



# REPORT

## Savings and Recovery Programme 2021/22

Edinburgh Integration Joint Board

24 March 2021

### Executive Summary

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

### Recommendations

It is recommended that the Edinburgh Integration Joint Board:

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

### Directions

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

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

### Report Circulation

1. This report has not been presented elsewhere.

### Background

#### ***IJB Financial Position (Financial Gap)***

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

	Total £m
Indicative delegated budgets	692.2
Projected delegated costs	723.5
<b>Savings requirement</b>	<b>(31.3)</b>

*Table 1: Projected IJB savings requirement 2021/22*

### Integration and Sustainability

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

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

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

## **EIJB Savings and Recovery Programme**

### ***Developing the Savings Programme***

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

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

### ***Savings Programme Framework and Structure***

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

### ***The 2021/22 Savings Programme***

14. Within the 2021/22 Savings Programme there are 17 savings projects and proposals which have been structured under four sections detailed below (with further detail in Appendix 3):
15. ***Section 1: Previously approved proposals:***

Proposals under section 1 are projects that have previously been approved by the EIJB, but that will have an additional financial impact in 2021/22.
16. ***Section 2: Operational/ Grip and Control proposals:***

These are projects that are:

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

OR

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

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

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

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

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

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

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

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

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

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

*Table 2: Impact of identified Savings Proposals 2021/22*

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

## Risk and Impact

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

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

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

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### **Financial**

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

### **Legal / risk implications**

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

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

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

### **Environment and sustainability impacts**

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

### **Quality of care**

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

## **Consultation**

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40. 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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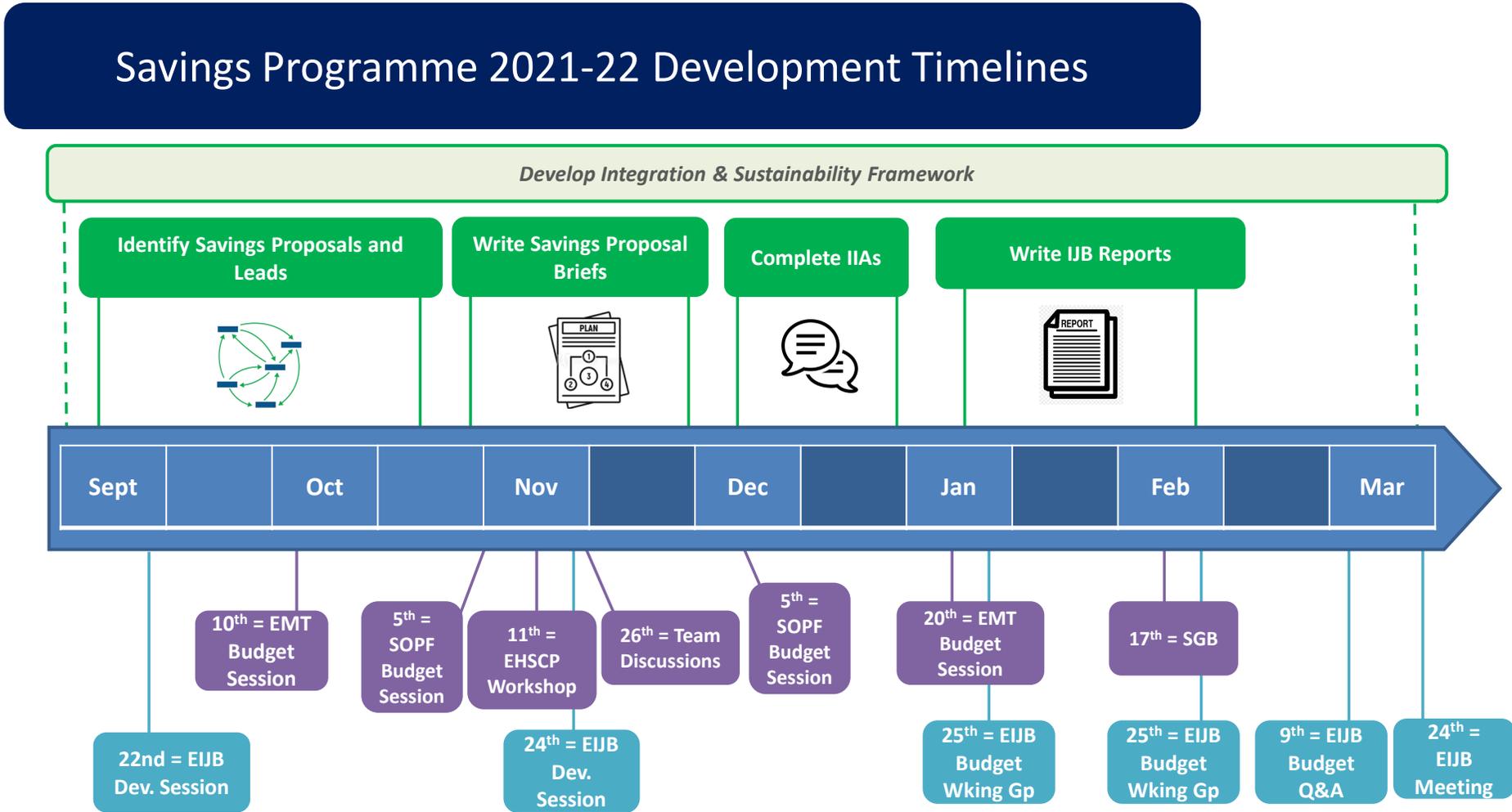
1. Integrated Impact Assessments and Integrated Impact Statements have been completed for Proposals 1-17 which can be found on the EHSCP Website: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>
2. Agreement of Proposal 2 as part of 2019/20 Financial Plan & Savings Programme at EIJB meeting on 29th March 2019 : [Meeting of Edinburgh Integration Joint Board on Friday, 29th March, 2019 - Modern Council](#)
3. Agreement of Proposal 1 as part of the 2020/21 Financial Plan at EIJB meeting on 28<sup>th</sup> April 2020: <https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=160&MId=475&Ver=4>
4. Agreement of Proposal 3-7 as part of the 2020/21 Savings and Recovery Programme at EIJB meeting on 21<sup>st</sup> July 2020: [Agenda for Edinburgh Integration Joint Board on Tuesday, 21st July, 2020, 10.00 am - Modern Council](#)

## Appendices

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

## Appendix 1: Savings Programme Development Timeline



*SOPF = Strategy & Operations Planning Forum*

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

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

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

## Appendix 3: 2021-22 Savings Programme Structure

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

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

3. **Projects under the Transformation Programme** that will realise efficiencies

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

## Appendix 4: 2021-22 Savings Programme - Detailed Table

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

\*Agreed at EIJB on 28<sup>th</sup> April 2020:

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

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

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

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

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

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

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

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

No.	8	Savings Proposal:	Mental Health Whole System Review: Positive Steps	Lead:	A Lindsay/ G Mollon
<b>Proposal Summary (Scope)</b>	<p>The opportunity has arisen to review the management establishment of the Positive Steps Service. Positive Steps is a care and housing support service that predominantly works with people who are requiring support to help facilitate their discharge from Royal Edinburgh hospital. The main focus is on providing people with emotional and practical support during their transition from hospital, including linking people into local networks of support if required. The service normally works with between 30-40 people with varying levels of support needs for between 6-12 weeks.</p> <p>The service currently includes in its establishment 2 care coordinators at grade 6 who coordinate the referrals and allocate the day to day workload, provide 11 staff with supervision and contribute to the local and wider development of mental health services in the City. However, the service has had a coordinators vacancy for the past 6 months due to a worker being on a secondment, who now does not intend to return to their substantive post. After consultation with relevant staff and unions, it has been agreed that there is an opportunity to review and propose a change to the management structure from two care coordinators to one. This proposal will generate a savings, enable a review of Positive Steps Coordinator job description to reflect current need and demand (e.g. inclusion of responsibility as registered manager), and provide the current in-post care coordinator with a potential career progression opportunity. This proposal will not impact on the day to day service delivery.</p>			<b>Financial Impact</b>	
				<i>Full Year Target for 21/22 (£k)</i>	£33
				<i>Forecast Savings for 21/22 (£k)</i>	£33
				<i>Recurring Savings for 22/23 (£k)</i>	£33
				<i>Delivery Investment</i>	None identified
<b>Impacts</b>	<p>Following due consideration it has been identified that an Integrated Impact Assessment (IIA) is not required for this proposal because it will not result in any change to policy, nor result in any services changing or ceasing. However, the proposal has taken into consideration the needs of the service and any potential impact on staff and citizens</p> <ul style="list-style-type: none"> <li>- The current coordinator has been fully engaged in the proposal and is supportive</li> <li>- There will be no change in work patterns</li> <li>- There will be no change in the level of support to service staff</li> <li>- There will be no change to service delivery.</li> </ul>			<b>Strategic Alignment</b>	
				<ul style="list-style-type: none"> <li>- Making best use of capacity across the system</li> <li>- Managing our resources effectively</li> </ul>	
<b>Benefits &amp; Disbenefits</b>	<p>Benefits:</p> <ul style="list-style-type: none"> <li>- Staff: Creation of progression opportunity</li> <li>- Service: Positive Steps Coordinator will be a registered manager</li> </ul>			<b>Dependencies</b>	
				<ul style="list-style-type: none"> <li>• Agreement of reviewed job description by HR</li> </ul>	
<b>Risks</b>	<ul style="list-style-type: none"> <li>- Risk of job remaining at Grade 6 post-evaluation</li> <li>- Risk that the role is too much for 1 FTE.</li> <li>- Risk to service delivery if this model proves to be ineffective</li> <li>- Risks to managing service during periods where colleague is absent/on annual leave.</li> </ul> <p><i>Mitigation of risks: successful experience of effectively running the service with one care coordinator (due to current vacancy), &amp; the understanding that Senior Social Workers in the NE Locality/ across the city have the capacity to effectively support service delivery during any periods when the Positive Steps coordinator may be absent.</i></p>				

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

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

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

<b>Financial Impact</b>	
<i>Full Year Target for 21/22 (£k)</i>	£2,202
<i>Forecast Savings for 21/22 (£k)</i>	£2,202
<i>Recurring Savings for 22/23 (£k)</i>	£2,202
<i>Delivery Investment</i>	None identified
<b>Dependencies</b>	<ul style="list-style-type: none"> <li>- GP and stakeholder engagement is maintained to deliver efficiencies.</li> <li>- Pharmacy team are supported to deliver plan within their practice role.</li> <li>- Ongoing pharmacotherapy service development , inc. recruitment, training &amp; skill mix optimisation will impact on team capacity &amp; could affect savings delivery.</li> </ul>
<b>Strategic Alignment</b>	<ul style="list-style-type: none"> <li>• Prevention and early intervention</li> <li>• Person Centred Care</li> <li>• Making best use of capacity across the system</li> <li>• Right care, right place, right time</li> <li>• Managing our resources effectively</li> </ul>

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

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

<b>No.</b>	<b>12</b>	<b>Savings Proposal:</b>	<b>Older People Day Opportunities Contract</b>	<b>Lead:</b>	<b>Katie McWilliam</b>
<b>Proposal Summary (Scope)</b>	<p>From 1<sup>st</sup> April award 12-month contracts for Older people’s day opportunities to those organisations who submitted bids during the 2020 procurement process based on revised volumes and budget for service delivery.</p> <p>The contract will be a blended model remobilising building based support in line with Scottish Government Guidance and offering ongoing outreach support to older people and their carers.</p> <p>Further work will be undertake with two other contacted providers to renegotiate the type and level of service required to address a shortfall in the required capacity for the interim contract. The overall contract value is based on reduction of 5.8% from current contract value.</p>			<b>Financial Impact</b>	
<b>Impacts</b> <i>Drawn from the Integrated Impact Assessment (IIA) completed on [03/01/21]</i>	<p><b>People (Citizens) Positive</b></p> <ul style="list-style-type: none"> <li>- Increased choice &amp; flexibility of day support options &amp; how/ when the support is offered</li> <li>- Offers support for people new to day support who may find group settings challenging</li> </ul> <p><b>People (Citizens) Negative</b></p> <ul style="list-style-type: none"> <li>- Less opportunities for bringing people from diverse backgrounds together</li> <li>- Financial burden on people who choose to receive outreach support associated with local travel and accessing local amenities.</li> </ul> <p><b>People (Staff) Positive</b></p> <ul style="list-style-type: none"> <li>- Organisations offer job /volunteering opportunities to local people &amp; committed to paying Scottish Living Wage</li> </ul> <p><b>System Positive</b></p> <ul style="list-style-type: none"> <li>- Focus on local provision reduces transport journeys &amp; increases community connections</li> </ul> <p><b>System Negative</b></p> <ul style="list-style-type: none"> <li>- Potential blended model provides insufficient capacity &amp; that unit costs increases</li> </ul>			<i>Full Year Target for 21/22 (£k)</i>	£163
<b>Benefits &amp; Disbenefits</b>	<p><b>System</b></p> <ul style="list-style-type: none"> <li>- <i>Benefits:</i> Increased choice and offer of outreach diverts pressure for day support service from care at home organisations.</li> </ul> <p><b>Financial</b></p> <ul style="list-style-type: none"> <li>- <i>Benefits:</i> Anticipated reduced spend, contracts delivered within EHSCP budget &amp; savings achieved</li> <li>- <i>Disbenefits:</i> Reduction in funding for orgs when financial impact of COVID-19 is ongoing.</li> </ul>			<i>Forecast Savings for 21/22 (£k)</i>	£163 (5.8% of the overall budget)
<b>Risks/ Considerations</b>	<p><b>Service Delivery:</b> capacity within the block contracts is less than anticipated demand</p> <p><b>Reputational damage:</b> perception of a reduction in support for older people and carers at a time when social isolation and carers impact is high profile.</p> <p><b>Reputational damage:</b> Some providers may need to reduce workforce as a result of reduced budget, advice given to access government sustainability schemes</p>			<i>Recurring Savings for 22/23 (£k)</i>	£163
				<b>Delivery Investment</b>	None identified
				<b>Dependencies</b>	<ul style="list-style-type: none"> <li>- Any return to building based support needs to be agreed by Health Protection Team and EHSCP</li> </ul>
				<b>Strategic Alignment</b>	<ul style="list-style-type: none"> <li>• Prevention and early intervention</li> <li>• Tackling Inequalities</li> <li>• Person Centred Care</li> <li>• Best use of capacity across the system</li> <li>• Right care, right place, right time</li> <li>• Managing our resources effectively</li> </ul>

<b>No.</b>	<b>13</b>	<b>Savings Proposal:</b>	<b>Hosted Services and Set Aside</b>	<b>Lead:</b>	<b>Moira Pringle</b>
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<b>Proposal Summary (Scope)</b>	<p>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:</p> <ul style="list-style-type: none"> <li>• Dietetics is a single system team that is managed within Midlothian HSCP on behalf of all four Lothian IJBs; and</li> <li>• Inpatient adult mental health is hosted within the Royal Edinburgh and Associated Services (REAS) business unit on behalf of East Lothian, Edinburgh and Midlothian.</li> </ul> <p>Similarly set aside services are acute, hospital based and are operationally managed by NHS Lothian on behalf of all 4 IJBs.</p> <p>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.</p> <p>A number of proposals have been identified via this route and are reflected in the NHS Lothian financial plan.</p>	<b>Financial Impact</b>	
		<i>Full Year Target for 21/22 (£k)</i>	Hosted = £750 Set Aside = £1,412 <b>TOTAL = £2,162</b>
		<i>Forecast Savings for 21/22 (£k)</i>	Hosted = £750 Set Aside = £1,412 <b>TOTAL = £2,162</b>
		<i>Recurring Savings for 22/23 (£k)</i>	Hosted = £750 Set Aside = £1,412 <b>TOTAL = £2,162</b>
		<i>Delivery Investment</i>	None identified
	<b>Impacts</b>	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.	
	<b>Benefits &amp; Disbenefits</b>	These are assessed locally and monitored through local governance arrangements.	
<b>Risks/ Considerations</b>	These are assessed locally and monitored through local governance arrangements		
	<b>Dependencies</b>	These are assessed locally and monitored through local governance arrangements.	
	<b>Strategic Alignment</b>	These are assessed locally and monitored through local governance arrangements.	

## Savings Programme High Level Project Brief:

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

#### 1. Project Brief

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

There are two key strands to this proposal:

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

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

**2. Review the Waverly Care Contract for Milestone House**

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

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

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

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

**Phase 1 (Realise immediate savings from 1<sup>st</sup> April 2021):**

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

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

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

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

### **Phase 3 (Realise longer term savings):**

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

## **2. Strategic Alignment**

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

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

## **3. Constraints, Assumptions and Dependencies**

### **Constraints:**

High level constraints include:

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

### **Assumptions:**

High level assumptions include:

- Hosted Hepatitis C worker will be retained to support the Public Health target to eliminate Hepatitis C<sup>1</sup>
- The broader system is able to flex and adapt to respond to the demand for services
- Any future service demand can be absorbed by existing services or through redesigning future services

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<sup>1</sup> [Eliminating hepatitis C - gov.scot \(www.gov.scot\)](http://www.gov.scot)

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

### **Dependencies**

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

## **4. Impact**

### **High Level Impacts**

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

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

### **People (Citizens)**

#### Positive

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

#### Negative (including mitigations)

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

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

### **People (Staff)**

#### Positive

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

#### Negative (including mitigations)

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

### **System**

#### Positive

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

#### Negative (including mitigations)

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

## **5. Benefits & Disbenefits**

### **Citizens**

#### Benefits

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

#### Disbenefits

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

## **Staff**

### Benefits

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

### Disbenefits

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

## **System**

### Benefits

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

### Disbenefits

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

## **Financial**

### Benefits

- Efficient use of resources
- Anticipated reduction in spend

### Disbenefits

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

## **6. Financial Implications**

### **Financial Savings**

The anticipated financial savings are laid out below:

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

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

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

## 7. Feasibility of implementation

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

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

### **Phase 1 (Realise immediate savings from 1<sup>st</sup> April 2021):**

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

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

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

### **Phase 3 (Realise longer term savings):**

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

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

## 8. Risks

Initial high level risks identified.

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

# Savings Programme High Level Project Brief:

## 16. Overnight Support - contracts

### 1. Project Brief:

21 providers have block contracts for shared overnight support.

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

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

### 2. Strategic Alignment

#### Strategic Links

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

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

### 3. Constraints, Assumptions and Dependencies

#### **Constraints:**

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

#### **Assumptions:**

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

#### **Dependencies**

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

## 4. Impact

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

These have been drawn from the Integrated Impact Assessment (IIA) completed on 15<sup>th</sup> February 2021 and which will be located on the EHSCP website here: [Integrated Impact Assessments - Edinburgh Health & Social Care Partnership \(edinburghhsc.scot\)](https://www.edinburghhsc.scot/nr/rdmservlet?doctype=1&doctype=1)

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

### ***People (Citizens)***

Positive

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

Negative (including mitigations)

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

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

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

### ***People (Staff)***

Positive

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

Negative (including mitigations)

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

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

### **System**

#### Positive

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

#### Negative (including mitigations)

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

### **Reputation**

#### Positive

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

#### Negative (including mitigations)

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

## **5. Benefits & Disbenefits**

### **Citizens**

#### *Benefit;*

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

#### *Disbenefits;*

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

#### **Staff**

##### *Benefit;*

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

##### *Disbenefits;*

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

#### **System**

##### *Benefit;*

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

##### *Disbenefits;*

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

#### **Financial**

##### *Benefit;*

- Anticipated financial savings from reduced sleepover costs across services.

##### *Disbenefits;*

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

## 6. Financial Implications

### *Financial Savings*

The anticipated financial savings are laid out below:

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

## 7. Feasibility of implementation

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

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

## 8. Risks

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

# Savings Programme High Level Project Brief:

## 17. Policy Development and Implementation

### 1. Project Brief

#### **Context**

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

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

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

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

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

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

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

#### **Policy Changes Proposal**

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

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

Some examples of these are:

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

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

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

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

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

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

## 2. Strategic Alignment

### Strategic Links

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

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

## 3. Constraints, Assumptions and Dependencies

### Constraints:

High level constraints include:

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

### Assumptions:

High level assumptions include:

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

### Dependencies

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

## 4. Impact

### High Level Impacts

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

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

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

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

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

### **People (Citizens)**

#### Positive

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

#### Negative (including mitigations)

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

### **People (Staff)**

#### Positive

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

#### Negative (including mitigations)

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

### **System**

#### Positive

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

## 5. Benefits & Disbenefits

### **Citizens**

#### Benefits

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

#### Disbenefits

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

### **Staff**

#### Benefits

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

#### Disbenefits

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

### **System**

#### Benefits

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

#### Disbenefits

- Potential for an increased number of complaints

### **Financial**

#### Benefits

- Reduced spend

## 6. Financial Implications

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

### **Financial Savings**

The anticipated financial savings are laid out below:

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

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

## 7. Feasibility of implementation

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

Timelines for any Policy Changes are being defined.

## 8. Risk

Initial high level risks identified:

Risk ID	Description of Risk/ Issue	Summary of Action taken to Mitigate	Inherent RAG	Residual RAG
18.1	<b>People:</b> confusion or misunderstanding of how and why policy changes are being implemented	Clear and appropriate engagement and communication with people and carers	Amber	Green
18.2	<b>Reputational damage:</b> policy changes do not meet existing expectations and perceptions leading to increased complaints	Ensure appropriate linkages are made with Edinburgh Pact Workstream	Red	Amber
18.3	<b>Resistance to change:</b> by workforce/ stakeholders/ people	Clear and appropriate engagement and communication	Amber	Amber
18.4	<b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual	Staff support through change management	Amber	Green
18.5	<b>Scale:</b> the work required to support any policy changes does not match capacity available	Effective planning, allocation and monitoring process developed and implemented	Red	Amber
18.6	<b>Financial risk:</b> that the planned efficiencies are not achieved	Effective planning and monitoring process implemented	Red	Amber
18.7	<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
18.8	<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
18.9	<b>Governance processes:</b> lack of agreement on the governance and process for agreeing and amending policies. Specifically on the separate roles and responsibilities of the IJB and the City of Edinburgh Council.	Engagement and dialogue with City of Edinburgh Council to agree process and governance route to ensure proposal can be taken forward	Red	Amber

## Appendix 6: 2021/22 Savings Programme Cumulative IIA

### Section 4 Integrated Impact Assessment

#### Summary Report Template

Each of the numbered sections below must be completed

Interim report		Final report	✓	(Tick as appropriate)
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**1. Title of plan, policy or strategy being assessed**

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

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

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

The proposals have been developed, to where possible help:

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

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

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

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

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

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

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

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

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

**4. Date of IIA: 1<sup>st</sup> March 2021**

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

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

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

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

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need:  <i>Strategic needs Assessment City of Edinburgh HSCP (2015)</i>	Yes	Provides supporting information for understanding the demographics of the wider population in the City of Edinburgh <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>
<i>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</i>	Yes	Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated).  Actions highlighted as needed to address these include: <ul style="list-style-type: none"> <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> <a href="https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf">https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf</a>
<i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i>	Yes	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>
Data on service uptake/access	No	See individual IIAs
Data on equality outcomes:  <i>Individual Savings Proposals IIAs</i>	Yes	Completed/Interim IIAs and IIA statements for the 2021/22 savings programme 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> ) and provide details of

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

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

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

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

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

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

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

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

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

See individual IIAs for communication proposals.

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

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

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

No

**11. Additional Information and Evidence Required**

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

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

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

<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>
Relevant leads for savings proposals should progress any specific actions identified in individual IIAs	Savings proposal leads	Ongoing	Ongoing
Overarching report re delivery of the savings programme to be provided to Savings and Governance Board (SGB) monthly	Jenny McCann/ Finance Programme Manager	Monthly	July 2021
Ongoing reporting to EIJB bi-monthly	Moira Pringle (with support from Jenny McCann)	Bi-monthly	June 2021
Training and support for staff is provided.	Savings proposal leads – where pertinent to their proposal	Ongoing	Ongoing
Procedures and policies should be clearly set out and available	Savings proposal leads – where pertinent to their	Ongoing	Ongoing

<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>
	proposal		
The rationale for the changes should be clearly communicated to staff including the over-riding financial position	Savings proposal leads	Ongoing	Ongoing
Proposals to be implemented in line with appropriate strategies and relevant workstreams	Savings proposal leads	Ongoing	Ongoing

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

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

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

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

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

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

**Date:** 10/03/21

**16. Publication**

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