

REPORT

2020/21 Financial Plan

Edinburgh Integration Joint Board

28 April 2020

Executive Summary	The purpose of this report is to present the 2020/21 financial plan and discuss progress towards a balanced position for the year.
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board (EIJB):</p> <ol style="list-style-type: none"> 1. Note the budget offers from the City of Edinburgh Council and NHS Lothian; 2. Note the resultant financial plan based on the revised delegated budgets and expenditure forecasts; 3. Agree savings proposal 6 (external supported accommodation for older people); 4. Agree that officers continue to progress the other schemes in the proposed savings and recovery programme; and 5. Agree to receive an update on progress made towards balancing the financial plan at the next meeting.
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Directions

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

Report Circulation

1. This report was agreed at the Executive Management Team of the Edinburgh Health and Social Care Partnership on 16 April 2020.

Main Report

Background

2. Work on the 2020/21 budget for the Integration Joint Board (IJB) started in late summer of 2019. The Chief Finance Officer worked closely with senior colleagues in the finance teams of NHS Lothian and the City of Edinburgh Council (the Council) as financial plans for the respective organisations were developed. As it has always been clear that a significant savings and recovery programme would be required to support a balanced budget, a series of officer led savings workshops were held to explore options and ideas. These, in turn, informed subsequent workshops held from October onwards for EIJB members. As this work progressed, planning assumptions were refined, and, although not eliminated, the projected in year deficit gradually reduced.
3. Delays in the UK and Scottish Government budgets had an understandable knock on impact on the financial planning processes for our partners with consequent implications for the IJB budget timetable. The original intention was to present the financial plan for 20/21 to the EIJB in March 2020, however even assuming the EIJB fully agreed the proposed savings and recovery programme, the budget would not have been balanced at this point. In this context the Chief Officer commissioned further work on the savings and recovery programme with the intention of presenting the full package of measures to the EIJB at the end of April 2020.
4. Initially, this work was progressing well but has since been overtaken by the requirement to respond to the COVID-19 pandemic. Added to this, is the ongoing uncertainty of the full impact on costs, both during and, following, the pandemic.
5. Accordingly, the EIJB must balance the governance requirements of scrutinising the financial plan at a time of great uncertainty and, in the knowledge that the plan presented does not address the financial challenge of the pandemic, against the risk of deferring to a time when greater assurance will be possible.

Scottish Government Budget

6. The Scottish Government's budget for 2020/21 was approved by the Scottish Parliament on the 5 March 2020. Headlines from the budget include:



Health

- Uplift of 3% for all territorial health boards and a share of £17m for those boards that are furthest from NRAC parity;
- Additional investments of £121m to improve patient outcomes targeted at four areas:
 - **primary care** – total investment in the primary care transformation fund will increase by £50m to £205m - continuing the growth of primary care multi-disciplinary teams and implementing the new GP contract to make General Practice an even more attractive career;
 - **waiting times** – an additional £30m to support waiting times improvement plans;
 - **mental health and CAMHS** – funding will increase by £28m to £89m with key priorities being perinatal and infant mental health, children and young people's mental health and continuing towards recruitment of 800 additional mental health professionals by 2021/22; and
 - **trauma networks** – investment will rise by £13m to ensure implementation of the major trauma networks.

Local Authorities

- A further £100m is to be transferred from the health portfolio to Local Authorities for investment in health and social care and mental health services that are delegated to integration authorities, which includes:
 - **living wage** – a £25m contribution towards the continued delivery of the real living wage;
 - **free personal and nursing care** – £2.5m of funding to uprate these payments;
 - **carers act** – £11.6m for implementation of the act in line with the financial memorandum of understanding; and
 - **counselling services** – support totalling £4m regardless of whether or not these have been delegated to the Integration Joint Board.
- Local Authorities were allowed to offset their adult social care allocations to Integration Authorities by up to 2% and a maximum of £50 million in 2020/21 based on local needs;
- Following the initial budget announcement, a further £95m was identified for local authorities across Scotland.
- Further communication from the Cabinet Secretary for Health and Sport on 10 April indicated that funding would flow through to Integration Authorities to meet the full cost of the living wage increase.

Indicative IJB delegated budget 2020/21

7. City of Edinburgh Council (the Council) agreed its budget for 2020/21 on 20 February 2020. This allowed for an in-year budget for the IJB of £226m; an increase of £8m (3.8%) over the 2019/20 level. This £8m represented the passing on in full of the Council's share of the initial £100m included in the Scottish Government settlement.

8. In advance of the Stage One Parliamentary Debate on the budget, the Cabinet Secretary for Finance announced additional non-ringfenced revenue funding of £95m. This announcement came after the Council had set its budget and the process to allocate the Council's share (£7.4m) has been stalled whilst the focus remains on the COVID-19 response. Prior to this the proposal was that the budget allocated to the IJB be increased by £2m.
9. The additional funding to meet the full costs of the living wage announced on April 10th is estimated at £4.7m.
10. A breakdown of the consequences of the local authority settlement is shown below in table 1:

	£m
2019/20 Delegated Budget	217.7
<i>Local Authority Settlement:</i>	
Investment in integration	4.8
Free personal care	0.4
Living wage	2.1
Living wage - additional	4.7
Carers	1.0
Total Delegated Budget 2020/21	230.7

Table 1: Indicative local authority delegated budget 2020/21

11. The NHS Lothian Board considered and approved the final version of its financial plan on the 8 April 2020. With a gap of £11m projected in the plan, the Director of Finance provided the board with limited assurance that a balanced outturn would be achieved in 2020/21. Based on this plan, we have now received formal confirmation of the budget offer to the IJB. In line with the other 3 Lothian IJBs this reflects a 3% uplift, giving a delegated budget of £451.9m for 2020/21 – a £12.2m increase (3% excluding General Medical Services) on the 2019/20 budget. A breakdown of the indicative offer is shown below in table 2:

	£m
2019/20 Delegated Budget	439.7
NHSL pass through of 3% uplift	12.2
Total Delegated Budget 2020/21	451.9

Table 2: Indicative NHS Lothian delegated budget 2020/21

12. The combination of both budget offers would give the IJB a delegated budget of £682.6m at the beginning of financial year 2020/21 as shown below in table 3:



	£m
City of Edinburgh Council	230.7
NHS Lothian	451.9
Total Delegated Budget 2020/21	682.6

Table 3: Indicative delegated budget 2020/21

IJB expenditure forecast for 2020/21

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

- Council pay costs will rise as per the assumptions set out in the council budget
- The impact of demographic growth on Council purchasing costs has been assumed at a further £8m in line with previous years.
- Purchasing inflation and national care home inflation cost estimates have been provided by the Council finance and contracting teams and reflect national agreements where in place.
- NHS Lothian pay costs will rise in line with the national pay deal for health staff.
- Prescribing costs will increase by 5%.
- Hospital medicines costs will increase by 6%.
- NHS Lothian non pay costs will increase by 2%.

14. The impact of these assumptions on projected expenditure for the IJB in 2020/21 is that costs will rise to £706.4m, a breakdown of this increase is shown below in table 4:

	£m
Baseline expenditure	663.5
<i>Projected expenditure increases</i>	
Loss of income	5.7
Full year effect of 2019/20 pressures	6.0
Pay awards	10.4
Contract and non pay inflation	8.6
Growth and capacity	12.2
Total Projected Expenditure 2020/21	706.4

Table 4: projected delegated expenditure 2020/21

15. Taking the indicative budget offers from the City of Edinburgh Council and NHS Lothian and the projected costs for delegated services gives the IJB an £23.9m savings requirement going into 2020/21 as shown in table 5 below:

	CEC £m	NHSL £m	IJB £m	Total £m
Indicative delegated budgets	230.7	451.9		682.6
Projected delegated costs	251.7	458.4	*(3.7)	706.4
Savings requirement	21.0	6.5	(3.7)	23.9

Table 5: projected IJB savings requirement 2020/21

*full year effect of savings from Gylemuir closure

Savings and Recovery Programme

16. As highlighted in the discussions above there is a discrepancy between the level of funding available and the projected costs for delivering the IJB's delegated services. We continue to face unprecedented challenges to the sustainability of our health and care system; an ageing population; an increase in the number of people living with long term condition; a reduction in the working age population which compounds the challenge in workforce supply and fundamentally resource availability cannot continue to match levels of demand.
17. 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:

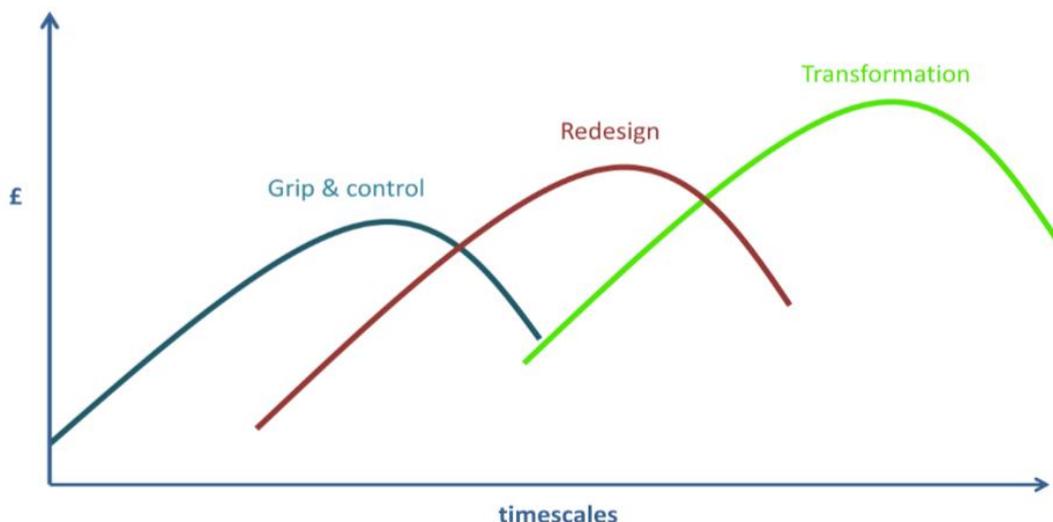


Figure 1: IJB savings and recovery strategy

18. It is recognised that the greatest gains are delivered via transforming services. In response to this, an ambitious transformation programme has been set out, and over the past few months we have been developing our organisational capacity to deliver this. 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. Until this programme is fully established shorter term efficiencies from introducing and reinforcing controls and smaller scale redesign will bridge the gap.
19. Between November 2019 and March 2020 IJB members have participated in a series of development sessions and workshops to consider and inform the savings and recovery programme for 2020/21.
20. The Board 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 an 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, 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 impacts performance across social care and health services.
21. The proposals considered have been identified by the Edinburgh Health and Social Care Partnership's (the Partnership) management team working collaboratively with colleagues in the Council and NHS Lothian. Templates outlining the scope, impact, benefit, risks and dependencies have been prepared and shared with board members. These have been further developed to produce High Level Project Briefs detailed in Appendix 2. Work is currently underway to develop detailed implementation plans, an appropriate Risk Register and to complete integrated impact assessments, both for individual schemes and the programme as a whole.
22. The operational challenges faced by the Partnerships a result of COVID-19 has meant that timescale to finalise these pieces of work have unavoidably been extended.
23. The savings and recovery programme is summarised in table 6 below, with further detail included in Appendix 1:

	£m
Savings requirement	23.9
Savings and recovery programme	11.6
Net position	12.2

Table 6: Impact of Savings and Recovery Programme 2020/21

24. There may be potential slippage in the savings programme as a result of COVID-19 as detailed in table 7 below, but this will be monitored on an ongoing basis:

	Potential slippage £m	Impact on Savings Programme Net Position £m
3 months slippage	2.6	14.8
6 months	5.1	17.3

Table 7: Impact of potential slippage on Savings and Recovery Programme 2020/21

Achieving financial balance

25. Despite the work to date, we remain some way from a position where we can address the full savings gap so there is still a requirement to make further savings. Additional actions have been identified as indicated in table 8 below:

	£m
Savings Requirement	23.9
Savings and Recovery Programme	11.6
Projected savings target	12.2
<i>Potential actions</i>	
Phase community investment strategy	1.0
Older peoples reserve	1.0
Total potential actions	2.0
<i>Potential additional contributions</i>	
Council (from additional SG budget)	2.0
NHSL (set aside deficit)	3.0
Total potential in year deficit	5.2

Table 8: Impact of Savings and Recovery Programme 2020/21 and additional actions

26. The financial position described above indicates a remaining gap of £10.2m for this financial year, with the potential additional support from our partners to further reduce this to £5.2m. An additional range of schemes will continue to be investigated to enable us to meet the outstanding gap. As described above, the unprecedented challenge we are currently facing as a result of COVID-19 mean has limited our ability to progress the savings and recovery programme as intended. Accordingly, we are aiming to present the overall plan, and associated savings and recovery programme to the next meeting of the EIJB.

27. We also have an ambition to develop and implement a rolling savings programme which will see the development of delivery of an iterative 3 year plan. Work is underway to achieve this.

Implications for Edinburgh Integration Joint Board

Financial

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

Legal/risk implications

29. As outlined in this report, the IJB does not currently have a balanced budget for 2020/21, which clearly represents a material risk for the board. The response to the COVID-19 pandemic has materially impacted priorities and diverted management resource from the development of a savings and recovery programme which would support financial balance. Further our ability to deliver the programme as set out in this paper is significantly impacted as we focus on keeping Edinburgh citizens safe during the pandemic.

30. The financial plan set out in this paper assumes that all COVID-19 costs will be met by the Scottish Government through the mobilisation planning process and the weekly financial returns associated with this.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

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Appendices

- Appendix 1** Savings and recovery programme detailed table
- Appendix 2** Savings and recovery programme high level project briefs

Appendix 1: Savings and recovery programme detailed table:

	Savings Programme Title	2020/21 In year savings (£m)
1	Bed reconfiguration	£1.00
2	Community Equipment	£0.25
3	Day Services - Phase 1	£0.04
4	Day Services - Phase 2	£0.10
5a	Learning Disability Savings Phase 1*	£0.52
5b	Learning Disability Savings Phase 2	£0.17
6	External Supported Accommodation – Older People	£0.20
7	Edinburgh ADP – Social Care Fund Investment	£0.20
8	Prescribing	£2.07
9	Purchasing	£4.10
10	Rehabilitation Service	£0.08
11	Review of Sexual Health Services	£0.05
12	Carers Spend	£0.90
13	Savings from Hosted Services (by NHSL/ other 3 HSCPS)	£0.74
14	NHS Lothian Set Aside Savings**	£1.18
TOTAL		£11.62

* 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)

** Savings planned within NHS Lothian Set Aside

Monitoring and scrutiny of all projects identified within the Savings Programme will be ongoing

Savings Programme Project Brief: HIGH LEVEL

1. *Bed Based Review*

Project Brief

- Complete a bed-based review, and use this to;
- Establish a robust model for bed-based Intermediate Care and;
- Implement first stages of bed-based Intermediate Care Model

The Edinburgh Integration Joint Board's (IJB) strategic plan sets out an ambitious programme of change over the next 3 years and beyond. A key plank of this is our intention to undertake a bed-based review. This work will articulate our target bed-based model and provide a detailed plan for moving toward this. This work has been commissioned 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; and reviewing the use of HBCCC beds. Each of these workstreams are being carefully reviewed to ensure they align with our strategic intent.

Impact & Benefits

Strategic Links

Implementation of the changes to the Community Equipment function 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. *Bed based review*: will lead to more appropriate and sustainable model of support for people
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

Citizen Benefit

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

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
- Increased training

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:

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.

The anticipated in year saving will accrue from Home First Edinburgh. Future savings will be delivered by further reduction in the bed base and reinvestment in community facing services.

Non-Financial

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

Risks

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

Savings Programme Project Brief: HIGH LEVEL

2. 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*

Impact & Benefits

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, 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

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

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
£500	£250	£500	Nil yet identified, to be explored: <ul style="list-style-type: none"> • Automated systems • New referral processes • Devolved budget processes • Communication • Staff training and awareness

Non-Financial

- *Clearer communications and tailored messaging for:*
 - a. *public about what equipment is available, across wider community settings/on line, and how to access it*
 - b. *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*

Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
2.1	Reputational damage: associated with changing criteria, and altering equipment available	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Green
2.2	Resistance to change: from Locality and Hospital staff regarding new criteria for products, and new budgetary responsibility	Clear and appropriate engagement, communication and training where appropriate	Amber
2.3	Resistance to change: 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	Amber
2.4	Change management: 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	Green
2.5	Change management: referrers not changing behaviours and patters of demand, despite better reporting and information on criteria	Clear and appropriate engagement and communication, with transparency of aims indicated	Green
2.6	Change management: reliance on other partners and HSCPs	Clear and appropriate engagement and communication	Amber
2.7	Change management: SRO and Project Manager have not been confirmed for Transformation Programme	Recruitment ongoing for PM and proactive discussions about confirming SRO	Amber
2.8	Transition challenges: 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	Green
2.9	Financial risk: that the planned efficiencies are not achieved	Effective planning and monitoring process implemented	Amber
2.10	COVID-19: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	COVID: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Amber

Savings Programme Project Brief: HIGH LEVEL

3. Older People Day Services & Be Able

Project Brief

- **Implement the Be Able Programme and Transition mainstream to third sector**
 - Transition to the new exclusive Be Able model, increasing provision from 9 to 15 sessions per week, to ensure capacity is maintained
 - Transition all mainstream day service opportunities, as part of the increased volume, to the third sector commissioned service
 - Where appropriate support people to find the most appropriate alternative for them, which may not be a traditional day service
 - As a result of the transition of all mainstream provision to contracted third sector, cease the delivery of services at two day care centres.

Impact & Benefits

Impact

Implementation of Be Able programme 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

Citizen Benefit

- Clarity on, and improved experiences available to meet different levels of need, with least intensive options, and wider community supports being promoted
- Dedicated Be Able provision, providing enhanced experience
- Promotion of Home First principles will allow people to have their support delivered 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 and rehabilitation support

System Benefit

- Consolidated provision of mainstream day opportunity provision, with clarity on function going forward
- Clarity on functions and capacity for Be Able
- Overall clarity on when and how to access these functions for person centred support

Financial Benefit

- Anticipated reduced spend, reducing from five to three centres being operational
- Appropriate investment in third sector provision

Finances

Financial Savings

The anticipated financial savings are laid out below:

	2019/20	2030/21	2021/22
Cumulative Saving (£k)		£92	£136
In year saving (£k)	£92	£44	£126

Therefore for 20/2021:

Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment at December 2019
£90	£44	£136	<p>£80,000 for security costs for empty building</p> <p>Investment in Be Able staff numbers to ensure consistency in each centre, and appropriate business support to ensure appropriate referrals and discharge from BeAble is managed in a timely, efficient way</p> <p>Be Able training for staff</p> <p>72 additional places purchased as part of new contract</p>

Non-Financial

- Mainstream day services will be re-provided via block contracts with third sector providers.

- Enhance the preventative time limited Be Able service, focused on reducing older people's risk of falls, improving cognitive function and increasing people's confidence to continue living at home and reconnecting with their communities.
- Increase in the number of Be Able sessions delivered, from 9 per week to 15 per week.

Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
4.1	People: ensuring people's needs are met on an ongoing basis in the right place by the right people	New third sector, increased provision and specification clear about level of need to be met – support people to transition into this centre based provision, if required post COVID Communicate aims, objectives and expected impact on outcomes of Be Able provision clear	Green
4.2	Reputational damage: associated with perception of loss for people moving to a third sector provision	Support people through the suspension of activity owing to COVID-19, consider alternatives, and continue to engage about new centre based provision through the third sector, if that is what is required, post COVID Ensure appropriate linkages are made with Edinburgh Pact Work stream	Green
4.3	Reputational Damage: a co-dependency in one building that will no longer be required	Work with provider who has already indicated a new requirement is needed going forward	Green
4.4	Resistance to change: by workforce/ stakeholders/ people	Clear and appropriate engagement, communication and support	Amber
4.5	Change management: potential impact on workforce from involvement and supporting change whilst delivering business as usual	Staff support through change management	Green
4.6	Transition challenges: ensuing that affected people can move to suitable alternatives that meet their needs	Clear and appropriate engagement and communication, and as 4.1	Green
4.7	Market capacity: capacity of the market to respond to the increased mainstream demand	Optimise contract negotiation capacity, and support third sector when re-establishing provision post COVID-19	Amber
4.8	Financial risk: that we do not achieve the planned efficiencies, owing to reinvestment and security costs	Effective planning and monitoring process implemented	Amber
4.9	COVID: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber

Savings Programme Project Brief: *HIGH LEVEL*

4. 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 proportionate demand for day hospitals, given the associated re-enablement and rehabilitation support in the wider community.

Impact & Benefits

Impact

Implementation of the Medical Day Hospital Review 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

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

- Clarity on the future function of Medical Day Hospitals
- 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 for staff to learn more about additional and alternative support services within their local area
- Potential to develop 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	£100	£200	Not yet determined. Potential for investment in wider community rehabilitation and reablement supports

Risks

	Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
Key Risks & Issues	8.1	People: 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	Green
	8.2	Reputational damage: 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	Green
	8.3	Resistance to change: by workforce/ stakeholders/ people	Clear and appropriate engagement, involvement, and communication	Amber
	8.4	Change management: potential impact on workforce from involvement and supporting change whilst delivering business as usual	Staff support through change management	Green
	8.5	Transition challenges: ensuing that affected people can move to the suitable alternatives that meets their needs	Clear and appropriate engagement and communication	Green
	8.6	Financial risk: that we do not achieve the planned efficiencies, particularly if community investments in rehabilitation and reablement are required	Effective planning and monitoring process implemented	Amber
	8.7	COVID: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber

Savings Programme Project Brief: HIGH LEVEL

5b. Learning Disabilities

Project Brief

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

1. **Internal housing and support.** As a housing provider City of Edinburgh Council (CEC) has been moving towards specialist provision – complex care and forensic support. There are many excellent care providers in the voluntary sector who we work closely in partnership with. Having successfully worked with people and their families to alter their provider, we will seek to repeat this process to more people we currently support. This fits with the strategic direction for learning disability and the transformation programme.
2. **Consider people using day support who live with care providers to move to a single service.** There have been consistent approaches from third sector providers to offer to take this support on, however to achieve this will require project management and clear direction to ensure people are engaged in the process.
3. **Transfer to shared support:** There is an opportunity to move two people into a shared resource, which in turn will reduce the commitment in their current care costs.
4. **Phase out Adult Resource scheme:** This is not an essential service and has been reducing in demand gradually over several years; it can be phased out with no impact.

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

High Level Impacts

- Resources are allocated fairly across the system

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.
- 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 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
£285	£165	£0	None noted

Risks

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

Savings Programme Project Brief: HIGH LEVEL

6. External Housing Support – Older People

Project Brief

The aim is to transition the method for all external housing support payments for older adults to come in line with other groups; mental health and disabilities, to provide a fair and consistent approach, from 1st October 2020, through the Intensive Housing management mechanism.

The proposed changes for as part of this proposal, sit under 5 key headings:

1. **Processes** - Review externally contracted housing support mechanisms, with the view to standardise across all client groups
2. **Behaviours** - Support change in behaviour to encourage accessing associated eligible housing support payments through the new welfare benefits route, of Intensive Housing Management, (IHM), and for providers to deliver support on a personalised basis.
3. **Finances** – Implement the standardised method for Housing Associations to attract housing support payments for all older adults in supported accommodation by utilising the Intensive Housing Management approach in line with other groups; mental health and disabilities, to provide a fair and consistent approach
4. **Communications** - Clear communications and tailored messaging to providers to access housing support through the established IHM mechanism
5. **Contracts** – provide notice in April 2020, that as of 1st October 2020 current block contract payments will cease, with the expectation that new IHM arrangements for people will be in place.

Impact & Benefits

Strategic Links

Implementation of the changes for providers to attract Housing Support for Older People, contributes to the following Strategic priorities:

- Prevention and early intervention
- Person Centred Care
- Managing our resources effectively
- Right care right place right time

High level impact

- There is a fair and equitable mechanism in place for all groups eligible for housing support
- A full IIA has been completed External Housing Support – Older People which can be seen in Appendix A

Benefits

Citizen Benefit

- Altered mechanism for attracting housing support payments allows personalised care and support

Service Benefit

- Fair and consistent mechanism in place for all groups eligible for housing support

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
£300	£195	£300	Investment for cross charging for IHM is yet to be worked through

Non-Financial

- Consistent and fair approach for attracting housing support across all population groups, through the IHM mechanism.
- Given the six month period of notification for the change April –September 2020, there should be no change in the level of support provided to people on an individual basis.

Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
4.1	People: housing providers may not have the available staff owing to COVID-19 to ensure transition to established IHM mechanism	Clear and appropriate engagement and communication, with discussion with providers on a case by case basis	Green
4.2	Reputational damage: Clarity of statutory requirements and how providers determine housing support is delivered may differ from current delivery	providers to engage and provide clear and appropriate communication to their tenants	Green
4.3	Resistance to change: by external providers	Clear and appropriate engagement and communication, reinforcing established IHM method being applied fairly and consistently across all groups	Green
4.4	Market capacity: external provider business model may require to alter	providers to engage and provide clear and appropriate communication with their tenants	Green
4.5	Lack of capacity: inconsistent project management support	Consideration given to manage within current resources to best effect	Green
4.6	Financial risk: that we do not achieve the planned efficiencies, owing to as yet unknown cross charge for implementation of IHM process	Effective planning and monitoring process implemented	Amber
4.7	COVID: Operational priorities due to COVID-19 mean that it is not possible for providers to implement the IHM mechanism	Close monitoring throughout the coming months	Amber

Appendix A: Integrated Impact Assessment for External Housing Support – Older People

Summary Report Template

Interim report	✓	Final report	
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(Tick as appropriate)

1. Title of plan, policy or strategy being assessed

Savings Proposal: Method of attracting Housing Support payments in externally supported accommodation – Older people

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 Edinburgh Health and Social Care Partnership has developed a comprehensive Savings Programme. Included within the programme is a proposal to review the method of attracting Housing Support payments in all externally supported accommodation that is provided for older people.

The change: the method of attracting all external housing support arrangements for older adults will come in line with other groups; mental health and disabilities, to provide a fair and consistent approach, from 1st October 2020.

All providers are familiar with the Intensive Housing Management approach for other tenants, and this will be adopted.

This will result in a change to the process for accessing Housing Support payments. How the support will be delivered will remain a matter for the experienced providers.

Traditionally housing support function, outwith the Council, attracted funding through the Supporting People mechanism, for supported housing complexes.

Many of the organisations providing traditional sheltered housing have changed their model of support, ranging from retirement, retirement plus with the provision of meals, to more personalised care and housing support. The key aim of supported accommodation is to encourage independence where possible, connecting people to their wider communities, and providing support on a personalised basis. The introduction of Self Directed Support and

changes in the welfare system, through Intensive Housing Management has allowed this to happen.

Nationally, the 'supporting people' approach was superseded by Intensive Housing Management that allows providers to claim for the support they provide on an individual basis, which attracts associated benefits. A combination of self-directed support, (SDS), and Intensive Housing Management (IHM), processes, has allowed personalised care and support for people to be provided. In Edinburgh, this will now be applied for older people as well as people with mental health issues, and disabilities, to provide consistency and fairness.

Six months notice, April – September 2020, will be given to providers, in order that they can make the appropriate alternative arrangements for people that require the ongoing housing support function.

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

A stakeholder session was held on the 10th of February with external providers to discuss the current situation and likely impact of changes. Many of the external providers have reach across Scotland, with it being evident that Edinburgh was one of the few places yet to move to IHM processes for older people. The key themes identified at the stakeholder session were:

- Acceptance of the need to change
- Consistent approach required
- Clarity on what the funding covers
- Sharing good practice

This has been followed up with a number of 1-2-1 meetings with providers directly. These are ongoing at present, with four indicating they are familiar with the IHM process, and a provider who receives significant funding, indicating that this is now the preferred method, and effectively requested for this to occur in Edinburgh. COVID-19 has prevented the remainder of individual meetings taking place.

4. Date of IIA

18th March 2020

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
Katie McWilliam (KMcW)	Lead Officer	Strategic Programme Manager – Older people	2009
Nicky Scally (NS)	Stakeholder rep	Sheltered housing support team leader	
Jenny McCann (JMc)	Facilitator/ Report writer	Programme Manager – Savings Governance	16/03/20
Hazel Stewart (HS)	Note taker	Programme Manager – Transformation	30/01/20
Gosia Szymczak (GS)	Timekeeper/ Note taker	Project Manager – Transformation	30/01/20

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need: <i>Strategic Needs Assessment Provider returns</i>	Yes	<p>Approx 1100 people in external supported accommodation, mainly older people, from all protected characteristic groups excluding young people and children located in urban / semi rural communities.</p> <p>Not everyone in these complexes require housing support, according to recent returns from the providers.</p>
Data on service uptake/access: <i>Internal Audit</i> <i>EHSCP Sheltered housing Support Service Provision</i>	Yes	<p>Based on the information gathered from an internal sheltered housing data capture, it is estimated that 20% of tenants do not use housing support function in sheltered accommodation, 60% use the function as and when required, and 20% require intensive housing support.</p> <p>There are EHSCP support service provision standards developed, which outline the services</p>

Evidence	Available?	Comments: what does the evidence tell you?
		<p>that we can provide through intensive housing management. These are used as good practice guidelines. They provide details of what duties EHSCP has a statutory responsibility to provide via housing support.</p> <p>Proposed changes would mean that the services will still be available to all these tenants, but the process to access them will change, allowing equity of access in line with existing EHSCP services (i.e. disability services) 6 months notice, April – September will be provided, in order that providers can make the appropriate alternative arrangements for people that require ongoing housing support.</p>
Data on equality outcomes	No	
<p>Research/literature evidence</p> <p>Scottish Government Private retirement housing: code of practice (2012)</p> <p>Chartered Institute for Housing Scotland: Housing with Care for Older people (2012-2021)</p>	Yes	<p>Best practice guidelines from the Scottish Government and Chartered Institute for Housing Scotland can be found here: https://www.gov.scot/publications/private-retirement-housing-code-of-practice/</p> <p>http://www.cih.org/resources/PDF/Scotland%20Policy%20Pdfs/Older%20People/Housing%20with%20Care%20-%20final%20pdf%20-%20August%202013.pdf</p>
<p>Public/patient/client experience information</p> <p>EHSCP Internal sheltered housing data capture</p>	Yes	<p>People experiences of the internal service were gathered via an internal sheltered housing data capture</p>
Evidence of inclusive engagement of	Yes	As above

Evidence	Available?	Comments: what does the evidence tell you?
service users and involvement findings		
Evidence of unmet need	No	
<p>Good practice guidelines:</p> <p>Scottish Government Private retirement housing: code of practice (2012)</p> <p>Chartered Institute for Housing Scotland: Housing with Care for Older people (2012-2021)</p>		<p>Best practice guidelines from the Scottish Government and Chartered Institute for Housing Scotland can be found here:</p> <p>https://www.gov.scot/publications/private-retirement-housing-code-of-practice/</p> <p>http://www.cih.org/resources/PDF/Scotland%20Policy%20Pdfs/Older%20People/Housing%20with%20Care%20-%20final%20pdf%20-%20August%202013.pdf</p>
Environmental data	No	
Risk from cumulative impacts	No	
<p>Other (please specify)</p> <p>External Housing Support Savings Proposal</p>	Yes	Provides further background to the proposal.
<p>Additional evidence required:</p> <ol style="list-style-type: none"> 1. Intensive Housing Management (IHM) Benefit Processes 2. Clarity on impact of any cross charge to EHSCP through the IHM process when applied 	Yes	

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

<p>Equality, Health and Wellbeing and Human Rights</p> <p>Positive</p> <p>Minimal impact on those currently receiving support as they will still receive the housing support required, albeit through a different route.</p> <p>Advance equality of opportunity and increased transparency as the approach is standardised across all groups eligible to receive housing support leading to improved access and quality of services.</p> <p>Reduce differences in status between different groups of people.</p> <p>Negative</p> <p>Provider staff members who undertake multiple functions may be affected. This is a matter for the providers to manage as they claim IHM payments for those eligible.</p>	<p>Affected populations</p> <p>All those that access housing support, including those with a protected characteristic who may receive the service.</p> <p>All adults with a protected characteristic who may receive the support, but in particular older adults.</p> <p>Provider staff</p>
<p>Environment and Sustainability</p> <p>Positive N/A</p> <p>Negative N/A</p>	<p>Affected populations</p>
<p>Economic</p> <p>Positive</p> <p>Will ensure equitable approach to optimise income and reduce income inequality by supporting everyone (eligible) through the same process to access IHM.</p> <p>Move from block contract to individualised approach will help ensure an individualised and more open approach to the provision of a person's support.</p> <p>Improve quality of and access to services.</p> <p>Negative</p>	<p>Affected populations</p> <p>All adults with a protected characteristic who may receive the service, but in particular older adults.</p>

N/A

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?

All of the external housing support provision is delivered by independent companies, who were previously commissioned on a block contract basis. This is shifting to them attracting benefits on an individual basis, with no future contractual arrangement with the Council.

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.

There will be no change to the individual’s eligibility for attracting housing support.

Communication about changes in attracting housing support for people who are eligible is a matter for the external providers, many of whom have already made the changes for other populations; mental health and older people.

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.

1. Intensive Housing Management (IHM) Benefit Processes
 - *NS to request process from Moira Cooper within Housing Benefit Team. Required to inform providers of the process when being given notice of the change*

2. Clarity on impact of any cross charge to EHSCP through the IHM process when applied – required to inform the EHSCP financial plan commitments
3. Develop a draft communication for the current providers setting out the changes that will take place.

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

It is recommended that the change to process is approved and implemented to allow equity and fairness for those accessing services and providers.

By doing so, we will be able to apply a fair and equal process for all our citizens via the IHM route and will be able to safely withdraw the block contract. In turn this will enable us to ensure that person centred support is provided in the same way that it is being provided for Mental Health and Learning Disability tenants.

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

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Understand and calculate any potential charge from Housing Benefit Team (Moirra Cooper) to EHSCP as a result of the move to IHM.	Paul McNulty	July 2020 (Risk that there may be a delay as staff required to complete work are currently involved in command centre for COVID)	August 2020
Obtain and understand IHM Benefit Processes.	Nicky Scally	April 2020	May 2020
Be clear about the referral process from IHM to ensure	Nicky Scally	April 2020	May 2020

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
there is no interruption in the delivery of care.			
develop draft communication to providers about the change	Katie McWilliam Alana Nabulsi	end April 2020	May 2020
Unintended consequence for other dept e.g. additional new referrals for housing support, should we do it in house or support internal communication and planning. Consider internal assessments for sheltered housing completed by the sheltered housing service.	Nicky Scally	April 2020	May 2020
Fully understanding external recharges.	Nicky Scally	April 2020	May 2020

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

Housing benefit colleagues will be able to confirm that systems and process are being equitably applied across all groups with protected characteristics via bi annual updates.

Monitoring of activity, costs and savings will be built into the reporting for the savings and governance programme.

It is currently uncertain what impact COVID-19 will have on the use of the support accommodation for older people and what contingencies may be required to address. It may be that changes are made to the supports by providers which are not currently quantifiable. This will be monitored closely throughout the coming months.

15. Sign off by Head of Service/ Project Lead

Name

Katie McWilliam

Date

6th April 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 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

- **Midlothian Council**

Please send a completed copy of the IIA to 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

- **NHS Lothian**

Completed IIAs should be forwarded to 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 to be published on the Council website.

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

Completed and signed IIAs should be sent to Sarah Bryson at 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

- **West Lothian Council**

Complete impact assessments should be forwarded to the Equalities Officer.



Savings Programme Project Brief:

7. 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.

This project seeks to complete a review of wider services to identify and understand the implications and associated risks of any reduced provision.

Impact & Benefits

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:

- Resources are allocated fairly across the system

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	£200	£420	None identified

Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Residual RAG
7.1	Reputational damage: new service model does not meet existing expectations	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Amber
7.2	Reputational risk: lack of political support for proposed changes	Clear and appropriate engagement and communication	Green
7.3	Resistance to change: by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Green
7.4	Financial risk: 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	Amber
7.5	Financial risk: that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Amber
7.6	COVID: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber

Savings Programme Project Brief: HIGH LEVEL

8. 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, of which £2.070m (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.
- GPIP – 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.

**It should be noted that it has been proposed that the primary care pharmacy S&V efficiency programmes are paused during the COVID-19 pandemic (with the exception of dietetic projects)*

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.

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:

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 b 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 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	£2,070	£2,070	None noted

Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
8.1	Recruitment: challenges with recruiting practitioners to roles	Ongoing recruitment and investment in training for staff. Existing pharmacy resource will be targeted, using data, to maximise impact.	Amber
8.2	People: 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
8.3	Resistance to change: 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
8.4	Financial risk: 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
8.5	Financial risk: 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
8.6	COVID: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber

Savings Programme Project Brief: HIGH LEVEL

9. Purchasing

Project Brief

To ensure the best use of the purchasing budget, to maximise the benefit to eligible individuals, in the most fair, and equitable manner possible, within available resources.

Scope will include reviewing and implementing appropriate changes within:

1. Purchasing, implementation and monitoring of care packages including
 - Small packages of care
 - Large packages of care
 - Out of Edinburgh placements
2. Transport
3. Direct Payments
4. Debt recovery
5. Overnight provision
6. Spot purchasing of specialist support
7. 3 Conversations approach
8. Corporate Appointee

Impact & Benefits

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

- 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.

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

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

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)	Recurring £k (from 21/22)	Delivery Investment
£8,000	£4,100	£8,000	Non Identified

Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	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	Green
9.2	People: Increase in population health risk and inequalities	Service priorities will be based on health risks and need	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	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
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	Green
9.6	Resistance to change: by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber
9.7	Change management: pressures on staff from involvement and supporting change whilst delivering business as usual	Staff supported through change management	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	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
9.10	Financial risk: that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	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	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	Amber

Savings Programme Project Brief: HIGH LEVEL

10. Rehabilitation Services

Project Brief

- Through the establishment of the Integrated Rehabilitation Collaborative (IRC) deliver a Pan Lothian integrated model for rehabilitation services
- Review the existing models of care to identify where improvements can be made to support services to operate more efficiently and effectively.

Impact & Benefits

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

- Resources are allocated fairly across the system

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 a will facilitate a continued move towards adopting the Home First Model where possible.
- Improved systems and processes

Financial Benefit

- Efficient use of resources
- Anticipated reduction in 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
Total Rehab Budget	£200	£150	£200	Support from the NHS Lothian Strategic Planning Team
EHSCP share (based on NRAC)	£100	£75	£100	Support from the 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
- New integrated model for the delivery of inpatient rehabilitation services

Risks

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

Savings Programme Project Brief: HIGH LEVEL

11. Review of Sexual Health Services

Project Brief

Complete a full review of Lothian Sexual and Reproductive Health Services (LSRHS) to ensure that they are able to deliver services that meet national and local public health and sexual health priorities.

Impact & Benefits

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

- Resources are allocated fairly across the system

Benefits

Citizen Benefit

- Resources allocated based on identified need

System Benefit

- Improved systems and processes

Financial Benefit

- Efficient use of resources
- Anticipated reduction in 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
Total Sexual Health Budget	£200	£100	£200	None identified
EHSCP share (based on NRAC)	£100	£50	£100	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	RAG
11.1	People: Increase in population health risk and inequalities	Service priorities will be based on health risks and need	Amber
11.2	Reputational damage: service model does not meet existing expectations	Ensure appropriate linkages are made with Edinburgh Pact Workstream and equivalent work streams across Lothian	Green
11.3	Resistance to change: by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber
11.4	Change management: pressures on staff from involvement and supporting change whilst delivering business as usual	Staff supported through change management	Green
11.5	Consensus in approach: lack of agreement across the 4 HSCPs on the model of care	Senior leadership engagement and direction	Amber
11.6	Governance processes reduced ability to work at pace: working across 4 HSCPs may lead to a delay in decisions being made	Forward planning and engagement with/ representation from all HSCPs	Amber
11.7	Financial risk: that we do not achieve the planned efficiencies	Effective planning and monitoring process implemented	Amber
11.8	COVID: Operational priorities due to COVID-19 mean that it is not possible to implement the service changes	Close monitoring throughout the coming months	Amber

Savings Programme Project Brief: HIGH LEVEL

12. Carers Investment

Project Brief

A saving of £900,000 has been identified from the Scottish Government Carers' Strategy funding, which has not been committed fully. In the financial year 2020/21, the investment for carers in Edinburgh will almost double. Given that there is anticipated growth in carers being identified going forward, this saving is non-recurring.

Current knowledge of the local market suggests the expansion to provide the additional supports and services sees the market operating at optimum level. Beyond this identified growth, careful thought will be given through engagement and involvement in the market, to determine how it will create further capacity going forward, to meet new demand as carers become identified. Similarly the gap for replacement care is not yet fully understood, and will become clearer in the next financial year.

The Edinburgh Joint Carers Strategy 2019 -22, was developed using gap analysis and feedback from consultation with carers and input from the EIJB carers representative. The strategy was approved by the EIJB, in August 2019, along with an outline Implementation Plan, for commissioned and internal services. Evaluation of tenders has been completed and a draft Carers Performance Framework, and Implementation Plan, focussing on impact on outcomes as well as activity, has been discussed with the Performance and Delivery (P&D) Chair.

The volume and types of activity included within the Implementation Plan for the Strategy were based upon this gap analysis. The costing for the strategy and unit costs of the subsequent procurement specifications, have been based upon the unit costs within the Scottish Government Financial Memorandum, under the Carers' Act¹ and gives consideration to the consumer price index with appropriate uplifts.

Impact & Benefits

Strategic Links

The proposed decision about the Carers Strategy Funding 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

¹ <https://www.parliament.scot/parliamentarybusiness/CurrentCommittees/90648.aspx>

- Right care right place right time

Impact

The Scottish Government’s intentions are that carers “should be better supported on a more consistent basis so that they can continue to care, if they so wish, in good health and to have a life alongside caring” [Carers Scotland Bill’s Policy Memorandum]. The funding has been provided to Integrated Joint Boards to support this intention. Following detailed planning and consultation, extensive work will be carried out to ensure that this funding can be committed fully from 2021/22.

A full implementation programme to almost double the level of investment in carer support is underway to deliver the new Carers’ Strategy and confidence, pre COVID-19 has been high that this will be delivered successfully.

As the COVID-19 restrictions are lifted, the expectations associated with the Implementation Plan will be revisited.

Citizen Benefit

- Carers Strategy funding will enable the provision of investment to almost double from that provided in 2019/20, which will be of great benefit to both carers and the cared for.

Financial Benefit

- There is a financial benefit to the EHSCP of £900,000 in this financial year. This is non recurring.

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
£900	£900	£0	None Identified

Risks

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	RAG
4.1	People: lack of clarity about how the additional investment will translate into supports and services	Clear and appropriate engagement and communication with carers and other people that support them	Green
4.2	Reputational damage: perception of not fully utilising the available new financial resource	Clear and appropriate engagement and communication with carers and other people that support them. Using evidence of gap analysis to demonstrate all known gaps are being met	Amber
4.3	Governance processes: commissioning processes impact on ability to work at pace	Forward planning and full engagement with governance process	Green
4.4	Market capacity: capacity of the market to respond to the increased demand	To optimise contract negotiation capacity and revisit new gaps to determine how they will be best met	Amber
4.5	Financial risk: that the full amount may not be passed on by the Council, which puts at risk the delivery of the agreed implementation plan the Carer Strategy 2019-22 and any potential savings.	Effective planning and monitoring process implemented	Amber
4.6	Market capacity: If financial envelope decreases this will potentially impact contract size and delivery against the implementation plan	Effective planning and monitoring process implemented	Amber
4.7	COVID-19: It is currently uncertain what impact COVID-19 will have on the use of carers' funding and what contingencies this funding may be required to address.	Close monitoring throughout the coming months	Amber

Savings Programme Project Brief: HIGH LEVEL

13. Hosted services

Project Brief

Hosted services are operationally managed by a HSCP or business unit within NHS Lothian on behalf of two or more of the Lothian IJBs. For example:

- Dietetics is a single system team that is managed within Midlothian HSCP on behalf of all four Lothian IJBs; and
- Inpatient adult mental health is hosted within the Royal Edinburgh and Associated Services (REAS) business unit on behalf of East Lothian, Edinburgh and Midlothian.

Operational business units within NHS Lothian are expected to breakeven and demonstrate 3% efficiency savings on a yearly basis. Each business unit will develop savings plans locally and some of these will involve services hosted on behalf of IJBs. The development, implementation and monitoring of these schemes will take place in accordance with local arrangements.

Impact & Benefits

These will be assessed at local business unit level, the share of any savings realised will be allocated to Edinburgh IJB based on the existing NHS Lothian mechanisms for attributing expenditure to IJBs.

Finances

Financial Savings

The list of hosted services savings schemes attributed to Edinburgh IJB are shown below:

Scheme	Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
Closure of unfunded LD beds	£171	£171	0	N/A
Reduction in pharmacy waste	£2	£2	£2	N/A
Closure of Primrose Lodge (LD)	£171	£171	0	N/A
Repatriation of out of area patients (MH)	£314	£314	0	N/A
Childsmile service redesign	£47	£47	£47	N/A
Public Health reorganisation	£38	£38	0	
Totals	£742	£742	£48	

Non-Financial

These are assessed locally and monitored through local governance arrangements.

Risks

These are assessed locally and monitored through local governance arrangements.

Savings Programme Project Brief: HIGH LEVEL

14. NHS Lothian set aside

Project Brief

Set aside services are operationally managed within the NHS Lothian acute services division on a pan Lothian basis. Operational business units within NHS Lothian are expected to breakeven and demonstrate 3% efficiency savings on a yearly basis. Each business unit will develop savings plans locally and some of these will involve services hosted on behalf of IJBs. The development, implementation and monitoring of these schemes will take place in accordance with local arrangements.

Impact & Benefits

These will be assessed at local business unit level, the share of any savings realised will be allocated to Edinburgh IJB based on the existing NHS Lothian mechanisms for attributing expenditure to IJBs.

Finances

Financial Savings

The list of hosted services savings schemes attributed to Edinburgh IJB are shown below:

Scheme	Full year target 2020/21 (£k)	Forecast 2020/21 In Year Savings (£k)	Recurring £k (from 21/22)	Delivery Investment
Drugs and prescribing	£518	£518	£518	N/A
Workforce	£518	£518	£518	N/A
Grip and control	£140	£140	£140	N/A
Totals	£1,177	£1,177	£1,177	

Non-Financial

These are assessed locally and monitored through local governance arrangements.

Risks

These are assessed locally and monitored through local governance arrangements.