the IIA recommendations and actions.
28. Risks, including reputational risk, our ability to meet our statutory duties and the stability of the external market have also been detailed for each of the proposals (contained with appendix 4), with mitigations identified as appropriate. Ongoing risks associated with the individual proposals and programme as a whole will be monitored and managed via the Savings Governance Board, and escalated as appropriate.
29. It is important to note that given the ever changing landscape presented by COVID-19 it has been necessary to apply a degree of estimation and assumption based on experience and knowledge available, when developing the proposals. Where assumptions have been made and constraints or dependencies identified these have been articulated as clearly as possible within the savings proposals and as with any risks, mitigations identified as appropriate.

## **The future: Rolling Savings Programme**

30. As detailed above work will be ongoing to further refine the Savings Framework that has been established and to ensure strategic alignments and links with the Transformation programme are strengthened. These steps will not only aid decision making, they also align with our partners financial planning process, and will help us achieve the ambition of rolling Savings Programme and support the route to financial balance in future years.

## **Implications for Edinburgh Integration Joint Board**

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### **Financial**

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

### **Legal / risk implications**

32. The key risk to the EIJB is the ability to fully deliver the savings programme to ensure financial balance within 2020/21.

### **Equality and integrated impact assessment**

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

### **Environment and sustainability impacts**

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

### **Quality of care**

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

## **Consultation**

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

## **Report Author**

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## Background Reports

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1. Integrated Impact Assessments have been completed for Proposals 8-15 which can be found on the EHSCP Website: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>
2. Agreement of Adult Sensory Impairment Services  
<https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=473&Ver=4>
3. *Proposal already agreed as part of 2019/20 Savings Programme:*  
[https://democracy.edinburgh.gov.uk/Data/Edinburgh%20Integration%20Joint%20Board/20190329/Agenda/\\$item 56 - 201920 financial plan.xls.pdf](https://democracy.edinburgh.gov.uk/Data/Edinburgh%20Integration%20Joint%20Board/20190329/Agenda/$item 56 - 201920 financial plan.xls.pdf)
4. *Agreement of External Housing Support at IJB on 28<sup>th</sup> April 2020:*  
<https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=475&Ver=4>

## Appendices

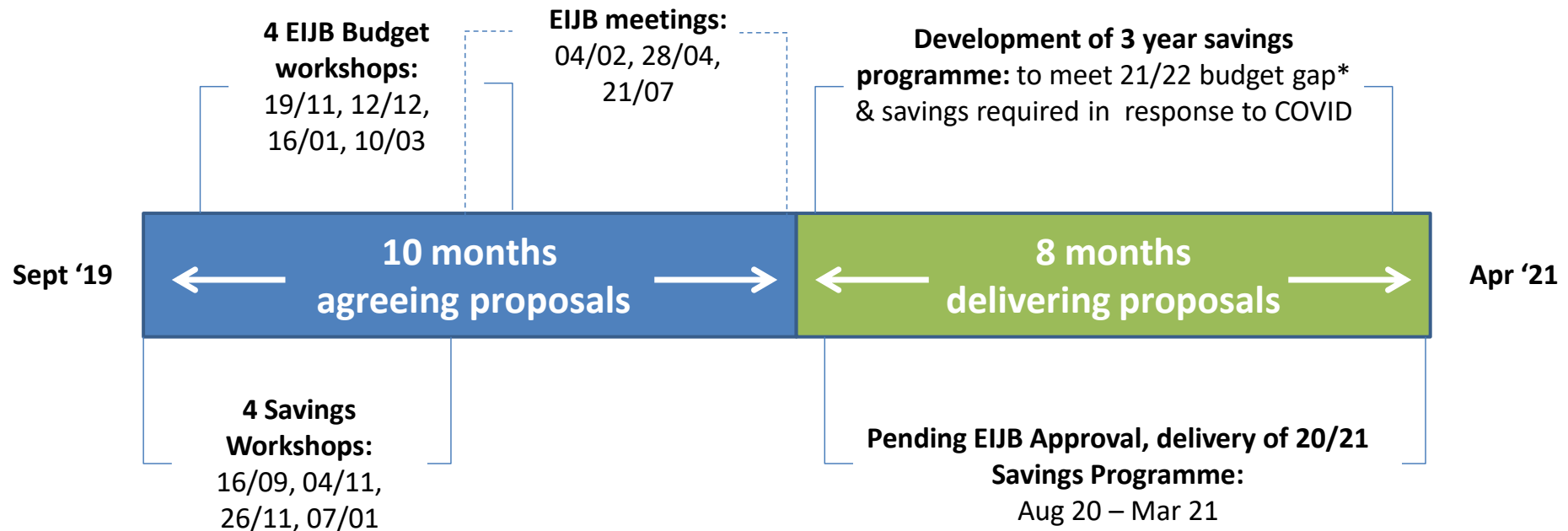
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Appendix 1	Savings Programme Proposals Development Timeline
Appendix 2	Savings Programme Framework - Proposal Phasing
Appendix 3	Savings and Recovery Programme - Detailed Table
Appendix 4	Savings and Recovery Programme High Level Project Briefs
Appendix 5	Savings and Recovery Programme IIA



## Appendix 1: Savings Programme – Proposal Development Timeline

### EIJB FINANCIAL PLAN 2020-21: *Savings Programme Development Timelines*



\* Anticipated gap for 2021/22 = £25m

## Appendix 2: Savings Programme Framework – Proposal Phasing

Programme Focus	Phase 0 (Already approved)	Phase 1 (Seeking approval)	Phase 2 (Route to financial balance)	Phase 3 (Future programme - planning stage)
<b>1) Bed Based Review*</b>		8. Home First*	16a. Review Hospital bed base	21. Review provision of ICF
			16b. Review Care Home Capacity	22. Phase 2 HBCCC review
				23. Review MH bed
				24. Review provision of hospital based medicine for the elderly
<b>2) Purchasing</b>	1. Adult Sensory Impairment Services	9. Purchasing	17. Additional Purchasing target	25. Contribution based charging
			18. Thrive – Mental Health and Wellbeing	26. Review Grants
<b>3) Building Based Services</b>	2. LD Services (A)	10. LD Services (B)	19. Medical Day Hospitals*	27. Review future delivery model of building based services <sup>2</sup>
	3. External Housing Support			
	4. Day Centres & Be Able*			
<b>4) Workforce</b>	5. Vacancy Freeze (G&C <sup>1</sup> )			28. Home to work payments
				29. Review Management Resource
<b>5) Lothian Service</b>		11. Review Rehabilitation Services		
		12. Review Sexual Health Services		
		13. Prescribing		
<b>6) Other</b>	6. Hosted (by NHS/ other 3HSCPs)	14. Community Equipment*	20.E ADP	30. Internal Home Care*
	7. Set Aside			
		15. Carers investment		

Programme Focuses recognise where proposals may be interlinked and therefore have interdependencies e.g. purchasing and community investment

\* Projects with elements that also fall within the Transformation Programme

<sup>1</sup> Grip & Control

<sup>2</sup> Informed by SG Route map and to incorporate Internal & External Services

### Appendix 3: Savings Programme - Detailed Table

Proposal		Phase	Saving (£m)
1	Adult Sensory Impairment Services*	0	£0.03
2	LD Services (A)**	0	£0.52
3	External Housing Support***	0	£0.25
4	Day Centres & Be Able**	0	£0.04
5	Vacancy Freeze	0	£0.20
6	Hosted (by NHS/ other 3HSCPs)****	0	£0.74
7	Set Aside****	0	£1.18
<b>Phase 0 Sub Total</b>			<b>£2.96</b>
8	Home First	1	£1.00
9	Purchasing	1	£4.10
10	LD Services (B)	1	£0.06
11	Review Rehabilitation Services	1	£0.08
12	Review Sexual Health Services	1	£0.05
13	Prescribing	1	£1.96
14	Community Equipment	1	£0.25
15	Carers investment	1	£1.45
<b>Phase 1 Sub Total</b>			<b>£8.95</b>
16a.	Review Hospital bed base	2	£0.00
16b.	Review Care Home Provision	2	£0.50
17	Additional purchasing target	2	£3.09
18	Thrive - Mental Health & Wellbeing	2	£0.30
19	Medical Day Hospitals	2	£0
20	EADP	2	£0.10
<b>Phase 2 Sub Total</b>			<b>£3.99</b>
21	Review provision of ICF	3	
22	Phase 2 HBCCC review	3	
23	Review MH Beds	3	
24	Review provision of hospital based medicine for the elderly	3	
25	Contribution based charging	3	
26	Review Grants	3	
27	Review delivery model of building based services	3	
28	Review Management Resource	3	
29	Home to work payments	3	
30	Internal Home Care	3	
<b>TOTAL 2020/21 SAVINGS</b>			<b>£15.90</b>

\* Agreed at IJB on 10<sup>th</sup> December 2019: <https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=473&Ver=4>

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

[https://democracy.edinburgh.gov.uk/Data/Edinburgh%20Integration%20Joint%20Board/20190329/Agenda/\\$item\\_56\\_-\\_201920\\_financial\\_plan.xls.pdf](https://democracy.edinburgh.gov.uk/Data/Edinburgh%20Integration%20Joint%20Board/20190329/Agenda/$item_56_-_201920_financial_plan.xls.pdf)

\*\*\* Agreed at IJB on 28<sup>th</sup> April 2020: <https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=475&Ver=4>

\*\*\*\* Savings planned within NHS Lothian Set Aside

## Appendix 4: Savings Programme - High Level Project Briefs

*Integrated Impact Assessments have been completed for Proposals 8-15 and can be found on the EHSCP website: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>*

### High Level Project Brief: 8. Home First

#### Project Brief

Home First is a key strategic driver for the EIJB and has been fully embraced as part of the transformation programme. It supports and enables the strategic direction of the IJB is to redesign care to ensure people have the opportunity to be treated at home or in a homely setting wherever possible. This requires a hospital discharge process which is focused on recovery and ensures assessment for long-term care and support needs is undertaken in (a) the most appropriate setting and (b) at the right time for the person.

The Home First model of care is designed to reduce the number of people being delayed leaving hospital and provide opportunity for people to be cared for at home or in a homely setting in their community.

The principles of Home First are; No decision about me, without me; Prevention of Admission and never having to make a decision about long term care in a crisis situation.

Through the use of the Home First model the reprofiling of Ward 71 at the Western General and Ward 120 in the Edinburgh Royal Infirmary has been enabled.

#### Constraints and Assumptions

##### **Constraints:**

High level constraints include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst still delivering business as usual. This includes colleagues in the acute sector.
- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.
- Ability to continue to iteratively redesign and deliver services within the context of Scottish Government Guidelines in response to COVID-19 (e.g. physical distancing)

##### **Assumptions:**

High level assumptions include:

- Capacity of people to engage fully with the project, whilst also responding to the consequences of the first wave of COVID-19, and any future waves
- Programme and project management support will continue to be available via the new transformation team

##### **Dependencies**

- Scottish Government guidance on managing COVID-19
- Future peaks of COVID-19

## Impact

### **Strategic Links**

Expansion and implementation of the Home First model contributes to the following Strategic priorities:

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

### **High level impacts:**

1. *Transformation Programme*: lessons learned from implementing changes through the savings and recovery programme will be utilised and help to inform the broader transformation programme
2. *Edinburgh Pact* - provide clarity on service and support offering and redefine what statutory services can contribute in terms of preventing crisis, and supporting people to manage their health and personal independence at home

### *People (citizens)*

#### Positive

- People are involved in the decision-making process and have increased choice and control of their care
- Those who use the service are able to participate in a person-centred , strengths based approach to their care
- People will begin on their optimum pathway at an early stage and be able to influence the pathway
- People have the opportunity to be treated at home or in a homely setting wherever possible
- Increased opportunity for identification of unpaid carers and therefore access to support

### *People (staff)*

#### Positive

- Empowered staff
- Increased control over their work
- Opportunity to support and enable person centred approaches to working that promote involvement, choice and control
- Culture change

#### Negative

- Change in approach may be anxiety provoking for some
- Some may experience additional stress as workloads and responsibility increases

### *System*

#### Positive

- More effective service
- More efficient service
- Resources are allocated fairly across the system

Negative

- Increased demand for community services that cannot always be met e.g. care home places for those with complex needs, mitigated through ensuring appropriate links with the bed based review to right size our bed base

## Benefits

### ***Citizen Benefit***

- Appropriate level of support when required
- Discharge facilitated in a timely manner
- Remaining at home enabled
- Independence maximised
- Person centred and collaborative approach adopted
- Improved communication

### ***System Benefit***

- Improved flow
- Improved systems and processes
- Appropriate use of beds

### ***Staff Benefits***

- Staff empowered and supported to make decisions in the best interest of the people being supported
- Clearer and fairer processes

### ***Financial Benefit***

- Improved overall value
- Spend incurred in the most appropriate setting
- Reduced spend

## Finances

### ***Financial Savings***

The total set aside budget for 2020/21, from which the savings will be realised, is £93m.

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£1,000	£1,000	TBC	Savings figures are net of reinvestment required.

### ***Non-Financial***

- Expanding Home First facilitates the EIJB's strategy to redesign care to ensure people have the opportunity to be treated at home or in a homely setting wherever possible.

## Risk

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
1.1	<b>People:</b> confusion or misunderstanding of how and why new model is being implemented	Clear and appropriate engagement and communication with people and carers	Amber	Green
1.2	<b>Reputational damage:</b> service model does not meet existing expectations and perceptions	Ensure appropriate linkages are made with Edinburgh Pact Workstream and equivalent work streams across Lothian	Amber	Green
1.3	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber	Amber
1.4	<b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual	Staff support through change management	Amber	Green
1.5	<b>Financial risk:</b> that the planned efficiencies are not achieved	Effective planning and monitoring process implemented	Red	Amber
1.6	<b>COVID-19:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Red	Amber

## High Level Project Brief: 9. Purchasing

### Project Brief

To ensure the best use of the purchasing budget and to maximise the benefit to eligible individuals in the most fair and equitable manner possible, within available resources, it is necessary to review and implement appropriate changes. These changes will ensure that the Edinburgh Health and Social Care Partnership (EHSCP) is able to fulfil its statutory obligations including in relation to Self-Directed Support (SDS) and that it is aligned with approaches delivered across Scotland, whilst supporting a move away from a dependency model to an enabling model that supports people to utilise their assets, develop new skills and take responsibility for their own decisions.

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

The proposed Grip and Control redesign and transformation of the Purchasing Budget will also contribute to the EHSCPS comprehensive Savings Programme, and will therefore support the delivery of a balanced budget for the 2020/21 financial year.

When considering how to implement changes to the purchasing programme of work it is important to recognise the complexity of the system, and layers that exist within it, as shown in Figure 1 below. Furthermore, it is particularly important to understand and be cognisant of; the interlinkages/ interdependencies between the purchasing workstreams; the mechanisms by which purchasing is delivered; and the importance of sharing and embedding learning and development (from the implementation of the mechanisms) to ensure best practice is applied and cultural change achieved consistently.



Figure 1: Layers of Purchasing Programme

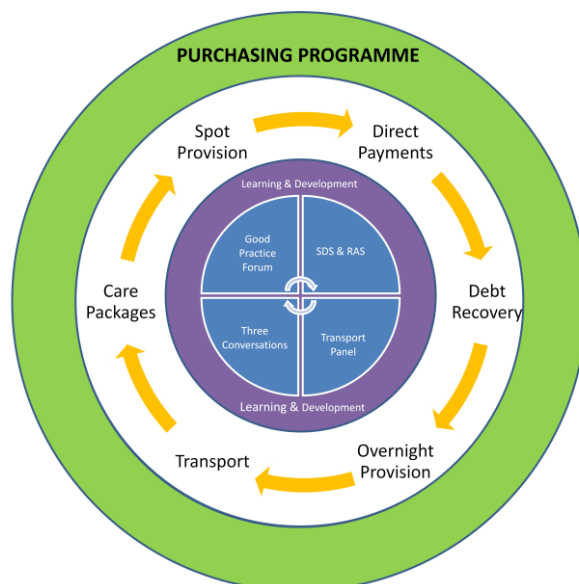


Figure 2: Purchasing Programme workstreams & mechanisms



The scope of the proposal will include a range of workstreams which will be reviewed including:

1. Review of purchasing, implementation and monitoring of care packages including
  - Small packages of care
  - Large packages of care
  - Out of Edinburgh placements
2. Direct Payments
3. Debt recovery
4. Overnight provision
5. Spot purchasing of specialist support including for mental health and learning disability
6. Corporate Appointee
7. Transport

However, it will be through the development and ongoing implementation of the mechanisms (as identified in Fig 2 above and listed below) that the changes will be realised:

1. **Good Practice Forum (GPF)** - This forum will consider requests for all packages of support that are more than £500 per week and care home placements that exceed the national care home contract rate. This forum will enable and promote positive discussion, exploration of options, progress towards consistency and equity, with all learning shared and embedded into practice going forward. The implementation of the 3 Conversations approach will provide the framework within which this will be done.
2. **Three Conversations**<sup>1</sup> - a model for achieving cultural change through enabling staff to work with individuals more closely, allowing them to engage in a higher proportion of prevention work and reducing bureaucracy within our system.
3. **Self-Directed Support (SDS)**<sup>2</sup> - Scotland's approach to social care support established to ensure that social care is controlled by the person to the extent that they wish; is personalised to their own outcomes (including where they receive social care support commissioned or delivered by the public sector); and respects the person's right to participate in society.
4. **Resource Allocation System (RAS)** - means by which an individual personal budget is identified based on their identified needs as part of the application of SDS
5. **Establishment of a Transport Panel\*** to provide improved grip and control over the provision of transport to all adults (16+). The panel will reflect the approach currently taken by Children and Families within CEC, thus ensuring a fair and equitable approach is taken across services.  
*\* The development of this will be informed by and aligned with the ongoing CEC review of Transport which has paused as a result of the COVID-19 pandemic*
6. **Learning & Development Programme** – developed to share learning, ensure consistency of practice, embed best practice and cultural change

These will ensure: legal compliance, application of best practice, alignment of delivery with that seen across the country and ultimately support better outcomes for the citizens of Edinburgh by maximising the benefit to eligible individuals in the most fair and equitable manner possible, within available resources.

Appropriate learning gained from the response to the COVID-19 pandemic, will be used to inform and shape how sustainable services are delivered.

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<sup>1</sup> <http://partners4change.co.uk/the-three-conversations/>

<sup>2</sup> <https://www.gov.scot/publications/self-directed-support-strategy-2010-2020-implementation-plan-2019-21/pages/2/>

## Constraints and Assumptions

### **Constraints:**

High level constraints include:

- Capacity of people to engage fully with the project and appropriate changes, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst still delivering business as usual
- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.

### **Assumptions:**

High level assumptions include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst also delivering business as usual
- Colleagues leading purchasing programme will be integral in the broader project or programme development of any areas that may impact on the purchasing budget:
  - o Bed Based Review
  - o Edinburgh Pact
  - o Community Investment
- Leadership by example: Ongoing buy in, support and leadership from across EIJB leadership specifically EIJB and EMT
- Support services (e.g. finance and strategic insight) across the City of Edinburgh Council will have capacity and will be available to provide support to ensure the realisation of the workstreams
- Programme management support will continue to be available via the new transformation team
- Digital solution to be applied where possible
- The implementation of community investment to enable the shift to support self management – maximising community resources
- The implementation of Edinburgh Pact will be progressed to ensure clarity of services understanding and capacity to manage expectations
- Staff are able to adapt to new ways of working (e.g. utilising and embedding technology into practice)

### **Dependencies**

- Successful roll out and implementation of this project will rely on appropriate linkages being made and consistent support with and from key workstreams within the Transformation Programme and Savings Governance projects. In particular integrated working with the development and implementation of:
  - o C1.1 Community Investment
  - o C1.3 Three Conversations
  - o C3.4 The Edinburgh Pact.
- Ability to maintain the reduction in waiting lists seen since the start of the COVID-19 pandemic
- Scottish Government guidance on managing COVID-19
- Future peaks of COVID-19

## Impact

### **Strategic Links**

Implementation of the changes to Purchasing contributes to the following Strategic priorities:

- Prevention and early intervention
- Person Centred Care

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

## High Level Impact

### *People (citizens)*

#### Positive

- Best use of purchasing budget to maximise the benefit to eligible individuals
- Provision of care and support in the most fair and equitable manner possible, within available resources.
- Improved consistency and equity in practice and application of existing policy
- Person centred care using a collaborative approach which promotes choice and control

#### Negative

- Increase in the number of challenging and complex conversations
- Period of inconsistency as new systems and processes are implemented, mitigated by communication
- Some people may no longer receive the same level of funding to access the same level of care and support previously provided to them

### *People (staff)*

#### Positive

- Clarity, support and consistency of practice
- Investment in staff via the Learning and development programme and time to support this
- Culture change

#### Negative

- Change in approach may be anxiety provoking for some
- Increase in the number of challenging and complex conversations
- Period of inconsistency as new systems and processes are implemented, mitigated by communication

### *System*

#### Positive

- New and improved mechanisms e.g. RAS, Good Practice Forum
- Updated IT systems e.g. SWIFT/AIS to ensure they are fit for purpose
- Resources are allocated fairly across the system

#### Negative

- Period of inconsistency as new systems and processes are implemented, mitigated by communication

### *Reputation*

#### Positive

- Services are delivered which ensure legal compliance, application of best practice, alignment of delivery with that seen across the country

#### Negative

- Increase in the number of complaints as we deliver new ways of working, mitigation: communication
- Perception that a selective and inequitable service is delivered, mitigation: communication about implementation of mechanisms

## Benefits

### **Citizen Benefit**

- Consistency in assessment and provision of care
- Improved communication
- Appropriate level of support when required
- Discharge facilitated in a timely manner
- Remaining at home enabled
- Person centred and collaborative approach adopted

### **System Benefit**

- Improved practice, systems and processes
- Consistency of decision making
- Improved accountability and transparency of processes including decision making
- Improved audit trails

### **Staff Benefits**

- Clarity of purpose through the provision of a position statement
- Improved communication
- Clearer and fairer processes
- Increased training
- Increased job satisfaction

### **Financial Benefit**

- Improved budget grip and control
- Improved accountability for spend
- Reduced spend

## Finances

### **Financial Savings**

The total annual Purchasing Budget is £193m. The anticipated financial savings for 2020/21 are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Delivery Investment
£8,000	£4,100	<ul style="list-style-type: none"><li>• Dedicated time from senior managers, budget holders etc</li><li>• Learning and development programme – to be developed including L&amp;D support and any required finance</li><li>• Time from people to commit to developing and implementing processes – finance; transport managers; operational managers; front line staff</li><li>• Finance support</li><li>• Strategy and Insight support Delivery of other co-dependent work streams</li></ul>

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
9.1	People: confusion or misunderstanding of how and why new model is being implemented	Clear and appropriate engagement and communication with people and carers	Amber	Green
9.2	People: Increase in population health risk and inequalities	Service priorities will be based on health risks and need	Amber	Green
9.3	Reputational damage: new service model does not meet existing expectations leading to increased complaints	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Red	Amber
9.4	Reputational damage: Perceptions of actions taken to reduce spend being at odds with the principles of 3 Conversations approach and improved outcomes for people	Clear and appropriate engagement and communication Ensure appropriate linkages are made with Edinburgh Pact Workstream	Amber	Amber
9.5	Skill and knowledge gap: inconsistency in the skills, knowledge and confidence of current decision makers and assessors	Skills gap analysis completed and learning and development programme developed and implemented	Amber	Green
9.6	Resistance to change: by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber	Amber
9.7	Change management: pressures on staff from involvement and supporting change whilst delivering business as usual	Staff supported through change management	Amber	Green
9.8	Scale: the work required does not match the capacity of assessors to undertake	Effective planning, allocation and monitoring process developed and implemented	Red	Amber
9.9	Volatility of the market: challenges with managing purchasing spend due to the volatility and nature of the market	Consistent, effective planning and monitoring process implemented	Amber	Amber
9.10	Financial risk: that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Red	Amber
9.11	Clear vision and leadership: Inconsistent understanding of the situation and what we are trying to achieve	Consistent, positive messaging and communication. With proactive engagement across all stakeholders  Ensure appropriate linkages are made with Edinburgh Pact Workstream	Red	Amber
9.12	COVID: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Red	Amber
9.13	Inclusive involvement: purchasing leads are not involved in major strategic workstreams that change the way EHSCP conducts its business, which impact on the purchasing budget and ability to achieve savings target	Purchasing Leads must be involved in all EHSCP major strategic workstreams	Red	Amber

# High Level Project Brief: 10. Learning Disabilities

## Project Brief

The proposed changes for this project, sit under 4 key headings:

**1. Review internal housing and support**

- *The ground work for this proposal will be completed in this financial year, to enable delivery for the 1<sup>st</sup> April 2020*

**2. Consider people using day support who live with care providers to move to a single service**

- *The experience of COVID-19 has significantly impacted on the way people are able to receive their day support. Current SG guidelines have meant people have not been access any day support and are unlikely to be able to do so before the autumn at the earliest. Under these circumstances alternative day support has been provided. This proposal seeks to have a conversation to understand if individuals would wish to make this change for the longer term*

**3. Transfer to shared support where appropriate**

- *This proposal had two phases of work involving refurbishment work. Both phases have been impacted by the restrictions to construction COVID-19 shut down. It is estimated that the two individuals would be in the position to move into the shared resource by the end of the year.*

**4. Phase out Adult Resource scheme**

- *This is a non essential service that has been reduced in demand overall several years. Due to the COVID pandemic this service was paused as of 23<sup>rd</sup> March. It is proposed that this service is phased out due to diminishing demand.*

## Constraints and Assumptions

High level constraints include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst also delivering business as usual
- Scottish Government guidance on managing COVID-19
- Future peaks of COVID-19
- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.

### **Assumptions:**

High level assumptions include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst also delivering business as usual
- Programme management support will continue to be available via the new transformation team

### **Dependencies**

- Scottish Government guidance on managing COVID-19
- Future peaks of COVID-19

## Impacts & Benefits

### **Strategic Links**

Implementation of the changes to the Learning Disability Services contributes to the following Strategic priorities:

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

The following impacts were identified by completing an Integrated Impact Assessment (IIA) for each section of the proposal. The exception to this was section 3, for which it was identified that an IIA was not required, as it is a mutually agreed operational decision that will see the move of two people already receiving support. There are no objections or challenges from any family members.

### **1. Review Internal Housing and Support.**

#### **Impact on People (Citizen)**

##### Positive

- The changes will provide a more consistent approach in the services being delivered, whilst ensuring relationships and contacts are maintained. This consistency will offer better health and wellbeing outcomes for individuals through flexibility, personalisation and consistency.
- Fair and consistent access to the same level of support in line with the assessed level of need.
- This change will increase capacity to support those awaiting discharge from in-patient services, which will free up treatment beds for those who require it and fits in with the Royal Edinburgh Hospital Modernisation Programme.
- Service provision for up to 20 adults with learning disabilities currently accessing internal housing support services.

##### Negative

- Some individuals and families may be concerned with the change in provider resulting in anxieties. This will be mitigated via clear and regular communication with individuals and families.

#### **Impact on System**

##### Positive

- The Framework Agreement will set out key performance indicators to ensure sustainability for the providers who sign up to the agreement.
- This work will provide a clear direction for the future and consolidate the staffing resources within disability services. It is envisaged that in the longer term this change will have a positive impact on both individual outcomes of those being supported and employee health and wellbeing.
- Will provide an opportunity for internal services to focus on specialist provision for complex care and forensic support in line with the strategic direction for Learning Disability

#### **Financial Benefit**

- There is anticipated growth in the voluntary and private sector organisations which will provide job opportunities within social care.
- The quality of the support services offered within the EHSCP will improve through the consolidation of staffing resources.

## 2. Single Provider

### ***Impact on People (Citizens)***

#### Positive:

- The changes will provide a more consistent approach in the services being delivered and ensure equity of support for people with learning Disabilities within Edinburgh, creating opportunity to enhance access to appropriate social care – more capacity within day services for people who currently have no access or other formal paid support.
- This will increase peoples understanding of their rights and participation within decisions about their support and enables people to discuss, understand and access the right support at the right time.
- Fair and consistent access to the same level of support in line with the assessed level of need. It is not foreseen that any individual will be affected due to any other protected characteristic.
- Individuals may be able to continue within their existing day service funding it through SDS option 1 or 2, if this is determined appropriate in line with the Partnerships 3 conversations approach. Both options encourage and enable people to have more control over their support and decisions.

#### Negative:

- Some individuals may feel that their right to choose a day support service is inhibited and believe a change to a single provider will have an adverse effect on them. Mitigation – option to change will be down to an individual's choice
- Individuals may feel that they are losing friendships or connections which are important to them.

### ***Impact on System***

#### Positive

- Consistency will offer better health and wellbeing outcomes through flexibility and personalisation in line with Self Directed Support (SDS).
- It would be expected that any forms of travel in and around the city will be utilising public transport and where available motobility vehicles rather than corporate transportation as well as general taxi use in providing transport for people travelling to their day service from home.
- The Framework Agreement sets out key performance indicators to ensure sustainability for the providers who sign up to the agreement. This includes a commitment from providers to ensure specific training and completion of an annual monitoring form which is audited by contracts team.
- Growth will be enabled in voluntary and private sector organisations. Single provider enhances employability for Care at Home Organisations and may encourage longer term sustainability.

### ***Financial Benefit***

- There is anticipated growth in the voluntary and private sector organisations which will provide job opportunities within social care.
- The quality of the support services offered within the EHSCP will improve through the consolidation of staffing resources.

## 3. Transfer to shared support where appropriate

### ***Impact on People (Citizen)***

#### Positive

- Decision led by choice of individual
- Fair and consistent access to the same level of support in line with the assessed level of need.
- Provision of more individualised outcomes

### ***Financial Benefit***

- Effective use of resources via the provision of equalised and appropriate supports.



## 4. Phase out Adult Resource Scheme

### ***Impact on People (Citizens)***

#### Positive

- The changes will provide a more consistent approach to receiving appropriate support where required, in line with SDS.
- Improved discussion around informal support arrangements and increased connecting to existing community based resources.
- This change will directly impact on 17 individuals currently receiving non- essential support from 12 Off Payroll as required contractual workers. This will provide opportunity to align supports that are assessed as essential and ensure any required provision is provided through Self Directed Support. (SDS)

#### Negative

- Some people being supported may be anxious about any changes as a result of this which may impact upon general health and wellbeing. Mitigation – clear and regular communication about alternative options where appropriate
- The support element within the Adult Resource Scheme will be phased out and will no longer be operational. Mitigation: it is a non essential service that has been reduced in demand overall several years.

### ***Impact on System***

#### Positive

- Carer unmet needs will be addressed where appropriate, this will potentially ensure better outcomes for carers.
- Improved discussion around informal support arrangements and increased connecting to existing community-based resources.
- Reduction in usage of private vehicles and, where possible, an increase in access to community transport and public transport.
- Enable a more consistent approach to ensure positive outcomes for individuals which will ensure sustainability long term.

### ***Financial Benefit***

- Provision of equalised and appropriate supports.

## Overarching Benefits

### ***Citizen Benefit***

- The changes will provide a more consistent approach to receiving appropriate support where required, in line with SDS. This consistency will offer better health and wellbeing outcomes for individuals through flexibility, personalisation and consistency.
- Fair and consistent access to the same level of support in line with the assessed level of need.

### ***System Benefit***

- Carer unmet needs will be addressed where appropriate, this will potentially ensure better outcomes for carers.
- Improved discussion around informal support arrangements and increased connecting to existing community-based resources.
- Reduction in usage of private vehicles and, where possible, an increase in access to community transport and public transport.
- Enable a more consistent approach to ensure positive outcomes for individuals which will ensure sustainability long term.

### ***Financial Benefit***

- Provision of equalised and appropriate supports.
- There is anticipated growth in the voluntary and private sector organisations which will provide job opportunities within social care.

## **Finances**

### ***Financial Savings***

The total annual Learning Disability Budget is £9m The anticipated financial savings for 2020/21 are laid out below:

<b>Full year target 2020/21 (£k)</b>	<b>Forecast 2020/21 In Year Savings (£k)</b>	<b>Recurring £k (from 21/22)</b>	<b>Delivery Investment</b>
£285	£62	£0	None noted

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
5.1	Provider unable to recruit staff	Extend the timescale for proposal	Amber	Amber
5.2	No providers willing to support	Work with providers to support through change process	Amber	Amber
5.3	Recruitment does not deliver enough staff	Extend the timescale for proposal	Amber	Amber
5.4	<b>Transition challenges:</b> affected people cannot move to suitable alternatives that meet their needs	Clear and appropriate engagement and communication	Amber	Green
5.5	<b>Financial risk:</b> that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Red	Amber
5.6	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Red	Amber

# High Level Project Brief: 11. Review Rehabilitation Services

## Project Brief

- Through the establishment of the Integrated Rehabilitation Collaborative (IRC) deliver a Pan Lothian integrated and shared vision and model for rehabilitation services, incorporating plans proposed by the four Lothian HSCPS for community rehabilitation
- Review the existing models of care to identify where improvements can be made to support services to operate more efficiently and effectively
- Use learning from COVID-19 to inform approach

## Constraints and Assumptions

### **Constraints:**

High level constraints include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst still delivering business as usual
- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.
- Ability to continue to iteratively redesign and deliver services within the context of Scottish Government Guidelines in response to COVID-19 (e.g. physical distancing)

### **Assumptions:**

High level assumptions include:

- Capacity of people to engage fully with the project, whilst also responding to the consequences of the first wave of COVID-19, and any future waves
- Capacity of all four HSCPs to engage and facilitate in service review and implementation
- Post COVID-19 remobilisation plans will be aligned with and shaped by the shared vision for specialist rehabilitation delivery
- Capacity to implement service review and appropriate changes, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst still delivering business as usual
- Programme management support will continue to be available via the new transformation team

### **Dependencies**

- Ensuring that inpatient and outpatient models of care fit with the overall shared vision for the delivery of integrated rehabilitation services across Lothian.
- Dependant on a joined up approach with Community Rehabilitation Services in all four HSCPs
- Planning needs to be cognisant on non-Lothian usage of the inpatient service equates to 8 beds (6 neurorehabilitation and 2 amputee rehabilitation)
- Future re-provision of rehabilitation service and associated business case
- Scottish Government guidance on managing COVID-19
- Future peaks of COVID-19

## Impact

### **Strategic Links**

Completing a review of the existing model of Rehabilitation Services and implementing any recommendations contributes to the following Strategic priorities:

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

### **High level impacts;**

#### *People (citizens)*

##### Positive

- Reduced length of stay and reduce time spent in bed based rehabilitation
- Support and enable locally focused rehabilitation by delivering this and any associated care closer to home wherever possible.
- Person centred approach

##### Negative

- Equity of access of technology: not everyone has equal access, mitigated via the continuation of face to face services where appropriate

#### *People (staff)*

##### Positive

- All staff will have an opportunity to inform and shape the new services through involvement in the recovery planning process

##### Negative

- Not all staff will be confident and comfortable with utilising technology within their practice – mitigation communication, training, peer support (within and beyond service) and ongoing feedback

#### *System*

##### Positive

- Approach is aligned with Home First a key strategic priority for EHSCP
- More effective service
- More efficient service
- Resources are allocated fairly across the system

#### *Reputation*

##### Negative

- Perception that a selective and inequitable service is delivered, mitigation communication of service redesign (Ensure appropriate linkages are made with Edinburgh Pact Workstream and equivalent work streams across Lothian)

## Benefits

### **Citizen Benefit**

- People requiring inpatient rehabilitation are able to access it as timely as possible and with the expected level of intensity to improve quality and drive better outcomes.
- People who no longer require inpatient rehabilitation can access their ongoing rehabilitation and care requirements in the community
- Supports people to reintegrate back into the community either in their own home or a homely setting at the earliest opportunity.

### **System Benefit**

- Aligns with and will facilitate a continued move towards adopting the Home First Model where possible.
- Approach support the move to digital first in line with Health and Social Care strategic intent (Nationally, regionally and locally)
- Improved systems and processes

### **Financial Benefit**

- Efficient use of resources
- Anticipated reduction in spend

## Finances

### **Financial Savings**

The total 2020/21 budget for Rehabilitation Services (excluding SMART which is out of scope for this proposal and Occupational Therapy and Physiotherapy budgets which currently sit within the SE Locality budge) is £11.25m. The total anticipated financial savings for 2020/21 are laid out below:

	Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
Total Rehab Budget	£200	£150	£200	Support from NHS Lothian Strategic Planning Team
EHSCP share (based on NRAC)	£114	£85	£114	Support from NHS Lothian Strategic Planning Team

### **Non-Financial**

- Establishment of the Integrated Rehabilitation Collaborative (IRC)
- Established, shared vision across all four Lothian Health and Social Care Partnerships for specialist rehabilitation
- Building on learning and experience of responding to COVID-19, incorporation of technology for service delivery where appropriate
- New integrated model for the delivery of inpatient, outpatient and community rehabilitation services

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
10.1	<b>People:</b> confusion or misunderstanding of how and why new model is being implemented	Clear and appropriate engagement and communication with people and carers	Amber	Green
10.2	<b>Reputational damage:</b> service model does not meet existing expectations and perceptions	Ensure appropriate linkages are made with Edinburgh Pact Workstream and equivalent work streams across Lothian	Amber	Green
10.3	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber	Amber
10.4	<b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual	Staff support through change management	Amber	Green
10.5	<b>Consensus in approach:</b> lack of agreement across the 4 HSCPs on the model of care	Senior leadership engagement and direction	Red	Amber
10.6	<b>Governance processes reduced ability to work at pace:</b> working across 4 HSCPs may lead to a delay in decisions being made	Forward planning and engagement with/ representation from all HSCPs	Red	Amber
10.7	<b>Financial risk:</b> that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Red	Amber
10.8	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Red	Amber

## High Level Project Brief: 12. Review of Sexual Health Services

### Project Brief

Review the Lothian Sexual and Reproductive Health Services (LSRHS) to ensure that models of care are as effective and efficient as possible, and are aligned with national and local public health and sexual health priorities.

In light of COVID-19 the recovery planning process will be used to facilitate the review. Appropriate learning gained from the response to the COVID-19 pandemic, when some LSRH services had to be paused and others reduced or adapted (e.g. through the use of technology), will be used to inform and shape sustainable and future proofed models of care. This will be aligned to nationally agreed stages of recovery for Sexual and Reproductive Health Services which provides a guide as to when to restart services. This is in recognition that users of sexual and reproductive health services are often transient, and where possible reducing variation in services supports continuity of care.

### Constraints and Assumptions

#### **Constraints:**

High level constraints include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst still delivering business as usual.
- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.
- Ability to continue to iteratively redesign and deliver services within the context of Scottish Government Guidelines in response to COVID-19 (e.g. physical distancing).

#### **Assumptions:**

High level assumptions include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst also delivering business as usual
- Post COVID-19 remobilisation plans will be aligned with and shaped by nationally agreed stages of recovery for Sexual and Reproductive Health Services
- Capacity to implement service review and appropriate changes, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst still delivering business as usual
- Programme management support will continue to be available via the new transformation team



## ***Dependencies***

- Ensuring that any new service model fits with the overall vision for the delivery of LSRHS
- Support of the LSRHS SMT in completing the review (in particular, ensuring necessary information including local policies, procedures and processes, activity and performance data is readily available) and implementing any recommendations
- That any services review meet Public Health requirements and associated budget priorities
- Scottish Government guidance on managing COVID-19
- Future peaks of COVID-19

## **Impact**

### ***Strategic Links***

Completing a review of the Lothian Sexual and Reproductive Health Services (LSRHS) and implementing any recommendations contributes to the following Strategic priorities:

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

### ***High Level Impacts***

#### *People (staff)*

Positive

- All staff will have an opportunity to inform and shape the new services through involvement in the recovery planning process

Negative

- Not all staff will be confident and comfortable with utilising technology within their practice, mitigation: communication, training, peer support (within and beyond service) and ongoing feedback

#### *People (citizens)*

Positive

- More flexible provision of services through the utilisation of technology where appropriate
- Provision of care and services in the most fair and equitable manner possible, within available resources
- Person centred approach

Negative

- Equity of access of technology: not everyone has equal access, mitigated via the continuation of face to face services where appropriate
- Some groups may be less able to access care, mitigated by providing enhanced outreach service for vulnerable populations

#### *System*

Positive

- More effective service
- More efficient service
- Resources are allocated fairly across the system

## Reputation

### Negative

- Perception that a selective and inequitable service is delivered, mitigation communication of service redesign (Ensure appropriate linkages are made with Edinburgh Pact Workstream and equivalent work streams across Lothian)

## Benefits

### **Citizen Benefit**

- More flexible services as a result of the use of technology
- It is anticipated that there may be greater consistency in services between regions.
- Resources allocated based on identified need

### **System Benefit**

- Approach support the move to digital first in line with Health and Social Care strategic intent (Nationally, regionally and locally)
- Improved systems and processes

### **Financial Benefit**

- Efficient use of resources
- Anticipated reduction in spend

## Finances

### **Financial Savings**

The total budget for Lothian Sexual and Reproductive Health Services in 2020/21 is £6m.

The total anticipated financial savings for 2020/21 are laid out below:

	Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
Total Sexual Health Budget	£200	£100	£200	None identified
EHSCP share (based on NRAC)	£114	£57	£114	None identified

### **Non-Financial**

Provide assurance to the 4 IJBS on the extent to which LSRHS provides services which:

- Meet national clinical guidelines & quality assurance standards
- Are efficient, cost effective and deliver best value for money
- Meet access and performance standards
- Are delivered by a workforce with the appropriate skill mix and role optimisation.

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
11.1	<b>People:</b> Increase in population health risk and inequalities	Service priorities will be based on health risks and need	Red	Amber
11.2	<b>Reputational damage:</b> service model does not meet existing expectations	Ensure appropriate linkages are made with Edinburgh Pact Workstream and equivalent work streams across Lothian	Amber	Green
11.3	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber	Amber
11.4	<b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual	Staff supported through change management	Amber	Green
11.5	<b>Consensus in approach:</b> lack of agreement across the 4 HSCPs on the model of care	Senior leadership engagement and direction	Red	Amber
11.6	<b>Governance processes reduced ability to work at pace:</b> working across 4 HSCPs may lead to a delay in decisions being made	Forward planning and engagement with/ representation from all HSCPs	Red	Amber
11.7	<b>Financial risk:</b> that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Red	Amber
11.8	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months and careful planning of the recovery process	Red	Amber

# High Level Project Brief: 13. *Prescribing*

## Project Brief

Each year, the NHS Lothian Primary Care Pharmacy team identify proposals aimed at delivering efficiencies in the prescribing budget of approximately £4m across NHS Lothian. The 2020/21 Lothian prescribing action plan includes an overall efficiencies target of £4.075m (adjusted to £3.794m as a result of COVID-19), of which £2.070m (adjusted to £1.963m as a result of COVID-19) (51% of Lothian total) is attributed to EHSCP.

Efficiencies are derived from multiple sources, including embedded working practices and specific targeted projects. Additionally, generating these efficiencies requires multidisciplinary working between pharmacists, technicians, GPs, community and practice nurses and allied health professionals.

The following **embedded** workstreams will feed into the 2020/21 efficiencies target:

- Polypharmacy and practice initiatives - provided through the team's activity and includes Level 2/3 Reviews, Prescribing Support Work and S&V Locality Projects where not captured elsewhere.
- Specials - includes savings from Reclaims, Authorisation Process and individual practice level work.
- Scriptswitch® - derived directly from available reports each month detailing savings made through use of licensed software.
- PEAT – efficiencies made through activity of the Prescribing Efficiency and Analysis Team.
- Rebates – reported via NHS Lothian Finance team based on drug company rebates.
- GPIIP – efficiencies made through activities covered in the General Practice Intervention Project workstream.
- Full year effect – savings derived from work initiated in the previous financial year and continuing to generate savings in current year.

The following **additional** workstreams are due to feed into the 2020/21 efficiencies target and may be supported from additional funding from the Sustainability and Value (S&V) project team\*:

- Diabetes, Respiratory, Dietetics, Chronic Pain, Central Nervous System, Wound Management, Stoma.

Efficiencies will be derived from a basket of projects developed within the above clinical areas, the individual details of which are currently being developed by the Primary Care Pharmacy team.

Due to the impact of the COVID-19 pandemic a number of workstreams have been paused/ delayed, specifically:

- 2 months of the following have been missed: Polypharmacy, Specials, Rebates and GPIIP,
- S&V efficiency programmes are paused (with the exception of dietetic projects, which has been continued in a reduced capacity)

A tracker to monitor the savings is reviewed at the monthly basis at NHS Lothian's Health and Social Care Partnership Prescribing Forum and provides a mechanism for identifying and responding to slippage.

## Constraints and Assumptions

### Constraints:

High level constraints include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst still delivering business as usual

- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.
- Variances in drug costs are outwith EHSCPS control
- Prescription item volume is also subject to variance throughout the year

### ***Assumptions:***

High level assumptions include:

- The efficiencies will continue to be led and delivered by the NHS Lothian Primary Care Pharmacy team in conjunction with the Health and Social Care Partnership Prescribing Forum.
- That the NHS Lothian Primary Care Pharmacy team and colleagues from the Health and Social Care Partnership Prescribing Forum will have the capacity to engage fully with the projects, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst still delivering business as usual
- Price per item will return to pre COVID-19 levels

### ***Dependencies***

Normal services within GP practices are yet to resume, and there is not yet a clear understanding of what impact this may have on prescribing and resultant costs.

GP Practices in the City of Edinburgh and across Lothian remain engaged in Year 2 of S&V funded projects and support the Primary Care Pharmacy team with delivery of efficiency work.

The Sustainability and Value programme is able to restart in this financial year following the COVID-19 pandemic.

The NHS Lothian Primary Care Pharmacy team skill mix is anticipated to change during 2020/21 with the addition of a large number of new roles coming into the team. The workload of the existing team will need to flex during induction and training of new staff and may impact in the ability to deliver the efficiencies plan.

Ability to continue to recruit pharmacists and their capacity to play a role in supporting workstreams that will realise savings.

## **Impact & Benefits**

### ***Strategic Links***

Delivering efficiencies within the prescribing budget contributes to the following Strategic priorities:

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

### ***High level impacts:***

An Integrated Impact Assessment (IIA) was completed for the Lothian Prescribing Action Plan on 19<sup>th</sup> June 2020, no negative impacts were identified.

Prescribing projects are underpinned by quality improvement methodology aimed at improving clinical effectiveness.

**Citizen Benefit**

- Access to the right drugs to best support and address their conditions
- Increased opportunities for polypharmacy reviews
- Access to support from across a multi disciplinary team

**System Benefit**

- Implementation of projects underpinned by quality improvement to help improve clinical effectiveness
- Promotion of and increased opportunities to support collaborative working via multi disciplinary teams within primary care

**Financial Benefit**

- Efficient use of resources
- Reduced spend

**Finances****Financial Savings**

The total prescribing budget for 2020/21 is £82m. The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£2,070	£1,963*	£2,070	None noted

*\*amended to reflect the anticipated impact of COVID-19*

## Risk

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
8.1	<b>Recruitment:</b> challenges with recruiting and retaining practitioners to roles due to a shortage of available and appropriately trained workforce in the area	Ongoing recruitment and investment in training for staff.	Amber	Amber
8.2	<b>People:</b> There will be an increase in the number of roles and changes in the skill mix of the NHS Lothian Primary Care Pharmacy team during 2020/21. The induction and training of these staff will require flexibility from the existing team and increase their workload potentially impacting on the ability to deliver the efficiencies plan.	Ongoing recruitment and investment in training for staff. Existing pharmacy resource will be targeted, using data, to maximise impact.	Amber	Amber
8.3	<b>Resistance to change:</b> Plans are built on existing programmes that involve engagement with stakeholders. Capacity within primary care will be the main challenge.	Ongoing recruitment and investment in training for staff. Existing pharmacy resource will be targeted, using data, to maximise impact.	Amber	Amber
8.4	<b>Financial risk:</b> Variance in drug costs can lead to increased/decreased levels of savings against those anticipated. The ability to predict these changes is not possible, therefore cannot be built into the plan.	Any identified variance will be raised and discussed at monthly Prescribing Forum with active engagement from stakeholders	Amber	Amber
8.5	<b>Financial risk:</b> Prescription item volume is also subject to variance throughout the year and may lead to increases and decreases in spend against projected budget.	NHS Lothian Finance monitor volume and cost trends throughout the year and advise on identified issues via the HSCP Prescribing Forum.	Amber	Amber
8.6	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Red	Amber
8.7	<b>Operational priorities of Primary Care:</b> COVID-19 has necessitated a change in ways of working that are not yet fully understood and efficiency programmes were not seen as a priority during this period of readjustment. This has also resulted in changes in capacity to support new pharmacy staff.	Ongoing engagement and communication with general practice to monitor the ongoing impacts and to inform when efficiencies programmes can resume and capacity to support new pharmacy staff.	Red	Amber

## High Level Project Brief: 14. Community Equipment

### Project Brief

Ensure appropriate Grip and Control of the Community Equipment Service features. The proposed changes for the community equipment function as part of this proposal, sit under 6 key headings:

1. **Equipment Provision** - Review the criteria for equipment, and what equipment should be available, ensuring that the key priority remains supporting people to leave hospital, prevention of admission and end of life care.
2. **Processes** – Undertake cost benefit analysis of recycling, refurbishment, and ensure clearer accountability through devolved budgets. Review of processes to determine what might benefit from automation
3. **Behaviours** - Support change in referrer behaviour in line with new criteria, equipment options, and accountability for spend, whilst supporting and managing public expectations about the emerging Edinburgh Pact, encouraging people to help themselves where possible.
4. **Finances** - devolvement of budgets to localities and hospitals, supported through improved financial processes and access to data, allowing greater scrutiny and accountability against budgetary spend.
5. **Communications** - Clearer communications and tailored messaging about what equipment is available, across wider community settings/on line, and how to access.
6. **SLAs & Contracts** - Review of SLAs with other HSCPs, and contracts with suppliers to ensure they remain fit for purpose through appropriate support from service, contracts, finance and procurement

Appropriate learning gained from the response to the COVID-19 pandemic, when some services had to be paused and others reduced or adapted, and technology solutions optimised, and will be used to inform and shape how the service can sustainably be delivered in the longer term.

### Constraints and Assumptions

#### Constraints:

High level constraints include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst also delivering business as usual
- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.

#### Assumptions:

High level assumptions include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst also delivering business as usual
- SRO will be able to commit to, and be supported in leading this work
- Project and programme management support will continue to be available from the transformation team
- Digital/Automation solution to be applied where possible
- The changes made and lessons learned will be used to inform the wider community equipment service review and redesign as part of the Transformation Programme.



## **Dependencies**

- Successful roll out and implementation of this project will rely on appropriate linkages being made and consistent support with and from key workstreams within the Transformation Programme and Savings Governance projects. In particular integrated working with the development and implementation of:
  - o C3.4 The Edinburgh Pact
  - o C4.3 Community Equipment Model
  - o Home first
  - o 3 conversations
  - o SDS
- Scottish Government guidance on managing COVID-19
- Future peaks of COVID-19

## **Impact**

### **Strategic Links**

Implementation of the changes to the Community Equipment function contributes to the following Strategic priorities:

- Prevention and early intervention
- Person Centred Care
- Managing our resources effectively

### **High level impacts:**

1. *Devolved budgets:* will lead to more sustained grip and control over spend and greater scrutiny and accountability against budgetary spend
3. *Community Equipment Model:* review of equipment and criteria for Community Equipment; streamlining processes and introduction of a 'future proofed' strategy for provision of equipment, will contribute to supporting people to leave hospital, the prevention of admissions and end of life care. Aligned to both the prevention and crisis intervention work streams.
4. *Transformation Programme:* Lessons learned from implementing changes through the Savings Programme, and adaptations from COVID-19 will be utilised and help to inform the broader review and reform of the community equipment service which falls under the scope of the Transformation Programme
5. *Edinburgh Pact* - Provide clarity on service and support offering and redefine what statutory services can contribute in terms of preventing crisis, and supporting people to manage their health and personal independence at home
6. *Home First, SDS and 3 conversations*

### **People (citizens)**

#### Positive

- More efficient processes, clearer criteria for equipment and improved communication
- Opportunity to promote active lifestyles and reduce sedentary behaviour
- Increased choice & control
- More flexible access

#### Negative

- People potentially having to incur additional costs if they choose to purchase equipment that is no longer provided by the service. Mitigation: promotion of income maximisation opportunities

- Changes to the way equipment is delivered and collected may mean some people have to travel further to collect equipment

### ***People (staff)***

#### Positive

- More efficient processes, clearer criteria for equipment and improved communication
- The provision of a position statement for the community equipment service, will provide clarity consistency and fairness in supporting people to access the most appropriate equipment for them
- Increased training opportunities
- Potential for more flexible working patterns

#### Negative

- Change in approach may be anxiety provoking for some. Mitigation: communication and training
- Increase in the number of challenging and complex conversations. Mitigation: communication and training

### ***System***

#### Positive

- New and improved mechanisms
- Updated IT systems
- Resources are allocated fairly across the system

#### Negative

- Period of inconsistency as new systems and processes are implemented, mitigated by communication

### ***Reputational***

#### Positive

- Application of best practice to service delivery and alignment of delivery with that seen across the country

#### Negative

- Increase in the number of complaints as we deliver new ways of working, mitigation: communication
- Perception that a selective and inequitable service is delivered, mitigation: communication

## **Benefits**

### ***Citizen Benefit***

- Consistency in assessment and associated equipment
- Clearer and fairer processes
- Appropriate level of support when required
- Discharge facilitated in a timely manner
- Remaining at home for as long as possible enabled
- Requirements for end of life care supported

### ***System Benefit***

- Improved systems and processes
- Improved accountability and transparency of the process including decision making
- Improved reporting, and audit trails

### **Staff Benefits**

- Provision of a position statement for the community equipment service
- Clearer and fairer processes
- Improved awareness and training for referrers
- Co-production of new working patterns in equipment service to enhance productivity

### **Financial Benefit**

- Improved budget grip and control, reducing unnecessary spend
- Improved accountability for spend
- Improved processes for appropriate budget configuration and recharge model

## **Finances**

### **Financial Savings**

The total budget for 2020/21 is £10m.

The anticipated financial savings are laid out below:

<b>Full year target 2020/21 (£k)</b>	<b>Forecast 2020/21 In Year Savings (£k)</b>	<b>Recurring £k (from 21/22)</b>	<b>Delivery Investment</b>
£500	£250	£500	Nil yet identified, to be explored: <ul style="list-style-type: none"><li>• Automated systems</li><li>• New referral processes</li><li>• Devolved budget processes</li><li>• Communication</li><li>• Staff training and awareness</li></ul>

### **Non-Financial**

- Clearer communications and tailored messaging for:
  - public about what equipment is available, across wider community settings/on line, and how to access it
  - referrers about what equipment is available for what circumstances, in line with national benchmarking and new criteria
- Staff training will be delivered (including behaviour change messaging) to support sustained change and continuous improvement

## Risk

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
2.1	<b>Reputational damage:</b> associated with changing criteria, and altering equipment available	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Amber	Green
2.2	<b>Resistance to change:</b> from Locality and Hospital staff regarding new criteria for products, and new budgetary responsibility	Clear and appropriate engagement, communication and training where appropriate. Lessons learned from COVID-19 situation has created condition for change	Amber	Amber
2.3	<b>Resistance to change:</b> from Equipment service staff, to new working patterns to improve productivity	Engage and involve staff and trade unions to co-produce new patterns, allow testing, adjustments and continuous improvement. Lessons learned from COVID-19 situation has created condition for change	Red	Amber
2.4	<b>Change management:</b> potential impact on equipment service workforce from involvement and supporting change whilst delivering business as usual	Staff support through change management, with transparency of aims indicated. Lessons learned from COVID-19 situation has created condition for change	Amber	Green
2.5	<b>Change management:</b> referrers reluctance to change patterns demand, despite better reporting and information on criteria	Clear and appropriate engagement and communication, with transparency of aims indicated. Lessons learned from COVID-19 situation has created condition for change	Amber	Green
2.6	<b>Change management:</b> reliance on other partners and HSCPs	Clear and appropriate engagement and communication	Red	Amber
2.7	<b>Change management:</b> SRO has not been confirmed for Transformation Programme, and PM redeployed	Proactive discussions about confirming SRO	Red	Amber
2.8	<b>Change Management:</b> key challenges associated with engagement and involvement owing to covid-19	continue to glean as much information as possible, and include colleagues where possible	Red	Amber
2.9	<b>Transition challenges:</b> ensuing that affected people can access suitable alternatives that meet their needs	Clear and appropriate engagement and communication, and financial assessment, to ensure those who do not have the means are supported	Amber	Green
2.10	<b>Financial risk:</b> that the planned efficiencies are not achieved	Effective planning and monitoring process implemented	Red	Amber
2.11	<b>Financial Risk:</b> that the devilment of budgets and efficiencies to recharge model are not achieved	Effective engagement and monitoring in process, and benchmarking across the country to achieve best recharge model	Red	Amber
2.12	<b>COVID-19:</b> Operational priorities due to COVID-19 mean that it is not possible to implement all the service changes	Operational priorities due to COVID-19 mean that it is not possible to implement the service changes, however lessons learned from COVID-19 situation has created condition for change in other ways	Red	Amber

## High Level Project Brief: 15. *Carers Investment*

### Project Brief

As part of the EIJBs 2020/2021 Financial Plan, a saving of £900,000 was identified from the Scottish Government Carers' Strategy funding, which had not been committed fully. This was presented to the IJB on 28 April 2020. Owing to the requirement to present a balanced budget, a further decision was made by the IJB on 16 June 2020 to pause the award of Carer Support Contracts due to commence on 1 October 2020, to provide an opportunity to consider all options across the Partnership, to achieve a route to break even.

The project objective is to make a financial contribution to the 2020/2021 break even position for the EHSCP, whilst continuing to:

- Implement actions from Edinburgh Joint Carers Strategy 2019-2022 to ensure carers are well supported and are able to access support.
- Ensure the Local Authority and IJB meet statutory duties set out in the Carers (Scotland) Act 2016 in areas of information and advice, adult carer support plans, and, access to support where carer needs meet defined threshold.

In addition to the previously identified £900k savings, additional financial contributions have been identified, via step one or two below:

**Step 1** - Progress with proposed investment in contracted carer supports with a delay to January 2021, reducing some investment activity

**Step 2** - Progress with proposed investments in contracted carer supports with a delay to January 2021, and reduce further investment activity

It is recognised that to ensure the sustainable delivery of carer supports that meet carers need, the next stage of the Carers strategy implementation will review and better understand existing replacement care and respite options, identify where gaps exist and develop an financial plan as to how we meet these.

### Constraints and Assumptions

#### **Constraints:**

- Potential reputational damage, owing to not investing full amount to implement the Strategy
- Potential for trust between providers and EHSCP to be diminished

#### **Assumptions:**

- The Partnership will meet statutory duties under Carers (Scotland) Act 2016
- Previously agreed funding for Communities and Families associated with Young Carers will be honoured

- There will be a delay to the contract commencement of 3 months
- Investment in Performance and Evaluation Framework is maintained to ensure we can demonstrate impact, inform next strategy, and guide future service developments
- Core funding for existing block contracts will continue until new contracts commence
- Projected costs are based on expected Carers Implementation Act funding from 2019-2023
- Programme management support will continue to be available via the transformation team

### ***Dependencies***

- Availability of resources from commissioning, procurement and contracts to delay and implement new contracts, as required
- Resource Allocation System Transformation work stream will inform any additional demand and spend requirements from the Carers funding stream
- Contracted providers willing to continue working collaboratively and being financially sustainable as a result of any delays to funding
- Grant providers able to continue to extend provision if a delay in the contracted provision coming on line

### **Impact**

The Carers Strategy Funding, and Strategy Implementation Plan, is in line with the following Strategic priorities:

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

Considerations about how carers and the system will continue to benefit, alongside assumed savings and risks for each step is summarised below, with a more detailed risk assessment at the end of this brief. Ned to do more work and will need to bring it back.

*The following impacts apply to both:*

***Step 1 - Progress with proposed investment in contracted carer supports as close to original timescales as possible (Jan 2021), reducing some investment activity***

***AND***

***Step 2 - Progress with proposed investments in contracted carer supports as close to original timescales as possible (Jan 2021), and reduce further investment activity***

### ***Citizen Impact***

#### Positive

- Increased choice and access to support for carers
- Increased % of carers feel supported to continue in their caring role (National Indicator 8)

#### Negative

- Full funding will not be utilised in 2020-21 financial year
- Delay in the provision of services to January 2021

### ***Staff impact***

#### Positive

- Additional training and support for staff
- Access to support for employees that are carers

#### Negative

- Full funding will not be utilised in 2020-21 financial year
- Delay in the provision of services to January 2021

### ***System Impact***

#### Positive

- Improved confidence and willingness of providers to work with EHSCP.
- Innovation in service delivery supported as part of awarded contracts
- Very high degree of confidence Carers Joint Strategy can be delivered in full
- Very high degree of confidence statutory duties of Carers (Scotland) Act 2015 will be fulfilled
- Not onerous to implement

#### Negative

- Delay in the increase capacity to support Adult Carer Support Plans, in line with our statutory duty

### ***Reputation***

#### Positive

- Doubling investment in carers support

#### Negative

- Perception that we are not using the full funding

## Benefits

### ***Financial Benefit***

***Step 1 - Progress with proposed investment in contracted carer supports as close to original timescales as possible (Jan 2021), reducing some investment activity:***

- Identified uncommitted monies of £900,000 in 2020/2021
- Review of estimated carer payments following analysis of data from testing Adult Care Support Plan and provision of carer payments identified £228,438
- Contribution to Older Peoples Day opportunities (for 2020/21 only) £42,839
- Delay in award of contracts for replacement care/day support to January 2021 identified a further £426,740
- *Additional spend for extension of contracts and transition grants £251,679*
- Total contribution to financial plan for 2020/21 = £1,346,338

***Step 2 - Progress with proposed investments in contracted carer supports as close to original timescales as possible (Jan 2021), and reduce further investment activity:***

- In addition to savings identified in step 1 a further reduction associated with future developments and innovation results in a further £100,000
- *Additional spend for extension of contracts and transition grants £251,679*
- Total contribution to financial plan for 2020/21 = £1,446,338



## Finances

### Financial Savings

The total carers budget for 2020/21 is £4.1m, plus a sum towards purchasing. The current budget and associated financial plan is laid out below, with the impact of the proposed savings for each step indicated in the following tables:

#### Step 1

<b>Budget for 2020/21</b>	4,100,208
<b>Spend for 2020/21</b>	2,753,870
<b>Savings/Pressure Breakdown</b>	
<b>Savings</b>	<b>Apr-Mar</b>
Identified slippage (already inc within proposed 20/21 EIJF Financial Plan)	780,000
Identified slippage (already inc within proposed 20/21 EIJF Financial Plan) - Contingency	120,000
Estimated Carer Payments generated following completion of ACSP [2]	228,438
Older Peoples Day Opportunities	42,839
Delay to contract start to January 21	426,740
<b>Subtotal Savings/Pressure</b>	<b>1,598,017</b>
Additional spend - extension of existing contracts	251,679
<b>Total Savings</b>	<b>£1,346,338</b>

#### Step 2

<b>Budget for 2020/21</b>	4,100,208
<b>Spend for 2020/21</b>	2,653,870
<b>Savings/Pressure Breakdown</b>	
<b>Savings</b>	<b>Apr-Mar</b>
Identified slippage (already inc within proposed 20/21 EIJF Financial Plan)	780,000
Identified slippage (already inc within proposed 20/21 EIJF Financial Plan) - Contingency	120,000
Estimated Carer Payments generated following completion of ACSP [2]	228,438
Older Peoples Day Opportunities	42,839
Innovation Fund	100,000
Delay to contract start to January 21	426,740
<b>Subtotal Savings/Pressure</b>	<b>1,698,017</b>
Additional spend - extension of existing contracts	251,679
<b>Total Savings</b>	<b>£1,446,338</b>

The anticipated financial savings are laid out below:

Step	Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Delivery Investment <i>Additional spend for extension of contracts and transition grants</i>
1	£1,598,017	£1346,338	£251,679
<b>OR</b>			
2.	£1,698,017	£1446,338	£251,679

## Risk

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
<b>Step 1: Progress with proposed investment in contracted carer supports as close to original timescales as possible, reducing some investment activity and Step 2: Progress with proposed investments in contracted services, with a delay, and reduce further investment activity</b>				
1.	Providers being unable to fully deliver contracts	All providers have participated in two stage negotiated tender evaluation process and financial assessment as part of procurement process.	Amber	Green
2.	Replacement care options for carers and cared for person are limited owed to contribution to financial plan.	Carer payments resulting from Adult carer support plans could be used to fund replacement care for carers who have eligible needs, continued access for cared for person to respite supports either day or residential.  Expected increased funding from Scottish Government could be directed towards replacement care if supported by performance and evaluation outputs	Amber	Amber
3.	Ability of providers and newly formed provider partnerships to continue if contract awards are delayed	Providers have been informed of initial delay, ongoing communication with providers to further understand any impacts of delays	Amber	Green
4.	Impact on young adult carers who may be transitioning from young carers services.	Continue to work closely with Communities and Families and Young carer support providers and existing Young Adult Carer provider to minimise disruption and ensure Young adult carers are support at point of transition	Amber	Green

# High Level Project Brief: 16. Bed Based Review

## Introduction

The bed base review (BBR) project forms part of the Edinburgh Integration Joint Board's (EIJB) Transformation programme. It sits within Programme 3 which is aligned to Conversation 3, Build a Good Life. The project's objectives are to transform and redesign a broad range of bed-based services across all delegated services, taking into consideration demand and capacity and, will design and implement the optimum model for the provision of sustainable bed-based care services. This is a significant ongoing piece of work that will be implemented in phases. However, it is recognised that there is an opportunity to accelerate 2 key component of the BBR as part of the Savings Programme namely:

- a. Review hospital bed base**
- b. Review care home provision**

## Background

The City of Edinburgh is expanding considerably with one of the highest percentage growth rates in Scotland. This increase creates a larger population with a greater proportion depending on care for multiple complex care needs. The current model of health and social care service provision is not sustainable and must evolve to meet the future challenges and anticipated demand. The Bed Based Review project aims to transform how bed-based services are delivered across the city and examine how the EIJB can create a sustainable delivery model for future generations.

Prior to the COVID-19 pandemic, work had begun on scoping and initiating the Bed Based Review project. The project team had identified the current bed base across the city and a workshop was planned to develop the short, medium and long term actions required to transform the future bed-based provision. Unfortunately, this workshop was cancelled due to the lock down measures that were introduced in March 2020.

Currently delayed discharges are at historically low levels, the roll out of Home First at pace has been widely adopted and there is capacity within our care home system. This offers us an exclusive window, allowing us to proactively redesign our bed base in line with the 3 Conversation ethos adopted by the EIJB. The evolving bed based model for older people is one which looks to reduce acute care bed usage and increase community-based health and social care support, enabling people to remain independent at home, or in a homely setting for as long as possible.

The landscape of the existing EIJB older people's bed base is complex and outdated. Beds are spread across the city in both acute and community settings. There are numerous pathways that refer into these beds and the criteria used to determine where someone should be cared for is applied inconsistently or inappropriately to ensure flow through the system. The environment is also challenging with a number of premises not fit for purpose and due to be decommissioned, increasing the need to move towards a community-based model, where acute services are only used when there is no alternative option.

## Project Brief

There are 2 proposals within scope, both of which require further work before a decision can be made:

### **a. Review hospital bed base**

As highlighted above the Bed Based Review is a key project as part of the Transformation Programme. This work will articulate our target bed-based model and provide a detailed plan for moving toward this. This work has been started but is not yet complete.

However, recognising that shorter term, tactical changes are needed, we have, and will continue to progress initiatives including: Home First Edinburgh; the establishment of Integrated Care Facilities; reviewing the use of HBCCC beds; and relevant beds in acute hospitals. Each of these workstreams are being carefully reviewed to ensure they align with our strategic intent.

### **b. Review care home provision**

The Partnership manages nine care homes across the city providing high standards of care to those who are most vulnerable in our society. At present there are c.90 vacancies within the system and, due to COVID-19, admissions have been paused.

From data taken from 2016, the Partnership had a 16% market share of care home capacity. The private and independent sector made up 84% (4% of which was purchased using block contracts). It is recognised that, as the proposal evolves, vacancies may be reconfigured to either HBCCC or IC functions, and that further vacancies could be filled once admissions recommence.

We currently have an opportunity to influence and make changes to our approach more immediately than under normal circumstances. These changes must take the following into consideration:

- There are four care homes within our estate that are not fit for purpose, they have surpassed their design life expectancy and do not meet Care Inspectorate design guidance for building better homes.
- Capital funding needs secured in line with plan for reprovision.
- The need to address the gaps in specialist dementia care and in care provision for those with challenging behaviours

In recognition of the above (and the wider bed based review it is proposed that further work is completed to quickly enable informed, sustainable decisions to be made about the number of care home beds needed and any necessary actions expedited. Therefore, ensuring the most effective and efficient use of resources.

In the longer term these decisions must inform and shape the longer term delivery model of our internal care home provision.

## Constraints and Assumptions

### **Constraints:**

The delivery of both proposals outlined above are linked and must be planned for and delivered in a joined up manner.

*High level constraints include:*

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst still delivering business as usual. This will include colleagues in acute settings.

- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.
- Ability to continue to iteratively redesign and deliver services within the context of Scottish Government Guidelines in response to COVID-19 (e.g. physical distancing)]
- Capital resources to support any required re-provision

### **Assumptions:**

*High level assumptions include:*

- Capacity of people to engage fully with the project, whilst also responding to the consequences of the first wave, and any future waves of COVID-19
- Programme management support will continue to be available via the new transformation

### **Dependencies**

*High level dependencies include:*

- Scottish Government guidance on managing COVID-19
- Future peaks of COVID-19

## **Impact**

Implementation of the changes to the Bed Based Review contributes to the following Strategic priorities:

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

To ensure the appropriate levels of due diligence have been taken across the project, Integrated Impact Assessments would be completed as the proposal are developed. However, at this initial stage, high levels impacts have been identified below

### **High level impacts;**

*People (citizens)*

Positive

- Reduced length of stay and reduce time spent in hospital based setting
- People supported to live at home or in a homely setting
- Person centred , strengths based approach to their care

Negative

- Change in approach may be anxiety provoking for some

*People (staff)*

Positive

- Empowered staff
- Cultural change

Negative

- Change in approach may be anxiety provoking for some

## System

### Positive

- Approach is aligned with Home First a key strategic priority for EHSCP
- More effective service
- More efficient service

## Benefits

### **Citizen Benefit**

- Appropriate level of support when required, including bed based care
- Discharge facilitated in a timely manner
- Remaining at home enabled
- Independence maximised

### **Staff Benefits**

- Staff empowered and supported to make decisions in the best interest of the people being supported
- Clearer processes

### **System Benefit**

- In line with strategic objectives – Community based Home First approach;
- Improved flow
- Improved systems and processes
- Appropriate use of beds

### **Financial Benefit**

- Improved overall value
- Spend incurred in the most appropriate setting
- Reduced spend

## Finances

### **Financial Savings**

The anticipated financial savings are laid out below:

Proposal	Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Delivery Investment
a. Review Hospital Bed Base	TBC	TBC	
b. Phase 1 review of Care Home Capacity	£500	£500	To be identified
TOTAL	£500	£500	

### **Non-Financial**

- Right sizing of our bed base will provide an appropriate level of bed based capacity for those who need it but the default being that people are supported to live at home or in a homely setting.

## Risk

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
<b>Cross cutting risks</b>				
13.1	<b>People:</b> confusion or misunderstanding of how and why new model is being implemented	Clear and appropriate engagement and communication with people and carers	Amber	Green
13.2	<b>Reputational damage:</b> service model does not meet existing expectations and perceptions	Ensure appropriate linkages are made with Edinburgh Pact Workstream and equivalent work streams across Lothian	Amber	Green
13.3	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber	Amber
13.4	<b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual	Staff support through change management	Amber	Green
13.5	<b>Transition challenges:</b> ensuing that if appropriate affected people can access suitable alternatives that meet their needs	Clear and appropriate engagement and communication, to ensure those who do not have the means are supported	Amber	Green
13.6	<b>Financial risk:</b> that the planned efficiencies are not achieved	Effective planning and monitoring process implemented	Red	Amber
13.7	<b>COVID-19:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Red	Amber

# High Level Project Brief: 17. *Additional Purchasing*

## Project Brief

To ensure the best use of the purchasing budget and to maximise the benefit to eligible individuals in the most fair and equitable manner possible, within available resources, it is necessary to review and implement appropriate changes.

The key changes to support the proposed Grip and Control, redesign and transformation of the Purchasing Budget are outlined in Appendix 4 of the Savings Programme report, under Project Brief 9: Purchasing Savings. Through the implementation of these proposed changes it is identified that £4.1m could be saved.

However, based on initial data, it is anticipated that there is an opportunity to identify an additional saving within the purchasing budget to contribute to the EIJBS Savings Programme and address the remaining financial gap (currently £3.09m assuming all proposals are agreed and meet their current targets).

However, at this point in the year, we do not currently have sufficient data to confirm the current trajectory of the purchasing budget (previously estimated to grow by £8m in year due to demography, but now likely to be less). Therefore, it is proposed that the purchasing target is reviewed at the end of July when the data is available to ensure that this saving continues to be accurate, with an update brought back to the next EIJBS meeting.

## Constraints and Assumptions

### **Constraints:**

High level constraints include:

- Availability of accurate data to inform the decision making process
- Savings can only be attributed to this additional purchasing proposal once the original £4.1m purchasing target has been achieved
- Capacity of people to engage fully with the project and appropriate changes, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst still delivering business as usual
- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.

### **Assumptions:**

High level assumptions include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst also delivering business as usual may constrain the benefits realisation of the project, however, this may be mitigated by the identification of appropriate project support
- It is assumed that the purchasing project proposal will be able to deliver its target of £4.1m alongside the delivery of the £3.09m identified within this proposal

### **Dependencies**

- Delivery of the £4.1m purchasing savings proposal alongside the delivery of the £3.09m identified within this proposal
- Future peaks of COVID-19



## Impact

### Strategic Links

Implementation of the changes to Purchasing contributes to the following Strategic priorities:

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

### High Level Impact

#### *People (citizens)*

##### Positive

- Best use of purchasing budget to maximise the benefit to eligible individuals
- Provision of care and services in the most fair and equitable manner possible, within available resources.
- Improved consistency and equity in practice
- Person centred care using a collaborative approach which promotes choice and control

##### Negative

- Increase in the number of challenging and complex conversations
- Period of inconsistency as new systems and processes are implemented, mitigated by communication
- Some people may no longer receive the same level of funding to access the same level of care and support previously provided to them

#### *People (staff)*

##### Positive

- Clarity, support and consistency of practice
- Investment in staff via training, reflective practices and peer support and time to support this
- Cultural change

##### Negative

- Change in approach may be anxiety provoking for some, mitigated by communication and training
- Period of inconsistency as new systems and processes are implemented, mitigated by communication
- Increase in the number of challenging and complex conversations

#### *System*

##### Positive

- New and improved mechanism
- Resources are allocated fairly across the system
- Move towards Three Conversations as the new norm is aligned with EHSCP strategic intent and the principles of Self Directed Support (SDS)

##### Negative

- Period of inconsistency as new systems and processes are implemented, mitigated by communication
- Possible increase in delays

## Reputation

### Positive

- Services are delivered which ensure legal compliance, application of best practice, alignment of delivery with that seen across the country

### Negative

- Perception that a selective and inequitable service is delivered, mitigation: communication about implementation of mechanisms

## Benefits

### **Citizen Benefit**

- Consistency in assessment and provision of care
- Improved communication
- Appropriate level of support when required
- Person centred and collaborative approach adopted
- Discharge facilitated in a timely manner
- Remaining at home enabled
- Reduced waiting lists

### **System Benefit**

- Improved practice, systems and processes
- Consistency of decision making
- Reduced waiting lists
- Improved accountability and transparency of processes including decision making
- Improved audit trails
- Shift to a prevention approach

### **Staff Benefits**

- Clarity of purpose through the provision of a position statement
- Improved communication
- Increased training
- Increased job satisfaction
- Cultural change

### **Financial Benefit**

- Improved budget grip and control
- Improved accountability for spend
- Reduced spend

## Finances

### **Financial Savings**

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Delivery Investment
	£3,090	<ul style="list-style-type: none"><li>• Dedicated time from senior managers, budget holders etc</li><li>• Learning and development programme</li><li>• Time from people to commit to developing and implementing processes</li><li>• Finance support</li><li>• Strategy and Insight support Delivery of other co-dependent work streams</li></ul>

## Risk

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
15.1	<b>People:</b> confusion or misunderstanding of how and why new model is being implemented	Clear and appropriate engagement and communication with people and carers	Amber	Green
15.2	<b>Reputational damage:</b> new service model does not meet existing expectations leading to increased complaints	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Red	Amber
15.3	<b>Skill and knowledge gap:</b> inconsistency in the skills, knowledge and confidence of current decision makers and assessors	Staff supported and provided appropriate training and peer support	Amber	Green
15.4	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber	Amber
15.5	<b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual	Staff supported and provided appropriate training including being supported through change management	Amber	Green
15.6	<b>Scale:</b> the work required does not match the capacity of staff to undertake	Effective planning, allocation and monitoring process developed and implemented	Red	Amber
15.7	<b>Volatility of the market:</b> challenges with managing purchasing spend due to the volatility and nature of the market	Consistent, effective planning and monitoring process implemented	Amber	Amber
15.8	<b>Financial risk:</b> that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Red	Amber
15.9	<b>Clear vision and leadership:</b> Inconsistent understanding of the situation and what we are trying to achieve	Consistent, positive messaging and communication. With proactive engagement across all stakeholders  Ensure appropriate linkages are made with Edinburgh Pact Workstream	Red	Amber
15.10	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Red	Amber
15.11	<b>Inclusive involvement:</b> purchasing leads are not involved in major strategic workstreams that change the way EHSCP conducts its business, which impact on the purchasing budget and ability to achieve savings target	Purchasing Leads must be involved in all EHSCP major strategic workstreams	Red	Amber

## High Level Project Brief: 18.Thrive - *Mental Health & Wellbeing*

### Project Brief

The Thrive Edinburgh Adult Health and Social Care Commissioning Plan has 6 commissioning work streams:

- |                                   |                                 |
|-----------------------------------|---------------------------------|
| 1. Building Resilient Communities | 2. A Place to Live              |
| 3. Get Help When Needed           | 4. Closing the Inequalities Gap |
| 5. Rights in Mind                 | 6. Meeting Treatment Gaps       |

This plan identifies the changes we can bring about within this partnership, but recognising the breadth and complexity of factors influencing our mental health. Within each work stream we have set out: our aspirations, what is happening now and what needs to happen in the future to achieve these aspirations.

The mental health service delivery landscape in Edinburgh is complex with a number of delegated services operationally managed (including budgets) by different partners:

- The Royal Edinburgh hospital and Associated Services manage the Mental Health Assessment Service, the Intensive Home Treatment Team, Consultant Psychiatrists (Clinical Psychology and Psychological Therapies), inpatient services, Older People's Rapid Response and Treatment team, the Rivers Centre, Cullen centre and Psychodynamic Psychotherapy.
- Locality Managers are responsible for Community services and their associated budgets, which include Community Mental health teams and Mental Health Officer/ Social Work services.
- EHSCP Strategic leads commission third sector providers across the city to deliver Support at home, supported accommodation and wellbeing services.
- Income generation through external funding agencies for specific programmes.

Efficiencies will be derived from multiple sources, including embedding working practices and specific targeted projects. Generating these efficiencies requires multidisciplinary and cross organisational working between senior operational managers, clinical and professional leads. There are a number of developing spend to save proposals which may require resource transfer from inpatient services and /or across workstreams.

There are 35 Change Programmes within the 6 Workstreams:

	Building Resilient Communities	A Place to Live	Get Help When Needed	Closing the Inequalities Gap	Rights in Mind	Meeting Treatment Gaps
Change Programmes	1 to 3	4 to 9	10 to 16	17 to 21	22 to 26	27 to 35
included in the efficiency programme		4,5,6,7	10,11,12			30,31,32, 33,34

The following **Change Programmes** will feed into the 2021/2 efficiencies target:

- Change Programme 4 - Provide a framework agreement for Wayfinder supported accommodation and support at home services which:
  - increases the ability of providers to respond flexibly to fluctuating levels of need,
  - enables providers to carry out reviews and assessments in defined circumstances where longer term adjustments to the levels of support are required,
  - increases level of flexible and collaborative working between providers and health and social care staff around clusters and localities.
- Change Programme 5 - Technology enabled care service has a major role to play across the Wayfinder model. We need to accelerate our efforts, making maximum use of the opportunities afforded by Digital Health Scotland.
- Change Programme 6 - Provide additional Wayfinder Grade 5 intensive rehabilitation in community settings for women with multiple and complex needs.
- Change Programme 7 - Provide Wayfinder Grade 5 facility for people who require high level support and treatment on a long term basis in an environment which provides support for meaningful days and person centered choices
- Change Programme 10 - Introduction of open access “Thrive” centres across the city with multi agency and multi professional team input, offering brief assessment and formulation leading to a jointly agreed plan with the client regarding next steps.
- Change Programme 11 - Refreshed DCAQ Improvement and investment plans to improve access to psychological therapies, this links to the development of Thrive Centres.
- Change Programme 12 - Build on the model established by Street Assist with our partners in Police Scotland, NHS Unscheduled Care Services, the Scottish Ambulance Service, NHS 24, Social Care Direct, Community Safety Partnership and the Chamber of Commerce to create a safe out of hours place where people who are intoxicated or vulnerable can be kept safe and if appropriate linked into support and services.
- Change Programme 30 - Integrate Positive Steps and Edinburgh IHTT to increase capacity to respond to people, enabling earlier discharge and reducing the number of unplanned admissions and length of stay in acute settings.
- Change Programme 31 - Open in spring 2020, a Grade 5 step up/step down resource for people who require short term stay to avoid admission to hospital setting or to facilitate earlier discharge from acute care.
- Change Programme 32 - Commission and implement the matched care model for women with multiple and complex needs, building on the successful Willow informed model, increasing day place, residential places and training and support and case management across community and inpatient settings.
- Change Programme 33 - Edinburgh will require 15 inpatient beds for people requiring low secure provision and 18 inpatient beds for people requiring rehabilitation to be reprovided in fit for purpose accommodation as part of the Business Case for Royal Edinburgh Hospital Redesign Phase 2. Hospital beds are essential for people for whom the process of assessment, treatment or risk management cannot be safely or effectively be delivered in any other setting.

- Change Programme 34 - Continue to commission 64 acute admission and 7 intensive psychiatric care beds at the Royal Edinburgh Hospital.
- Change Programme 35 - Ensure that young people receiving support for their mental health experience a smooth transition to adult services if this is required. The transition should be considered as part of the individual's person centered outcomes and care plan rather than solely based on calendar age.

It is important to note that the Change Programmes are interconnected and there may be redeployment of resource from one programme to another.

Due to the impact of the COVID-19 pandemic a number of workstreams have been paused/ delayed, specifically:

- Change Programme 12 – due to lockdown and the shutdown of the night-time economy
- Change Programme 30, 31 and 32 – Social distancing and prioritising staff for essential service provision has impacted on the ability to engage with the necessary wide range of stakeholders.

Moving into phase 2 of COVID-19 response will enable engagement to resume.

## Constraints and Assumptions

### **Constraints:**

High level constraints include:

- Capacity of people to engage fully with the change programmes as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst still delivering business as usual
- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.

### **Assumptions:**

High level assumptions include:

- Strategic programme budget approach is taken and there is potential to shift resource between organisations and programmes

### **Dependencies**

Funding awards from the Scottish Government are made to previously stated levels.

## Impact & Benefits

### **Strategic Links**

Delivering efficiencies within mental health and wellbeing programme contributes to the following Strategic priorities:

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

### **High level impacts:**

In line with the Thrive values:

- We make shared decisions and value people's skills and experiences
- We always work collaboratively with a flattened hierarchy
- We always build trust and foster empathetic and honest relationships
- We are always person centred
- We show kindness and compassion and treat people with respect and dignity
- We always start with people's strengths and build on these
- We always engage people as citizens in their community and embrace the whole person
- We give permission to try new things, adapt, and learn
- We deeply believe our people are our greatest assets
- We always treat people as equal partners

An Integrated Impact Assessment (IIA) will be completed for each Change Programme.

Programmes are underpinned by robust evidence and research with the voices of people with lived experiences at the centre of change programme.

Thrive has a clear outcomes – key performance indicators for each change programme will be delivered in line with the 6 person outcomes and 3 system wide outcomes.

#### **Citizen Benefit – Thrive Outcomes**

- People have choice and control
- People are recovering, staying well and can live the life they want to lead
- People feel connected and have positive relationships
- People are living in settled accommodation of their choice where they feel safe and secure
- People have opportunities to learn, work and volunteer
- People receive good quality, person-centred help, care and support.

#### **System Benefit – Thrive Outcomes**

- Timely access to high quality person centred help and support when and where it is needed
- Reduced levels of mental and emotional distress
- Reduction in unplanned and crisis health and social care utilisation, including emergency response as well as institutional placements.

#### **Financial Benefit**

- Efficient use of resources
- Reduced spend

## **Finances**

### **Financial Savings**

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
	£300	TBC	

## Risk

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
14.1	<b>Recruitment:</b> challenges with recruiting and retaining practitioners to roles due to a shortage of available and appropriately trained workforce in the area	Ongoing recruitment and investment in training for staff.	Amber	Amber
14.2	<b>People:</b> There will be an increase in the number of roles and changes in the skill mix of the team during 2020/21. The induction and training of these staff will require flexibility from the existing team and increase their workload potentially impacting on the ability to deliver the efficiencies plan.	Ongoing recruitment and investment in training for staff.	Amber	Amber
14.3	<b>Resistance to change:</b> as we are considering whole system change in a number of the programmes this may present challenges on many different levels.	There has been widespread engagement in the development of Thrive.	Amber	Amber
14.4	<b>Financial risk:</b> The Partnership does not have operational and financial responsibility for all of the budgets included within this programme	There has been widespread engagement in the development of Thrive. This and regular communication with all stakeholders will continue during implementation.	Amber	Amber
14.5	<b>Financial risk:</b> Difficulty in reaching agreement to shift resources both from hospital to community settings and across organisational boundaries	Demonstrate intended impact of change. Mandate and support for change from wide group of stakeholders in line with strategic commissioning plan.	Red	Amber
14.6	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes and engage as comprehensively with stakeholders	Close monitoring throughout the coming months and employ different means and approaches to ensure engagement.	Red	Amber



## High Level Project Brief: 19. Medical Day Hospital Review

### Project Brief

#### ***Undertake a review of Medical Day Hospitals:***

- Identify and determine the future function, demand and capacity required for medical day hospitals. This will include developing a consistent and fair framework for how day hospitals services will function.
- Within this context we will then be able to determine the unique role, and proportionate demand for day, given the associated growing re-enablement and rehabilitation support in the wider community.

Appropriate learning gained from the response to the COVID-19 pandemic, when some services had to be paused and others reduced or adapted, will be used to inform and shape how the service can sustainably be delivered in the longer term.

### Constraints and Assumptions

#### ***Constraints:***

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst also delivering business as usual
- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.
- Delays in ability to engage, and achieve the data required to confirm baseline activity, owing to COVID-19
- The shielding list has grown in the Lothians. In Edinburgh the list started at c7,500, and at the end of May was just under 13,000. The majority of growth being added is to group 7 - anyone leaving hospital where there is a clinical view that they are at higher clinical risk, or a GP thinks that they are at higher clinical risk and should be added to the list. Depending how significantly this list increases, there could be a proportionate implication for the demand on MDH services, and what alternative care provision is available for this cohort of people, particularly if physical distancing restrictions remain in place.
- The role of the Royal Victoria facility has been utilised as a COVID-19 triage Hub, and may continue to play an ongoing role, outwith Medical Day hospital function
- Delays in ability to engage, and achieve the data required to confirm baseline activity, owing to COVID-19. The proposals developed will be subject to the evolving landscape of both clinical and political guidance from Health Protection Scotland and the Scottish Government respectively
- Co-dependent work streams in the wider transformation programme that may impact on timings for change to occur

#### ***Assumptions:***

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst also delivering business as usual
- Project and programme management support will continue to be available via the transformation team
- Digital/Automation solution to be applied where possible

- The decisions made are dependent on evidence gathered to analyse the current state of medical day hospital delivery
- There is a desire, and opportunity to resume Medical Day Hospitals to the new service model, rather than reverting service provision back to pre-COVID-19 state. In light of this, the project needs to be conducted in a more fluid way to ensure decision making is accelerated whilst ensuring there is an ongoing continuous improvement and refinement approach
- The decisions made are dependent on evidence gathered to analyse the current state of medical day hospital delivery
- Recognition the growing population of older people with in Edinburgh and will have greater complexity of need in the future.

### ***Dependencies***

- Successful roll out and implementation of this project will rely on clear and consistent support with and from other Savings Governance and Transformation projects, mainly
- Successful roll out and implementation of this project will rely on appropriate linkages being made and consistent support with and from key workstreams within the Transformation Programme and Savings Governance projects. In particular integrated working with the development and implementation of:
  - o C1.1 Community Investment & Prevention,
  - o C1.3 Community Frailty Services,
  - o C1.5 Three conversations,
  - o C2.1 Home First.
  - o C3.4 The Edinburgh Pact
- Scottish Government guidance on managing COVID-19
- Future peaks of COVID-19
- The availability of medical day hospital facilities to resume care provision for frail and elderly patients. The ARC has currently (June 2020) been repurposed as a community hub during the COVID-19.
- Digital capacity capability, (e.g. band width for reliability of Near Me utilisation)
- Availability of diagnostics for ambulatory care functions
- The overall falls pathway featured in the chat as a key dependency to get people to the right place for the right intervention. There are a number of pathways that will spur off this work, this being one of them.
- There is a co-dependency with aligning the outputs of this project with the outcomes of the tech-enabled care and Scottish Route map project where relevant.

## **Impact & Benefits**

### ***Strategic Links***

Implementation of a review of Medical Day Hospitals contributes to the following Strategic priorities:

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

### ***High Level Impacts***

- Day hospitals will be used for the identified and agreed functions
- Opportunity to create a fair and consistent framework for day hospital service delivery, including standard operational procedures (SOP) across locations

- Reframe and reshape people's expectations about what day hospital services can provide through the central framework (where appropriate links will be made to align this work with the Edinburgh Pact)
- Develop more meaningful relationships with the people who use day hospitals and the wider community they interact with
- Fair and consistent accessibility and referral criteria
- Support people to access the right services in the right place at the right time

### ***People (citizens) Impact***

#### Positive

- Fair and proportionate service
- There will be the opportunity for people to become more aware of what community support is available in their local area
- Opportunity for closer conversations with individuals to find more personalised options for ongoing rehabilitation support, where this is the identified need
- There may be scope that alternative support services may be available closer to home
- Opportunity to increase promotion and access to physical activity and life skills through the promotion of the most appropriate community services

#### Adverse

- There could be some anxiety or fear associated with change as the service provision is adapted. This will be mitigated by understanding citizen's needs and using this information as evidence for any new model as well as relevant engagement.

### ***People (staff)***

#### Positive

- staff will have an opportunity to inform and shape the new services
- There will be the opportunity for people to become more aware of what community support is available in their local area
- Opportunity for closer conversations with individuals to find more personalised options for ongoing rehabilitation support, where this is the identified need
- Develop more meaningful relationships with the people who use day hospitals and the wider community they interact with
- Reframe and reshape people's expectations about what day hospital services can provide through an agreed consistent framework

#### Adverse

- There could be some anxiety or fear associated with change as the service provision is adapted. This will be mitigated by understanding staff's roles and involving them in the process of defining what a new model could look like.

### ***System***

#### Positive

- The approach is aligned with Home First a key strategic priority for EHSCP
- Identify the unique function of the medical day hospital, and its relationship with the acute experience, and wider community supports
- Develop and determine a consistent and fair approach for medical day hospitals across the City of Edinburgh
- Reduce variation of operational, management and specialist function services, where possible
- Resources are allocated fairly across the system
- Increased connections across sectors and increased awareness of community services that are available

## **Reputation**

### Positive

- Develop and determine a consistent and fair approach for medical day hospitals across the City of Edinburgh
- Reduce variation of operational, management and specialist function services, where possible

### Adverse

- Perception that a selective and inequitable service is delivered, mitigation communication of service redesign (Ensure appropriate linkages are made with Edinburgh Pact Workstream)

## **Benefits**

### **Citizen Benefit**

- There will be a consistent and fair approach for medical day hospitals across the City of Edinburgh
- Clarity on, and improved experiences available to meet different levels of need, with least intensive options being promoted
- Promotion of Home First principles will allow people to be cared for in the most appropriate environment
- Access to the right support, in the right place at the right time to prevent or delay the need for admission to hospital or care home by offering proportionate, personalised medical, rehabilitation and re-ablement support

### **System Benefit**

- Identify the unique function of the medical day hospital, and its relationship with the acute experience, and wider community supports
- Overall clarity on when and how to access these functions for person centred care
- Reduction in variation of operational, management and specialist function services, where possible and the opportunity to create internal mechanisms for greater quality assurance

### **Staff Benefits**

- Opportunity to change the culture internally and staff to learn more about additional and alternative support services within their local area
- Potential to develop more meaningful relationships with the people who use day hospitals and the wider community they interact with

### **Financial Benefit**

- Anticipated reduced spend

## **Finances**

### **Financial Savings**

The anticipated financial savings are laid out below:

Full year target (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£200	£0	TBC	Not yet determined. Potential for investment in wider community rehabilitation and reablement supports

It is recognised that the alterations in place for delivery of day hospital functions as a result of COVID-19, provides an opportunity to more clearly understand the alternatives across the wider community that are providing support for people during this crisis situation. This learning needs to be captured and fed into the options appraisal process going forward.

The ability to engage with the various professions, who provide the medical day hospital function and interventions, is reduced during COVID-19, owing to people responding to the acute hospital demand.

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
4.1	<b>People:</b> ensuring people's needs are met on an ongoing basis in the right place by the right people	Clear and appropriate engagement and communication  Once determined, communicate aims, objectives and expected impact on outcomes of Medical Day Hospital provision clear	Amber	Green
4.2	<b>Reputational damage:</b> associated with the potential perception of 'loss' of service	Ensure there is a clear communication strategy about the variety of wider community supports that will met a variety of rehabilitation and re-ablement needs  Ensure appropriate linkages are made with Edinburgh Pact Workstream	Amber	Green
4.3	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement, involvement, and communication	Amber	Amber
4.4	<b>Change management:</b> potential impact on workforce from involvement and supporting change whilst delivering business as usual	Staff support through change management	Amber	Green
4.5	<b>Transition challenges:</b> ensuing that affected people can move to the suitable alternatives that meets their needs	Clear and appropriate engagement and communication	Amber	Green
4.6	<b>Financial risk:</b> that we do not achieve the planned efficiencies, particularly if community investments in rehabilitation and reablement are required	Effective planning and monitoring process implemented	Red	Amber
4.7	<b>COVID-19:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Red	Amber
4.8	<b>Community capacity:</b> should the service model focus more towards community care there is a potential risk that community and outreach services could be overwhelmed due to increase in demand	Clear and appropriate engagement and communication with community and outreach services to understand how an increase in demand could sustainably be accommodated	Red	Amber
4.9	<b>COVID-19:</b> Medical Day Hospital environments as they are currently configured are not able to support physical distancing whilst responding to the service demand as services resume	Consideration and planning in line with Scottish Government guidelines to ensure any physical facilities are safe for those who use them	Amber	Green

## High Level Project Brief: 20. EADP – Social Care Investment Fund

### Project Brief

Following the increased investment by the Scottish Government in ADPs referred to as the “Seek, Keep and Treat”, £1.4m of which was provided to Edinburgh, it is intended to recover the £420k Social Care Funding Investment agreed by the IJB in March 2017, provided at a point at which the Scottish Government had reduced funding to Alcohol and Drugs Partnerships (ADPs).

EADP considered the request with an understanding of the current pressures on core services and their targets/performance, as well as the expectation to deliver enhanced and assertive outreach with new monies.

Because of the need to protect SKT investment, this project seeks to complete a review of the provision of counselling and residential rehabilitation services, to identify and understand the implications and associated risk. Young people’s services are not being considered due to the level of investment, giving the redesign proposals time to deliver.

### Constraints and Assumptions

#### **Constraints:**

High level constraints include:

- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst also delivering business as usual
- COVID 19 has resulted in digital only, or no service in terms of counselling and residential rehabilitation
- COVID-19 has created unknown service demand for ADP services, therefore current needs analysis on which planning and strategic decisions are based may no longer be accurate
- Risks associated with proposed changes (see Section 4: Risk & Impact) regarding staff, services provided and the people who use these services.

#### **Assumptions:**

High level assumptions include:

- Recent additions of the EADP commissioning team will be able to support this work
- Capacity of people to engage fully with the project, as well as responding to the consequences of the first wave, and any future waves of COVID-19, whilst also delivering business as usual
- Programme management support will continue to be available via the new transformation team
- Staff are able to adapt to new ways of working (e.g. utilising and embedding technology into practice)
- Stakeholder buy in to support change
- The broader system is able to flex and adapt to respond to the demand for services

#### **Dependencies**

- Stakeholder buy in to support change
- Scottish Government guidance on managing COVID-19
- Future peaks of COVID-19
- The implementation of Edinburgh Pact will be progressed to ensure clarity of services understanding and capacity to manage expectations

## Impacts

### **Strategic Links**

Implementation of a review of EADP services has the potential to contribute to the following Strategic priorities:

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

### **High level impacts:**

The high-level impacts include:

#### *People (citizens)*

##### Negative

- Reduced choice for people about the services that they can access e.g. no or limited access to single gender placements
- Increased risk to those most vulnerable to the greater harm
- Increased number of families living with people with active addiction
- Increased stress, strain and anxiety on carers and families
- Further work will need to be done to explore any impact of these savings on drug related deaths

#### *People (staff)*

##### Negative

- Uncertainty of future roles for staff that deliver residential rehabilitation and counselling services, which will cause stress and anxiety (at this stage it would be hard to predict the full impact)

#### *System*

##### Positive

- Support opportunities to look at how counselling services could work more closely together

##### Negative

- Reduction in service delivery (up to 50%)
- Increased pressure on other areas of the system (including a likely increase on emergency hospital admissions)
- Reduced vitality and therefore impact of the recovery community

#### *Reputation*

##### Positive

- Best value principles applied

##### Negative

- A risk that national drive to increase capacity and outreach is not matched locally
- Recovery community affected in terms of payback and motivation to recover
- Volunteer counsellors demoralised by disinvestment



## Benefits

### ***System Benefit***

- Consideration will be given to ensuring that resources and services across the system are available and where appropriate utilised to support people

### ***Financial Benefit***

- Anticipated reduced spend

## Finances

### ***Financial Savings***

The anticipated financial savings are laid out below:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
£420	£105	£420	None identified

## Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
7.1	<b>People:</b> Removal of preventative and harm reduction interventions negatively impacting on individuals and family's health and wellbeing across Edinburgh communities and those in custody	Service priorities will be reviewed and will be based on greatest health risks and need  Recognise and utilise whole system services	Red	Amber
7.2	<b>People:</b> Limited/ reduction of support for carers	Carers assessments utilised to prioritise interventions	Amber	Amber
7.3	<b>Financial risk:</b> Value for money interventions using volunteer counsellors de-invested in.	Understanding and taking a whole system approach that enable volunteers' counsellors to continue to deliver through other parts of the system	Amber	Amber
7.4	<b>Reputational damage:</b> new service model does not meet existing expectations	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Red	Amber
7.5	<b>Reputational risk:</b> lack of political support for proposed changes	Clear and appropriate engagement and communication	Red	Green
7.6	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Red	Green
7.7	<b>Service risk:</b> Pressures not removed, but placed on other parts of the system	Review will include detail of the consequence and management of these risks on other parts of the system	Red	Amber
7.8	<b>Financial risk:</b> that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Red	Amber
7.9	<b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Red	Amber

## Appendix 6: Savings Programme IIA

### Section 4 Integrated Impact Assessment

#### Summary Report Template

Each of the numbered sections below must be completed

Interim report	✓	Final report	
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(Tick as appropriate)

#### 1. Title of plan, policy or strategy being assessed

Edinburgh Health and Social Care Partnership (EHSCP) Savings Programme 2020/21

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

To support the delivery of a balanced budget for the 2020/21 financial year the EHSCP has developed a comprehensive Savings Programme. Included within the programme are twelve different proposals.

These proposals are being developed to help:

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

All changes are ultimately driven by the strategic plan, which aims to support the sustainable delivery of services for all in our communities, now and in the future. Through the most efficient and effective use of resources it is anticipated that financial benefits and savings will be realised and an equalisation of services seen.

The Savings Programme and the proposals that sit within it will take on board national guidance as well as feedback from people themselves

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, interactive 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.

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

The proposals align with the intentions and intended strategic direction laid out within the EIJB Strategic Plan 2019-22. Extensive engagement was integral to the Plan's development, including significant public and stakeholder engagement, consultation and feedback.

There has been no overarching public engagement around budget proposals although several budget proposal workshops involving IJB members, including elected members and non-executive NHS Board members have taken place. Some proposals are in the early stage of development and any project specific engagement which has taken place to date is noted in each IIA report. Proposed future engagement is noted within each IIA and an overarching communication plan will be developed.

**4. Date of IIA: 8<sup>th</sup> April 2020**

*Following the cumulative IIA meeting on the 8<sup>th</sup> April, additional IIAs for savings proposal have been completed and relevant information included in the report below.*

**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
Moirra Pringle	Lead Officer	Chief Finance Officer	2009
Katie McWilliam	Savings Proposal Lead Rep	Strategic Planning & Quality Manager - Older People & Carers	
Jenny McCann	Facilitator & Report writer	Programme Manager – Savings	16/03/20
Rachael Docking	Note taker	Programme Manager – Transformation	30/01/20
Sarah Bryson	Note taker	Strategic Planning & Commissioning Officer	Nov 2017

## 6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
<p>Data on populations in need:</p> <p><i>Strategic needs Assessment City of Edinburgh HSCP (2015)</i></p> <p><i>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</i>  <a href="https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Joint_Strategic_Needs_Assessment.pdf">https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Joint_Strategic_Needs_Assessment.pdf</a></p> <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p>	<p>Yes</p>	<p>Provides supporting information for understanding the demographics of the wider population in the City of Edinburgh  <a href="https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Joint_Strategic_Needs_Assessment.pdf">https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Joint_Strategic_Needs_Assessment.pdf</a></p> <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). The report includes an overview of the main contributors, from the perspective of people in minority groups and people involved in supporting them. These include:</p> <ul style="list-style-type: none"> <li>• The impact of discrimination and racism</li> <li>• Language barriers and literacy issues - affecting access and engagement</li> <li>• Poverty and low socio-economic status</li> <li>• Social isolation</li> <li>• Culture and religion-specific issues which impact on health-seeking behaviours</li> <li>• Stigma e.g. of mental health issues</li> <li>• Impact of trauma and crisis in home country e.g. asylum seekers</li> <li>• Interaction with the health care system – expectations versus reality.</li> </ul> <p>Actions highlighted as needed to address these include:</p> <ul style="list-style-type: none"> <li>• Staff training including cultural sensitivity</li> <li>• Recognition of the role of the Third Sector</li> <li>• Effective community engagement</li> <li>• Developing effective approaches to prevention including overcoming isolation.</li> </ul> <p>Details the Strategic direction of the EHSCP  <a href="https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf">https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</a></p>
<p>Data on service uptake/access</p>	<p>No</p>	

Evidence	Available?	Comments: what does the evidence tell you?
<p>Data on equality outcomes:</p> <p><i>Individual Savings Proposals IIAs</i></p>	Yes	<p>Completed/Interim IIAs for the following savings proposals (will be available here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a>) provide details of identified impacts that may come from the implementation of the proposed changes:</p> <ol style="list-style-type: none"> <li>1. Home First</li> <li>2. Community Equipment</li> <li>3. Day Services and Be Able</li> <li>4. Learning Disability Savings (a, b &amp; d)</li> <li>5. External Housing Support – Older People</li> <li>6. Purchasing</li> <li>7. Prescribing</li> <li>8. Hospital based Rehabilitation Services</li> <li>9. Sexual Health Services</li> <li>10. Carers Contracts</li> </ol>
Research/literature evidence	No	
Public/patient/client experience information	No	
<p>Evidence of inclusive engagement of service users and involvement findings</p> <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p>	Yes	<p>Details consultation completed with stakeholders about the EIJB Strategic Plan: <a href="https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf">https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</a></p>
<p>Evidence of unmet need</p> <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p>	Yes	<p>Details the health needs and priorities for the people of Edinburgh</p> <p><a href="https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf">https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</a></p>

Evidence	Available?	Comments: what does the evidence tell you?
Good practice guidelines	No	
Environmental data	No	
Risk from cumulative impacts  <i>Savings Programme Cumulative IIA Evidence Document</i>	Yes	Document presents all identified impacts (positive and negative) for all the IIAs together, providing a cumulative overview of the impacts across all the proposals. Highlights that particular attention should be given to the impact on older people, those with a disability and carers.
Other (please specify)	N/A	
Additional evidence required	N/A	

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>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 and people with disabilities.</p> <p>Focus of the proposals are on providing alternative ways in which people's needs can be met to help ensure services are provided in the right place, at the right time and in the right way</p> <p><b>Positive</b> Opportunities for improvement in services which will focus on better outcomes for people and take a person-centred approach to delivery</p> <p>Move to alternative arrangements/model which may include; encouragement of SDS for example and encouragement of a person-centred approach</p> <p>More equitable and increased fairness across system which is the correct principal e.g. moving to a mechanism for older people which is already applied to those with mental health issues and those with disabilities (Housing Support and Intensive Housing Management)</p>	<p>Older people and people with disabilities</p> <p>All those that receive services, but in particular Older people and people with disabilities</p> <p>All those that receive services, but in particular Older people and people with disabilities</p> <p>All those that receive services, but in particular Older people and people with disabilities</p> <p>All those that receive services</p>

Changes will provide a level of support which we can afford and so increase sustainability	All those that receive services
Opportunities for greater choice and independence in-line with policy through increased use of SDS, personalised service and individual approach	All those that receive services
Opportunities that actively promote life skills and physical activity, which will likely positively impact on individuals independence and confidence	All those that receive services
Build family support networks, resilience and community capacity	All those that receive services, but in particular Older people and people with disabilities
Supports the adoption of a whole system approach wherever possible, enabling professionals to indentify the breadth of services that may support someone and discouraging silo working facilitating better outcomes for people	All those that receive services, but in particular Older people and people with disabilities
There may be opportunities for more flexibility of working hours in some settings and skills development/career development opportunities.	Staff
There is an opportunity to incorporate technological solutions to aid and provide flexible access to service delivery	All those that access services
Clarity of way forward	Staff
Improved consistency and equity in practice and application of existing policy	Staff
<b>Negative</b>	
Perceived loss as a result of change to services, despite many transitioning to different model/approach or provider, for instance, day services for older people being re provided by the third sector.	All those that receive services, but in particular Older people and people with disabilities
Transitional arrangements have been identified to mitigate any potential negative impact as a result of service changes, however the disruption and change, still have the potential to be anxiety provoking,	All those that receive services, but in particular Older people and people with disabilities
Potential increase burden place on carers/women(higher proportion of carers are women)	Women and carers
Consultation about changes and or information provided about the changes to services is either not clear to all individuals, is not fully understood or does not reach them	Staff, those with learning disabilities, those with literacy issues and those for whom English is a second language
People may have to pay for service that previously they did not have to	Older people, people with disabilities, those at risk of



<p>Those with poor health literacy skills, language difficulties and those with limited or no digital skills or with less online access will be considered whilst developing any technology enabled services or any move to a more self-managed care approach.</p> <p>Consideration of digital first approach (in line with Health and Social Care strategic intent Nationally, regionally and locally) may create anxiety for staff for whom this will be a new approach and may not be confident and comfortable with utilising technology within their practice.</p> <p>Changes in approach and an increase in the number of challenging and complex conversations which may provoke increased levels of stress and anxiety and lead to a potential decrease in moral</p>	<p>falling into poverty or those in poorly paid jobs</p> <p>Those with poor literacy skills; those for whom English is not as a first language, and those with less access to digital technology</p> <p>Staff</p> <p>Staff</p>
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<p><b>Environment and Sustainability</b></p> <p>The Strategic Plan 2019-22 commits EHSCP to working with its partners to support the development of the city's new sustainability strategy for 2030 – pg 21 - <a href="https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf">https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</a></p> <p><b>Positive</b> None</p> <p><b>Negative</b> None</p>	<p><b>Affected populations</b></p>
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<p><b>Economic</b></p> <p><b>Positive</b> Improved quality and access to services: by implementing efficiencies, service improvements and savings, we are ensuring that those who really need services can continue to access them</p> <p>Changes ensure the long term sustainability of services. By prioritising resources and maintaining our focus on better outcomes for people, we can ensure we deliver effective and efficient services for all</p> <p><b>Negative</b> None</p>	<p><b>Affected populations</b></p> <p>All those that access services</p> <p>All those that access services</p>
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**8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights , environmental and sustainability issues be addressed?**

Yes, a number of the proposals cover services that will be delivered by contractors. In line with procurement regulations, the formal contracts detail the requirements to comply and adhere to equality, human rights, environmental and sustainability issues. Further detail can be found in the individual IIAs.

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

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

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

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

No

## 11. Additional Information and Evidence Required

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

None noted

## 12. Recommendations (these should be drawn from 6 – 11 above)

Develop and implement:

- A robust overarching communication strategy for the whole programme\*
  - Individualised detailed & comprehensive communication plans for each\*
- \* Both to include clear briefings for councillors and broader stakeholders (link with Edinburgh Pact)*

Support and manage public expectations through the emerging Edinburgh Pact, encouraging people to help themselves where possible and ensuring there are feedback mechanisms in place for people to inform how things might improve further. Appropriate engagement, involvement, appropriate consultation and feedback processes should be considered and applied prior to any changes being implemented.

Ensure appropriate processes, procedures, support, and where appropriate training are in place to support EHSCP staff, wider staff groups and providers, when they are informed of any decisions or changes.

Support the change, and continuous improvement culture change via:

- Strong leadership
- Supportive, but robust management
- Ensuring consistent approaches to promote the changes and improvement

Ensure training and or communication to staff about support available to people to maximise their income/benefits e.g. welfare rights or citizens advice for support, and where relevant provide details of referral processes.

Monitor expansion of support for carers via the Carers Strategy Implementation Plan, and Performance Framework.

In line with the ongoing work of partnership and as a strategic priority identified within the EHSCP Strategic Plan, more robust consideration must be given to reducing health inequalities.

Ensure ongoing monitoring of the impact of the changes on the market, ensuring two way communication, whilst being cognisant that we are operating in an ever changing environment and that we cannot anticipate the landscape post COVID-19 nor any changes that may be necessary.

Without progressing with these proposals we will not be able to ensure sustainable, effective and efficient delivery of services for all, nor ensure that better outcomes for people will consistently be achieved.

That a digital first approach is considered and implemented where appropriate but that appropriate mitigations are considered to avoid any negative impact for:

- *People*: via the continuation of face to face services where appropriate
- *Staff*: ensure appropriate communication, training, peer support (within and beyond service) and ongoing feedback opportunities are implemented alongside any moves towards a digital first approach

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

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and contact details)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Develop and implement a robust overarching communication strategy for the whole programme (including stakeholder briefings where appropriate)	Jenny McCann	July 2020	September 2020
Develop and implement a Individualised detailed & comprehensive communication plans for each proposal. Ensure consultation processes and support during transition and included (including stakeholder briefing)	Savings proposal leads	August 2020	October 2020
Overarching report delivery of the programme to be provided to Savings and Governance Board (SGB) monthly	Jenny McCann	Monthly	July 2020
Ongoing reporting to EIJB bi-monthly	Moirra Pringle (with support from Jenny McCann)	Bi-monthly	September 2020

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

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

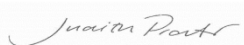
Existing NHS Lothian & CEC finance reporting processes will also be utilised as appropriate.

Where appropriate there will be ongoing engagement, involvement and appropriate consultation with staff, patients, and carers about any changes, allowing for feedback

It is currently uncertain what longer term impact COVID-19 will have on the programme and what contingencies may be required to address. It may be that changes are required which are not currently quantifiable. This will be monitored closely throughout the coming months.

**15. Sign off by Head of Service/ Project Lead**

**Name:**



**Date: 2<sup>nd</sup> July 2020**

**16. Publication:**

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

## Section 5 Contacts

- **East Lothian Council**

Please send a completed copy of the IIA to [equalities@eastlothian.gov.uk](mailto:equalities@eastlothian.gov.uk) and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via

[http://www.eastlothian.gov.uk/info/751/equality\\_diversity\\_and\\_citizenship/835/equality\\_and\\_diversity](http://www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity)

- **Midlothian Council**

Please send a completed copy of the IIA to [zoe.graham@midlothian.gov.uk](mailto:zoe.graham@midlothian.gov.uk) and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via [http://www.midlothian.gov.uk/downloads/751/equality\\_and\\_diversity](http://www.midlothian.gov.uk/downloads/751/equality_and_diversity)

- **NHS Lothian**

Completed IIAs should be forwarded to [impactassessments@nhslothian.scot.nhs.uk](mailto:impactassessments@nhslothian.scot.nhs.uk) to be published on the NHS Lothian website and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.

- **The City of Edinburgh Council**

Completed impact assessments should be forwarded to [Strategyandbusinessplanning@edinburgh.gov.uk](mailto:Strategyandbusinessplanning@edinburgh.gov.uk) to be published on the Council website.

- **City of Edinburgh Health and Social Care Partnership**

Completed and signed IIAs should be sent to Sarah Bryson at [sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk)

- **Edinburgh Integration Joint Board**

Completed and signed IIAs should be sent to Sarah Bryson at [sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk)

- **West Lothian Council**

Complete impact assessments should be forwarded to the Equalities Officer.