



# EIJB REPORT

## Savings and Recovery Programme 2022/23

Edinburgh Integration Joint Board

22 March 2022

### Executive Summary

The purpose of this report is to present the proposed 2022-23 Savings and Recovery Programme for consideration in the approval of the 2022-23 financial plan

### Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Note the content of 2022-23 Savings and Recovery Programme
2. Note the approach to evolve the current transformation programme into a wider strategic programme that encompasses the principles of innovation and sustainability
3. Agree the proposed plan to review and finalise IIAs for individual projects and the programme

## Directions

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

Whilst no direction is required, the financial impact of the 2022-23 Savings and Recovery Programme is inherent in the direction accompanying the 2022-23 Financial Plan paper presented in a separate paper to this meeting.

## Report Circulation

1. This report has not been presented elsewhere.

## Main Report

---

### Background

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

2. The Edinburgh Integrated Joint Board (EIJB), like others across Scotland, operates within a complex environment. Health and social care services are under pressure due to an aging population, with increasing numbers of people living with long term conditions, whilst also facing a reducing work age population, that is further impacted by challenges in workforce supply and resource availability. This is ultimately leading to unparalleled challenges to the sustainability of our health and social care system, resulting in a significant disparity between the level of funding available, and the anticipated costs to deliver the IJB's delegated services at an expected level of outcomes.
3. Following a combined budget offer of £749.2m from the City of Edinburgh Council and NHS Lothian, and the projected costs for delegated services totalling £779.2m, the EIJB has an estimated £30.0m savings requirement going into 2022-23 as shown in table 1 below:

	Total £m
Indicative delegated budgets	749.2
Projected delegated costs	779.2
<b>Savings requirement</b>	<b>(30.0)</b>

*Table 1: Projected IJB savings requirement 2022-23*

### Innovation and Sustainability

4. Throughout 2021-22 there has been ongoing dialogue about how to balance the current care, workforce and financial deficits whilst ensuring the sustainability of the Edinburgh Health and Social Care system. Historically, the approach to financial planning has been 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.
5. It is recognised that the opportunities for developing and effectively delivering significant savings proposals within a single financial year has become increasingly challenging and not without risk to performance and quality outcomes. As such, it is acknowledged that the delivery of further savings will depend on complex funding, workforce and service change and redesign initiatives, that extend past a single financial year. Further, the time require to plan and implement such changes should not be underestimated.
6. 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. The programme, and the innovations seen more broadly within the organisation, have delivered significant change and

improvement over the past two (2) years. However, on their own these efficiencies were not designed to address in full the financial challenges that will be faced in the next 3-5 years. As such, we are further evolving and transitioning the Transformation Programme into a wider strategic programme that encompasses the principles of innovation and sustainability.

7. This programme, known as the Innovation and Sustainability Programme is developing an approach to evolve how we work with our staff and the people of Edinburgh to shape and reimagine, the delivery of services within communities within the funding available to us. With the goal of sustainability across services, workforces and funding, the Innovation and Sustainability Programme, will redesign systems to facilitate earlier interventions at lower costs with sustained outcomes supporting health and wellbeing. Aligned to, and underpinned by the EIJBs Strategic Plan, it focuses on redesigning our approach for Edinburgh to ensure a seamless transition into the National Care Service and balancing the care, financial and workforce deficits as shown in Appendix 1.0.
8. A list of potential pipeline proposals for the Innovation and Sustainability programme have been identified. We will continue to engage key stakeholders in an iterative process to further refine and develop these, whilst also working to identify any further opportunities. Dedicated resource is now in place to support the scoping and prioritisation of key areas, followed by an assessment of feasibility and the production of outline change proposals for priority projects for consideration by the IJB. The first of these is expected to be available for consideration by end of Q2 2022.
9. 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 2022-23 to bridge the transition to this new approach.

## **EIJB Savings and Recovery Programme**

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

10. 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. In setting an unbalanced budget last year, the IJB accepted further savings had the potential to negatively impact on services, people and staff, which in turn may impact performance across social care and health services. This position remains unchanged, with an unbalance financial plan for 2022-23 at the time of this report. However, based on the proposed financial plan there is flexibility in the system to achieve financial balance with the level of saving programme being proposed, presenting an opportunity to develop the innovation and sustainability work.
11. There has been continuing dialogue throughout 2021-22 to ensure sustainable approaches to service provision is continually applied through clearly defined project deliverables. The Savings Programme has been developed through

engagement sessions, dedicated team discussions and utilisation of existing forums (e.g. budget holder meetings, Strategic and Operation Forums, Project Working Groups and Savings Governance Board meetings). Efforts were made to include staff from across operational and strategic areas, including those involved in front line decision making. Appendix 2.0 provides an overview of the timelines of this process.

12. Potential proposals were refined by officers to ensure they remained balanced with 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.
13. Alongside this process, the EIJB members participated in three budget working group meetings and a Budget Question and Answer (Q&A) session that have informed and shaped the development of the programme. Whilst not decision-making forums, the working group meetings and the Budget Q&A session have provided opportunity for members, to consider, inform, scrutinise and challenge the proposed content of the 2022-23 Savings and Recovery Programme.

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

14. In 2020/21 a clear framework was agreed to support the delivery of a Savings and Recovery Programme which was subsequently applied to the 2021/22 Programme. The framework considers not only the requirement for immediate savings to ensure financial balance, but also supports a clear and structured approach for future years that aligns with our partners financial planning processes. We also recognise within the framework, links to the existing transformation programme to ensure that proposal development, delivery and benefits realisation (including savings) are monitored collaboratively to avoid duplication. The development of the Innovation and Sustainability programme discussed in paragraphs 4-9 will enable this ambition and support future savings programmes to work towards sustainability.

### ***The 2022/23 Savings Programme***

15. Within the 2022-23 Savings and Recovery Programme there are ten (10) savings projects and proposals which have been structured under three sections detailed below. Project overviews have been provided for all projects in Appendix 5.0.

#### ***15.1. 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 2022-23.

#### ***15.2. 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 in Appendix 5.0.

### 15.3. **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 2022-23.

16. 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 and Recovery Programme, a quarterly update report will be provided to the EIJB's Performance and Delivery Committee.
17. The impact of 2022-23 Savings and Recovery Programme on the Savings requirement is summarised in table 2 below, with further detail included in Appendix 4.0:

<i>Savings and Recovery Programme</i>	<b>£m</b>
1. Previously Approved Proposals	0.41
2. Operational/ Grip & Control Proposals	3.03
3. Transformation Projects	2.3
<b>Total</b>	<b>5.74</b>

*Table 2: Impact of identified savings proposals 2022-23*

18. It is also expected that further activities will be prioritised within the financial year, within the Purchasing and Community Equipment projects, to deliver additional savings and support a route towards break even. These workstreams will be reinforced with discrete plans and clearly defined and measurable efficiency outcomes and savings targets, underpinned by robust communication, training and learning and development initiatives. Existing governance routes agreed for the programme will be used to report on any additional activities as and when they arise over the duration of the programme.
19. A separate paper to this meeting sets out the 2022-23 Financial Plan. Were further savings deemed necessary to achieve financial balance, there would be requirement to develop saving proposals that are likely to have a significant negative impact on performance, service quality, staff and, ultimately on outcomes for people.

## **Risk and Impact**

20. 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 £750m), and through which there are opportunities to positively impact upon equality, human rights, the environment and the economy.

21. 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.
22. 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 can 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.
23. For proposals previously approved by the EIJB, that have financial impact in 2022-23, the associated IIAs were reviewed, and updated where appropriate, and can be found on the EHSCP's website: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>
24. 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.
25. While a final IIA is a required document for a decision or approval, it is noted that the IIAs completed for all proposals are evolving documents. Additionally, IIA's are required to be refreshed and updated as part of the ongoing assurance activities for each project within the programme. This is in recognition that the gathering of additional evidence and further consultation will inform options being proposed, and if they are approved, will be required to be reviewed and refined as part of the implementation process. Proposed dates to review IIA's, aligned to planned activities within the phases of the individual projects, has been provided in Appendix 6.0.
26. In addition to individual IIAs/IIA statements for each of the projects and proposals, a cumulative programme IIA has been completed (available within Appendix 7.0). The cumulative IIA provides a cross-system overview of the impacts on all groups, to help ensure that no group or area is cumulatively, disproportionately impacted by the savings programme and that appropriate mitigating actions are identified. Like the individual proposal IIAs, the cumulative IIA will be reviewed and revised as projects develop and to reflect any additional impacts identified.
27. The completion of the cumulative IIA has highlighted that attention should be given to the impact on older people, those with a disability, low income families and carers and steps to mitigate against any negative impact, have been identified within the IIA recommendations and actions.

28. Risks, including reputational risk, our ability to meet our statutory duties and the stability of the external market have also been detailed for each of the proposals (contained within Appendix 5.0), with mitigations identified as appropriate. Ongoing risks associated with the individual proposals and programme will be monitored and managed via the Savings Governance Board and escalated through the agreed governance route as appropriate.

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

---

### **Financial**

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

### **Legal / risk implications**

30. The key risk to the EIJB occurs if there is a requirement to develop a more substantive savings programme to ensure financial balance within 2022-23.

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

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

### **Environment and sustainability impacts**

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

### **Quality of care**

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

## **Consultation**

---

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

## Report Author

---

**Judith Proctor**

**Chief Officer, Edinburgh Integration Joint Board**

Contact for further information:

Name: Moira Pringle

Email: [moira.pringle@nhslothian.scot.nhs.uk](mailto:moira.pringle@nhslothian.scot.nhs.uk) Telephone: 0131 469 3867

Name: Kellie Smith

Email: [kellie.smith@edinburgh.gov.uk](mailto:kellie.smith@edinburgh.gov.uk)

## Background Reports

---

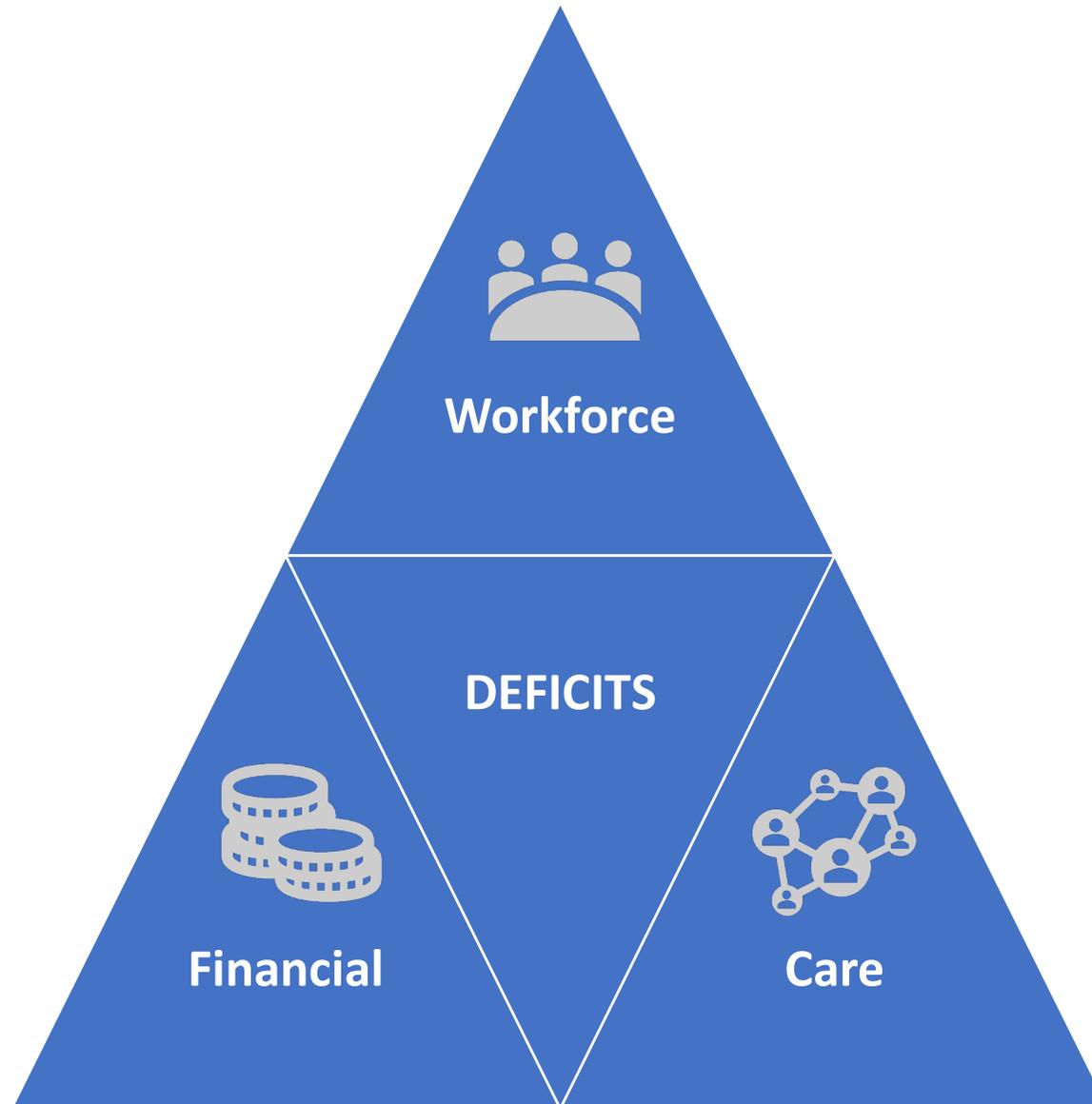
1. Integrated Impact Assessments and Integrated Impact Statements have been completed for all proposals which can be found on the EHSCP Website: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>
2. *Agreement of Proposal 1-3 & 8-9 as part of the 2020/21 Savings and Recovery Programme 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](#)*
3. *Agreement of Proposal 4-5 as part of 2021/222 Financial Plan & Savings Programme at EIJB meeting on 24th March 2021: [Agenda for Edinburgh Integration Joint Board on Wednesday, 24th March, 2021, 10.00 am - Modern Council](#)*

## Appendices

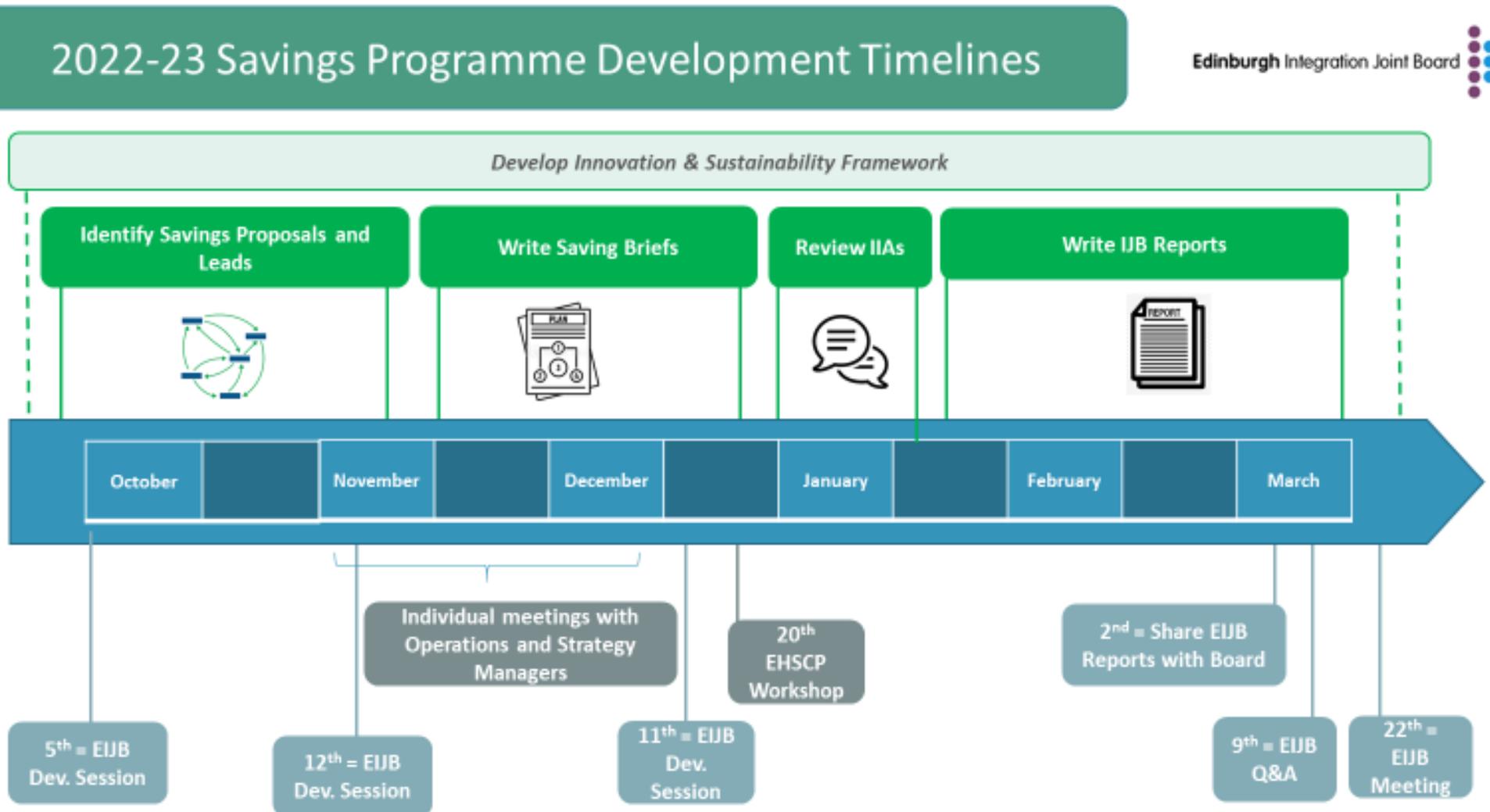
---

Appendix 1	Sustainability: Balancing the Deficits
Appendix 2	2022-23 Savings Programme Development Timeline
Appendix 3	2022-23 Savings Programme Structure
Appendix 4	2022-23 Savings and Recovery Programme - Detailed Table
Appendix 5	2022-23 Savings and Recovery Programme Project Overviews
Appendix 6	2022-23 Savings and Recovery proposed plan to review and finalise IIA's
Appendix 7	2022-23 Savings and Recovery Programme Cumulative IIA

**Appendix 1: Sustainability: Balancing the Deficits**



## Appendix 2: 2022-23 Saving Programme Development Timeline



## Appendix 3: EIJB 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>£0.41</b>
1	Review Rehabilitation Services*	Sheena Muir	£0.14
2	Review Sexual Health Services*	Sheena Muir	£0.11
3	Community Equipment*	Sheena Muir / Sylvia Latona	£0.055
4	LD Overnight Services**	Mark Grierson	£0.075
5	The Works**	Linda Irvine-Fitzpatrick	£0.03
<b>Operational/ Grip and Control Projects</b>			<b>£3.03</b>
6	Hosted Services & Set Aside	Moira Pringle	£0.57
7	Prescribing	Anna Duff	£2.06
8	Purchasing*	Nikki Conway/ Deborah Mackle	£0.4
<b>Transformation Projects</b>			<b>£2.3</b>
9	Medical Day Hospitals*	Katie McWilliam	£0.2
10	Bed Based Review*	Jacquie McCrae	£2.1
<b>Total Savings and Recovery Programme</b>			<b>£5.74</b>

\* 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](#)

\*\* Agreed at EIJB on 24th March 2021: [Agenda for Edinburgh Integration Joint Board on Wednesday, 24th March, 2021, 10.00 am - Modern Council](#)

## Appendix 5: 2022-23 Savings and Recovery Programme Project Overviews

No.	01	Savings Proposal:	Review Rehabilitation Services	Lead:	Sheena Muir								
<b>Proposal Summary (Scope)</b>	<ul style="list-style-type: none"> <li>Through the establishment of the Integrated Rehabilitation Collaborative (IRC) deliver a Pan Lothian integrated and shared vision and model for rehabilitation services, incorporating plans proposed by the four Lothian HSCPS for community rehabilitation</li> <li>Review the existing models of care to identify where improvements can be made to support services to operate more efficiently and effectively</li> <li>Use learning from COVID-19 to inform approach</li> </ul>			<b>Financial Impact</b> <table border="1"> <tr> <td>Full Year Target for 22/23 (£k)</td> <td><b>£114</b></td> </tr> <tr> <td>Forecast Savings for 22/23 (£k)</td> <td><b>£114</b></td> </tr> <tr> <td>Recurring Savings for 23/24 (£k)</td> <td><b>£114</b></td> </tr> <tr> <td>Delivery Investment</td> <td></td> </tr> </table>		Full Year Target for 22/23 (£k)	<b>£114</b>	Forecast Savings for 22/23 (£k)	<b>£114</b>	Recurring Savings for 23/24 (£k)	<b>£114</b>	Delivery Investment	
Full Year Target for 22/23 (£k)	<b>£114</b>												
Forecast Savings for 22/23 (£k)	<b>£114</b>												
Recurring Savings for 23/24 (£k)	<b>£114</b>												
Delivery Investment													
<b>Impacts</b>	<p>These have been drawn from the Integrated Impact Assessment (IIA) completed on 8th June 2020 and which is located on the EHSCP website here: : <a href="https://www.edinburghhsc.scot.nhs.uk/Integrated-Impact-Assessments-Edinburgh-Health-Social-Care-Partnership">Integrated Impact Assessments - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a>.</p> <p>A review and update of the IIA is planned for April 2022.</p>												
<b>Benefits &amp; Disbenefits</b>	<p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>People requiring inpatient rehabilitation can access it as timely as possible at a level that improves quality and drives better outcomes.</li> <li>People who no longer require inpatient rehabilitation can access their ongoing rehabilitation and care requirements in the community</li> <li>Improved systems and processes, with efficient use of resources</li> </ul> <p><b>Disbenefits</b></p>			<b>Dependencies</b> <ul style="list-style-type: none"> <li>Ensuring models of care fit with the overall shared vision for the delivery of integrated rehabilitation services across Lothian.</li> <li>Dependant on a joined-up approach with Community Rehabilitation Services in all four HSCPs</li> <li>Non-Lothian usage of the inpatient service</li> <li>Future re-provision of rehabilitation service and associated business case</li> </ul>									
<b>Risks/ Considerations</b>	<p><b>People:</b> confusion or misunderstanding of how and why new model is being implemented</p> <p><b>Reputational damage:</b> service model does not meet existing expectations and perceptions</p> <p><b>Resistance to change:</b> by workforce/ stakeholders/ people</p> <p><b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual</p> <p><b>Consensus in approach:</b> lack of agreement across the 4 HSCPs on the model of care</p> <p><b>Governance processes reduced ability to work at pace:</b> working across 4 HSCPs may lead to a delay in decisions being made</p> <p><b>Financial risk:</b> that we do not achieve the planned efficiencies</p>			<b>Strategic Alignment</b> <ul style="list-style-type: none"> <li>Person Centred Care</li> <li>Managing our resources effectively</li> <li>Making best use of capacity across the system</li> <li>Right care right place right time</li> <li>Home First and Discharge Without Delay</li> </ul>									

<b>No.</b>	<b>02</b>	<b>Savings Proposal:</b>	<b>Review of Sexual Health Services</b>	<b>Lead:</b>	Sheena Muir
------------	-----------	--------------------------	---	--------------	-------------

<b>Proposal Summary (Scope)</b>	<p>Review the Lothian Sexual and Reproductive Health Services (LSRHS) to ensure that models of care are as effective and efficient as possible and are aligned with national and local public health and sexual health priorities.</p> <p>Considering COVID-19 the recovery planning process will be used to facilitate the review. Appropriate learning gained from the response to the COVID-19 pandemic, when some LSRH services had to be paused and others reduced or adapted (e.g. using technology), are used to inform and shape sustainable and future proofed models of care.</p> <p>This will be aligned to nationally agreed stages of recovery for Sexual and Reproductive Health Services which provides a guide as service remobilisation. This is in recognition that users of sexual and reproductive health services are often transient, and where possible reducing variation in services supports continuity of care.</p>
<b>Impacts</b>	<p>These have been drawn from the Integrated Impact Assessment (IIA) completed on 23rd June 2020 and which is located on the EHSCP website here: : <a href="#">Integrated Impact Assessments - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a>.</p> <ul style="list-style-type: none"> <li>• A review and update of the IIA is planned for April 2022.</li> </ul>
<b>Benefits &amp; Disbenefits</b>	<p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• It is anticipated that there may be greater consistency in services between regions with resources allocated based on identified need</li> <li>• More flexible services as a result of the use of technology</li> <li>• Improved systems and processes</li> </ul> <p><b>Disbenefits</b></p>
<b>Risks/ Considerations</b>	<p><b>People:</b> Increase in population health risk and inequalities</p> <p><b>Reputational damage:</b> service model does not meet existing expectations</p> <p><b>Resistance to change:</b> by workforce/ stakeholders/ people</p> <p><b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual</p> <p><b>Consensus in approach:</b> lack of agreement across the 4 HSCPs on the model of care</p> <p><b>Governance processes reduced ability to work at pace:</b> working across 4 HSCPs may lead to a delay in decisions being made</p> <p><b>Financial risk:</b> that we do not achieve the planned efficiencies</p> <p><b>COVID:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes</p>

<b>Financial Impact</b>	
<i>Full Year Target for 22/23 (£k)</i>	<b>£110</b>
<i>Forecast Savings for 22/23 (£k)</i>	<b>£110</b>
<i>Recurring Savings for 23/24 (£k)</i>	<b>£110</b>
<i>Delivery Investment</i>	
<b>Dependencies</b>	<ul style="list-style-type: none"> <li>• Ensuring that any new service model fits with the overall vision for the delivery of LSRHS</li> <li>• Support of the LSRHS SMT in completing the review and implementing any recommendations</li> <li>• That any services review meets Public Health requirements and associated budget priorities</li> <li>•</li> </ul>
<b>Strategic Alignment</b>	<ul style="list-style-type: none"> <li>• Person Centred Care</li> <li>• Managing our resources effectively</li> <li>• Making best use of capacity across the system</li> <li>• Right care right place right time</li> </ul>

<b>No.</b>	<b>03</b>	<b>Savings Proposal:</b>	<b>Community Equipment</b>	<b>Lead:</b>	Sylvia Latona, Sheena Muir
------------	-----------	--------------------------	----------------------------	--------------	----------------------------

<b>Proposal Summary (Scope)</b>	<p>Ensure appropriate Grip and Control of the Community Equipment Loan Service features. The proposed changes for the community equipment function as part of this proposal, sit under 8 workstreams:</p> <ol style="list-style-type: none"> <li>1. Single use items</li> <li>2. Small aids</li> <li>3. Non-catalogue items</li> <li>4. Satellite stores</li> <li>5. Out of hours</li> <li>6. Crisis deliveries</li> <li>7. Click and collect</li> <li>8. Recharge model / budgets</li> </ol> <p>Appropriate learning gained from the response to the COVID-19 pandemic, when some services had to be paused and others reduced or adapted, and technology solutions optimised, and will be used to inform and shape how the service can sustainably be delivered in the longer term.</p>	<b>Financial Impact</b>								
		<table border="1"> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Full Year Target for 22/23 (£k)</i></td> <td style="text-align: center;"><b>£55</b></td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Forecast Savings for 22/23 (£k)</i></td> <td style="text-align: center;"><b>£55</b></td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Recurring Savings for 23/24 (£k)</i></td> <td style="text-align: center;"><b>£55</b></td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Delivery Investment</i></td> <td></td> </tr> </table>	<i>Full Year Target for 22/23 (£k)</i>	<b>£55</b>	<i>Forecast Savings for 22/23 (£k)</i>	<b>£55</b>	<i>Recurring Savings for 23/24 (£k)</i>	<b>£55</b>	<i>Delivery Investment</i>	
<i>Full Year Target for 22/23 (£k)</i>	<b>£55</b>									
<i>Forecast Savings for 22/23 (£k)</i>	<b>£55</b>									
<i>Recurring Savings for 23/24 (£k)</i>	<b>£55</b>									
<i>Delivery Investment</i>										
<b>Impacts</b>	<p><b>Devolved budgets:</b> will lead to more sustained grip and control over spend and greater scrutiny and accountability against budgetary spend</p> <p><b>Community Equipment Loan Model:</b> review of equipment and criteria for Community Equipment; streamlining processes and introduction of a ‘future proofed’ strategy for provision of equipment, will contribute to supporting people to leave hospital, the prevention of admissions and end of life care. Aligned to both the prevention and crisis intervention work streams.</p> <p><b>Transformation Programme:</b> Lessons learned from implementing changes through the Savings Programme, and adaptations from COVID-19 19 will be utilised and help to inform the broader review and reform of the community equipment service which falls under the scope of the Transformation Programme</p> <p><b>Edinburgh Pact:</b> Provide clarity on service and support offering and redefine what statutory services can contribute in terms of preventing crisis, and supporting people to manage their health and personal independence at home</p> <p><b>Home First, SDS and 3 conversations</b></p>	<b>Dependencies</b>								
		<ul style="list-style-type: none"> <li>• The Edinburgh Pact</li> <li>• Community Equipment Model</li> <li>• Home first</li> <li>• 3 conversations</li> <li>• SDS</li> </ul>								
<b>Benefits &amp; Disbenefits</b>	<p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• Consistency in assessment and associated equipment</li> <li>• Clearer and fairer processes</li> <li>• Improved systems and processes</li> <li>• Improved accountability and transparency of the process including decision making</li> <li>• Improved reporting, and audit trails</li> </ul>	<b>Strategic Alignment</b>								
		<ul style="list-style-type: none"> <li>• Prevention and early intervention</li> <li>• Person Centred Care</li> <li>• Managing our resources effectively</li> </ul>								
<b>Risks/ Considerations</b>	<p><b>Reputational damage:</b> associated with changing criteria, and altering equipment available</p> <p><b>Resistance to change:</b> from Locality and Hospital staff regarding new criteria for products, and new budgetary responsibility</p> <p><b>Resistance to change:</b> from Equipment service staff, to new working patterns to improve productivity</p>									

**Change management:** potential impact on equipment service workforce from involvement and supporting change whilst delivering business as usual

**Change management:** referrers reluctance to change patterns demand, despite better reporting and information on criteria

**Change management:** reliance on other partners and HSCPs

**Change management:** SRO has not been confirmed for Transformation Programme, and PM redeployed

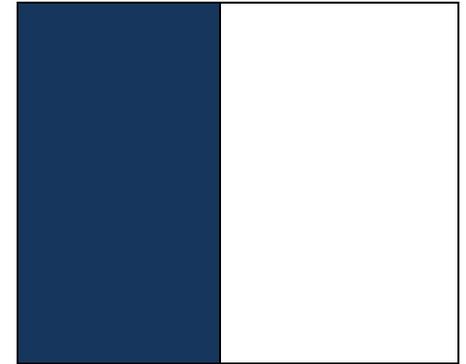
**Change Management:** key challenges associated with engagement and involvement owing to covid-19

**Transition challenges:** ensuing that affected people can access suitable alternatives that meet their needs

**Financial risk:** that the planned efficiencies are not achieved

**Financial Risk:** that the devolvement of budgets and efficiencies to recharge model are not achieved

**COVID-19:** Operational priorities due to COVID-19 mean that it is not possible to implement all the service changes



<b>No.</b>	<b>04</b>	<b>Savings Proposal:</b>	<b>Over Night Services</b>	<b>Lead:</b>	<b>Mark Grierson</b>
------------	-----------	--------------------------	----------------------------	--------------	----------------------

<b>Proposal Summary (Scope)</b>	<p>Several block contract for shared overnight support 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.</p> <p>A review of seven contracts was completed in 21/22, delivering a saving target of £75,000. It is anticipated that by working with other providers a further saving of £75 is achievable.</p>
<b>Impacts</b>	<p>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: <a href="https://www.edinburghhsc.scot.nhs.uk/integrated-impact-assessments/">Integrated Impact Assessments - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a>.</p> <p>A review and update of the IIA is planned for June 2022.</p>
<b>Benefits &amp; Disbenefits</b>	<p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• A less restrictive model of support for clients</li> <li>• Improved work / home life balance for staff</li> <li>• Builds a stronger culture of enablement including increased digital inclusion and communication with family members and friends</li> </ul> <p><b>Disbenefits</b></p> <ul style="list-style-type: none"> <li>• Perception that support delivered by technology presents more risks</li> <li>• Possible reduction in income for some staff</li> <li>• Organisations may perceive a change in model of support as loss of income across the system</li> </ul>
<b>Risks/ Considerations</b>	<p><b>Resistance to change:</b> by workforce/ stakeholders/ people – mitigated through clear and appropriate engagement and communication.</p>

<b>Financial Impact</b>	
<i>Full Year Target for 22/23 (£k)</i>	<b>£39</b>
<i>Forecast Savings for 22/23 (£k)</i>	<b>£75</b>
<i>Recurring Savings for 23/24 (£k)</i>	<b>£75</b>
<i>Delivery Investment</i>	None identified
<b>Dependencies</b>	An openness from providers to engage with partnership staff and agreements from service users and carers to move to technology options and responder services for overnight support where appropriate.
<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> </ul> <p>Managing our resources effectively</p>

<b>No.</b>	<b>05</b>	<b>Savings Proposal:</b>	<b>Mental Health Whole System Review: Independent review of The Works</b>	<b>Lead:</b>	Linda Irvine-Fitzpatrick
------------	-----------	--------------------------	---	--------------	--------------------------

<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 wellbeing 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>Financial Impact</b>	
	<p>Full Year Target for 21/22 (£k)</p>	£34	<b>Dependencies</b>
	<p>Forecast Savings for 21/22 (£k)</p>	£34	
	<p>Recurring Savings for 22/23 (£k)</p>	TBC	
<p>Delivery Investment</p>	None identified		
<b>Impacts</b>	<p>An Integrated Impact Assessment (IIA) will be conducted alongside the review to ensure any potential equalities, human rights, environmental or economic impacts, are appropriately considered and mitigated. Due consideration will be also given to equalities regarding proposed changes to service delivery resulting from the review. The IIA will be updated to reflect this in recognition that this should be an ongoing part of any service review. Currently, there is no anticipated impact on staff.</p>	<b>Strategic Alignment</b>	
<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>	<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>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 NHSL policy and procedure</p>		

<b>No.</b>	<b>06</b>	<b>Savings Proposal:</b>	<b>Hosted Services and Set Aside</b>	<b>Lead:</b>	<b>Moira Pringle</b>
------------	-----------	--------------------------	--------------------------------------	--------------	----------------------

<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>Several proposals have been identified via this route and are reflected in the NHS Lothian financial plan.</p>	<b>Financial Impact</b>	
		<p><i>Full Year Target for 22/23 (£k)</i></p> <p>Hosted = £2,915</p> <p>Set Aside = £3,085</p> <p><b>TOTAL = £6,001</b></p>	
		<p><i>Forecast Savings for 22/23 (£k)</i></p> <p>Hosted = £399</p> <p>Set Aside = £171</p> <p><b>TOTAL = £570,000</b></p>	
		<p><i>Recurring Savings for 23/24 (£k)</i></p> <p>Hosted = £399</p> <p>Set Aside = £171</p> <p><b>TOTAL = £570,000</b></p>	
		<p><i>Delivery Investment</i></p> <p>None identified</p>	
<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>Dependencies</b>	These are assessed locally and monitored through local governance arrangements.
<b>Benefits &amp; Disbenefits</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.
<b>Risks/ Considerations</b>	These are assessed locally and monitored through local governance arrangements		

<b>No.</b> 07	<b>Savings Proposal:</b> Prescribing	<b>Lead:</b> Anna Duff
---------------	--------------------------------------	------------------------

<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 2022/23 Lothian prescribing action plan includes an overall efficiencies target of £4m of which £2,06m is attributed to EHSCP.</p> <p>The 22/23 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 2022). 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>These have been drawn from the Integrated Impact Assessment (IIA) completed on 20<sup>th</sup> May 2021 and which is located on the EHSCP website here: : <a href="https://www.edinburghhsc.scot/nhs.uk/Integrated-Impact-Assessments">Integrated Impact Assessments - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a>.</p> <p>A review and update of the IIA is planned for April 2022.</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>	£2,06
<i>Forecast Savings for 21/22 (£k)</i>	£2,06
<i>Recurring Savings for 22/23 (£k)</i>	£2,06
<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>	<b>08</b>	<b>Savings Proposal:</b>	<b>Purchasing</b>	<b>Lead:</b>	<b>Deborah Mackle/Nikki Conway</b>
------------	-----------	--------------------------	-------------------	--------------	------------------------------------

<b>Proposal Summary (Scope)</b>	<p>Review practice and process associated with the delivery of statutory obligations to ensure effective fiscal control and a focus on best practice including 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 scope of the proposal includes a range of workstreams to be reviewed including:</p> <ol style="list-style-type: none"> <li>1. Review of purchasing, implementation and monitoring of care packages</li> <li>2. Self-Directed Support</li> <li>3. Corporate Appointeeship</li> <li>4. Debt recovery</li> <li>5. Transport</li> <li>6. Spot purchasing of specialist support including for mental health and learning disability</li> <li>7. Overnight provision</li> </ol>	
<b>Impacts</b>	<ul style="list-style-type: none"> <li>• Best use of purchasing budget to maximise the benefit to eligible individuals</li> <li>• Provision of care and support in the most fair and equitable manner possible, within available resources.</li> <li>• Person centred care using a collaborative approach which promotes choice and control</li> <li>• Resources are allocated fairly across the system</li> <li>• Services are delivered which ensure legal compliance and application of best practice</li> </ul>	
<b>Benefits &amp; Disbenefits</b>	<p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• Consistency in assessment and provision of care and support</li> <li>• Improved practice, systems and processes</li> <li>• Consistency of decision making</li> <li>• Improved communication</li> <li>• Improved accountability for spend</li> <li>• Clarity of purpose</li> </ul>	<p><b>Disbenefits</b></p> <ul style="list-style-type: none"> <li>• Increase in the number of challenging and complex conversations</li> <li>• Period of inconsistency as new systems and processes are implemented, mitigated by communication</li> <li>• Some people may no longer receive the same level of funding to access the same level of care and support previously provided to them</li> </ul>
<b>Risks/ Considerations</b>	<p><b>People:</b> confusion/misunderstanding of how and why new model is being implemented, increase in population health risk and inequalities</p> <p><b>Reputational damage:</b> new service model does not meet existing expectations leading to increased complaints; Perceptions of actions taken to reduce spend being at odds with the principles of 3 Conversations approach and improved outcomes for people</p> <p><b>Skill and knowledge gap:</b> inconsistency in the skills, knowledge and confidence of current decision makers and assessors</p>	<p><b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual</p> <p><b>Scale:</b> the work required does not match the capacity of assessors to undertake</p> <p><b>Volatility of the market:</b> challenges with managing purchasing spend due to the volatility and nature of the market</p> <p><b>Resistance to change:</b> by workforce/ stakeholders/ people</p>

<b>Financial Impact</b>	
<i>Full Year Target for 22/23 (£k)</i>	<b>£400,000</b>
<i>Forecast Savings for 22/23 (£k)</i>	<b>£400,000</b>
<i>Recurring Savings for 23/24 (£k)</i>	<b>£400,000</b>
<i>Delivery Investment</i>	
<b>Dependencies</b>	<p>Integrated working with development and implementation of:</p> <ul style="list-style-type: none"> <li>• C1.1 Community Investment</li> <li>• C1.3 Three Conversations</li> <li>• C3.4 The Edinburgh Pact</li> <li>• CEC Business Support and Finance systems and resources</li> </ul>
<b>Strategic Alignment</b>	<ul style="list-style-type: none"> <li>• Prevention and early intervention</li> <li>• Person Centred Care</li> <li>• Managing our resources effectively</li> <li>• Making best use of capacity across the system</li> <li>• Right care, right place, right time</li> </ul>

<b>No.</b>	<b>09</b>	<b>Savings Proposal:</b>	<b>Medical Day Hospital Review</b>	<b>Lead:</b>	Katie McWilliam
------------	-----------	--------------------------	------------------------------------	--------------	-----------------

<b>Proposal Summary (Scope)</b>	<p><b>Undertake a review of Medical Day Hospitals:</b></p> <ul style="list-style-type: none"> <li>Identify and determine the future function, demand and capacity required for medical day hospitals. This will include developing a consistent and fair framework for how day hospitals services will function.</li> <li>Within this context we will then be able to determine the unique role, and proportionate demand for comprehensive geriatric assessment requiring multi-disciplinary and medical assessment, and the demand for more integrated community based non-medical interventions, and the linkages to be made, given the associated growing re-enablement and rehabilitation support in the wider community.</li> <li>Appropriate learning gained from the response to the COVID-19 pandemic, when some services had to be paused and others reduced or adapted, have been used to inform and shape how the service can sustainably be delivered in the longer term.</li> </ul>
<b>Impacts</b>	<ul style="list-style-type: none"> <li>Day hospitals will be used for the identified and agreed functions; consistent framework for day hospital service delivery, including standard operational procedures (SOP) across locations</li> <li>Reframe and reshape people’s expectations about what day hospital services can provide through the central framework</li> <li>Fair and consistent accessibility and referral criteria; support people to access the right services in the right place at the right time, to improve their experience</li> <li>Develop more meaningful relationships with the people who refer for comprehensive geriatric assessments, and ensure pathway is clear, and experience for people being referred is fair and equitable</li> </ul>
<b>Benefits &amp; Disbenefits</b>	<p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>Consistent and fair approach for medical day hospitals across the City of Edinburgh that offers proportionate, personalised medical, rehabilitation and re-ablement support</li> <li>Promotion of Home First principles will allow people to be cared for in the most appropriate environment</li> </ul> <p><b>Disbenefits</b></p> <p>Nil noted</p>
<b>Risks/ Considerations</b>	<p><b>People:</b> ensuring people’s needs are met on an ongoing basis in the right place, at the right time, by the right people</p> <p><b>Reputational damage:</b> associated with the potential perception of ‘loss’ of service, where in fact the provision will become more equitable</p> <p><b>Resistance to change:</b> by workforce/ stakeholders/ people</p> <p><b>Change management:</b> potential impact on workforce from involvement and supporting change whilst delivering business as usual. Changes in some management structures creates delays</p> <p><b>Transition challenges:</b> ensuring that the workforce are suitably aware to ensure all new referrals are triaged and directed to the most appropriate provision</p> <p><b>Financial risk:</b> that we do not achieve the planned efficiencies, particularly if community investments in the wider integrated community assessment, rehabilitation and reablement are required</p> <p><b>COVID-19:</b> Operational priorities due to COVID-19 mean that it is not possible to implement the service changes</p>

<b>Financial Impact</b>	
<i>Full Year Target for 22/23 (£k)</i>	<b>£200</b>
<i>Forecast Savings for 22/23 (£k)</i>	<b>£200</b>
<i>Recurring Savings for 23/24 (£k)</i>	<b>TBC</b>
<i>Delivery Investment</i>	<b>TBC</b>
<b>Dependencies</b>	Successful roll out and implementation of this project will rely on consistent operational ownership to drive any agreed changes, and the appropriate linkages being made and consistent support with and from key workstreams within the Transformation Programme and Savings Governance projects.
<b>Strategic Alignment</b>	<ul style="list-style-type: none"> <li>Prevention and early intervention</li> <li>Person Centred Care</li> <li>Managing our resources effectively</li> <li>Making best use of capacity across the system</li> <li>Right care right place right time</li> </ul>

<b>No.</b>	<b>10</b>	<b>Savings Proposal:</b>	<b>Bed Based Review</b>	<b>Lead:</b>	Jacqui Macrae
------------	-----------	--------------------------	-------------------------	--------------	---------------

<b>Proposal Summary (Scope)</b>	<p>There are 2 proposals within scope, both of which require further work before a decision can be made:</p> <p><b>a. Review hospital bed base:</b> As highlighted above the Bed Based Review is a key project as part of the Transformation Programme. This work will articulate our target bed-based model and provide a detailed plan for moving toward this. This work has been started but is not yet complete. However, recognising that shorter term, tactical changes are needed, we have, and will continue to progress initiatives including: Home First Edinburgh; the establishment of Intermediate Care Facilities; reviewing the use of HBCCC beds; and relevant beds in acute hospitals. Each of these workstreams are being carefully reviewed to ensure they align with our strategic intent.</p> <p><b>b. Review care home provision:</b> The Partnership manages eight care homes across the city providing high standards of care to those who are most vulnerable in our society. At present there are c.80 vacancies within the system due to the ongoing pandemic, admissions are varied depending on the care home's Covid status</p> <p>From data taken from 2016, the Partnership had a 16% market share of care home capacity. The private and independent sector made up 84% (4% of which was purchased using block contracts). It is recognised that, as the proposal evolves, vacancies may be reconfigured to either HBCCC or IC functions, and that further vacancies could be filled once admissions recommence.</p> <p>These changes must take the following into consideration:</p> <ul style="list-style-type: none"> <li>• There are four care homes within our estate that are not fit for purpose, they have surpassed their design life expectancy and do not meet Care Inspectorate design guidance for building better homes.</li> <li>• Capital funding needs secured in line with plan for re-provision.</li> <li>• The need to address the gaps in specialist dementia care and in care provision for those with challenging behaviours</li> </ul>
<b>Impacts</b>	<ul style="list-style-type: none"> <li>• Reduced length of stay and reduce time spent in hospital-based setting</li> <li>• People supported to live at home or in a homely setting</li> <li>• Person centred , strengths-based approach to their care</li> <li>• More effective and efficient services</li> </ul>
<b>Benefits &amp; Disbenefits</b>	<p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• Maximised independence, enabling remain at home options</li> <li>• Alignment with Home First strategy</li> <li>• Improved flow, systems and processes</li> <li>• Empowered staff</li> </ul>

<b>Financial Impact</b>	
<i>Full Year Target for 22/23 (£k)</i>	<b>Remainer of Phase 1 : £2,100,000</b>
<i>Forecast Savings for 22/23 (£k)</i>	<b>Remainer of Phase 1 : £2,100,000</b>
<i>Recurring Savings for 23/24 (£k)</i>	<b>Remainer of Phase 1 : £2,100,000</b>
<i>Delivery Investment</i>	
<b>Dependencies</b>	<ul style="list-style-type: none"> <li>• Scottish Government guidance on managing COVID-19</li> <li>• Future peaks of COVID-19</li> <li>• Community capacity (CAH &amp; HC)</li> <li>• Home First</li> <li>• Workforce Strategy</li> </ul>

	<ul style="list-style-type: none"> <li>Improved overall value</li> </ul> <p><b>Disbenefits</b></p> <ul style="list-style-type: none"> <li>Overall reduction in Partnership managed care home capacity</li> <li>Major workforce organisational change across 3 x service areas</li> <li>Due to phasing, full impact and benefits of review will take longer to realise</li> </ul>
<b>Risks/ Considerations</b>	<p><b>People:</b> confusion or misunderstanding of how and why new model is being implemented</p> <p><b>Reputational damage:</b> service model does not meet existing expectations and perceptions</p> <p><b>Resistance to change:</b> by workforce/ stakeholders/ people</p> <p><b>Change management:</b> pressures on staff from involvement and supporting change whilst delivering business as usual</p> <p><b>Transition challenges:</b> ensuring that if appropriate affected people can access suitable alternatives that meet their needs</p> <p><b>Financial risk:</b> that the planned efficiencies are not achieved</p>

<b>Strategic Alignment</b>	<ul style="list-style-type: none"> <li>Person Centred Care</li> <li>Managing our resources effectively</li> <li>Making best use of capacity across the system</li> <li>Right care, right place, right time</li> </ul>

## **Appendix 6      2022-23 Savings and Recovery proposed plan to review and finalise IIA's**

<b>Project Number</b>	<b>SRO</b>	<b>Project Name</b>	<b>IIA Status on EHSCP site</b>	<b>Recommendation</b>	<b>IIA Proposed Review date</b>
1	Sheena Muir	Rehabilitations Medicine Service Review	IIA Completed - Published	Update IIA in parallel to option approval activities	Apr-22
2	Sheena Muir	Sexual Health Service Review	IIA Completed - Published	Update IIA in parallel to option approval activities	Apr-22
3	Sheena Muir Sylvia Latona	Community Equipment	Interim	Update IIA in parallel to option approval activities	Jun-22
4	Mark Grierson	L &D Overnight Support Contracts	IIA Completed - Published	IIA to be reviewed in parallel with activities to select providers	Jun-22
5	Linda Irvine-Fitzpatrick	The Works	IIA Statement - Published	Update IIA in parallel to option approval activities	Jun-22
6	Moira Pringle	Hosted and Set aside services	IIA Statement - Published	IIA statement requires updating to align with 22/23 programme	Mar-22
7	Anna Duff	Prescribing	IIA Statement - Published	EHSCP site needs to be updated to point to the NHS Lothian site for the Prescribing IIA from April 21	Apr-22
8	Nikki Conway Deborah Mackle	Purchasing	Interim	Review needs to occur at each proposed change in process/service /pathway as part of the documents to approve the process/service/pathway change.	May-22 (GF change approval) June-22 (DP change approval)
9	Katie McWilliams	Medical Day Hospitals	Unable to find any documents	IIA date interim dependent on the anticipated option approval date	Jun-22
10	Jackie McCrae	Bed Based Review	Final	No action required at this time.	Date will be provided following approval of next phase

**Appendix 7      2022-23 Savings and Recovery Programme Cumulative IIA**

**Integrated Impact Assessment  
Summary Report Template**

Each of the numbered sections below must be completed

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

**1. Title of plan, policy or strategy being assessed**  
Edinburgh Integration Joint Boards (EIJB's) Savings Programme 2022/23 – Cumulative Integrated Impact Assessment

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

To support the delivery of a balanced budget for the 2022/23 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 savings programme in 2022/23, may lead to an impact on services, people and staff. Throughout 2021/22 there has been ongoing dialogue about how to balance the current care, workforce and financial deficits whilst ensuring the sustainability of the Edinburgh Heath and Social Care system. The need to evolve and transition into a wider strategic programme encompassing the principles of innovation and sustainability, has been identified. As such, the 2022/23 Saving Programmed has been developed to support and ensure alignment with these principles.

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 be available on the City of Edinburgh Council website from the 14<sup>th</sup> March 2022 when papers will be published in advance of the EIJB meeting on the 22<sup>nd</sup> March 2022:

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

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

While there has been no overarching public engagement around the EIJBs savings proposals for 2022-23, public engagement has been undertaken for agreed projects within the 2022-23 Saving Recovery Programme that are currently undergoing option approval. 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: 28<sup>th</sup> Feb 2022**

**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	
Sarah Bryson	Facilitator	Planning & commissioning Officer	Nov 2017
Kellie Smith	Report writer	Finance Programme Manager	May 2021
Cat Young	Contributor	Assistant Strategic Programme Manager for Mental Health and Wellbeing with Thrive Edinburgh	Aug 2018

Jenny McCann	Contributor	Finance Programme Manager	March 2020
Sheena Muir	Contributor	Hospital and Hosted Services Manager	
Deborah Mackle	Contributor	Locality Manager – South West	
Nikki Conway	Contributor	Locality Manager – South East	
Anna Duff	Contributor	Locality Manager – North West	
Sylvia Latona	Contributor	Senior Manager Assistive Technology Enabled Care	

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

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

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need:		
<i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i>	Yes	Provides current and projected data on the wider population in the City of Edinburgh <a href="https://www.edinburghhsc.scot">/Population and demographics - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</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:	Yes	Completed/Interim IIAs and IIA statements for the 2022/23 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
<i>Individual Savings Proposals IIAs</i>		

Evidence	Available?	Comments: what does the evidence tell you?
		<p>identified impacts that may come from the implementation of the proposed changes:</p> <ol style="list-style-type: none"> <li>1. <b>Review Rehabilitation Services (IIA)</b></li> <li>2. <b>Review Sexual Health Services (IIA)</b></li> <li>3. <b>LD Overnight Services (IIA)</b></li> <li>4. <b>Mental Health Whole System Review: Review the Works (IIA Statement)</b></li> <li>5. <b>Hosted Services &amp; Set Aside (IIA Statement)</b></li> <li>6. <b>Community Equipment (IIA)</b></li> <li>7. <b>Prescribing (IIA Statement)</b></li> <li>8. <b>Purchasing (IIA)</b></li> <li>9. <b>Medical Day Hospital (IIA statement)</b></li> <li>10. <b>Bed Based Review (IIA)</b></li> </ol>
Research/literature evidence	No	See individual IIAs
Public/patient/client experience information	No	See individual IIAs
<p>Evidence of inclusive engagement of service users and involvement findings</p> <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p>	Yes	<p>See individual IIAs</p> <p>Details consultation completed with stakeholders about the EIJB Strategic Plan:  <a href="https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf">https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</a></p>
<p>Evidence of unmet need</p> <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></p>	Yes	<p>See individual IIAs</p> <p>Details the health needs and priorities for the people of Edinburgh  <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>
Good practice guidelines	No	See individual IIAs
Environmental data	No	See individual IIAs
Risk from cumulative impacts	Yes	

Evidence	Available?	Comments: what does the evidence tell you?
<p><i>Savings Programme Cumulative IIA Evidence Document</i></p> <p><i>Impacts due to the restrictions imposed due to the Coronavirus</i></p>		<p>Impacts identified within each budget proposal IIA have been considered to undertake this cumulative impact assessment.</p> <p>Due to the restrictions imposed to control the coronavirus pandemic:</p> <ul style="list-style-type: none"> <li>• the number of unpaid carers, and associated stressors of unpaid carers has risen in the city, and nationally.</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> <li>• staff absentee rates have significantly increased impacting service delivery and quality across all sectors</li> <li>• services have been working to critical criteria for several years</li> <li>• those with long term mental health and physical health conditions experienced elevated levels of anxiety compared to the wider population</li> <li>• There have been positive experiences of digital services and wider online supports and it is important we harness these.</li> <li>• There is need to ensure that all people in Scotland can be digitally connected through the removal of practical and financial barriers.</li> <li>• The role of community pharmacies has amplified during the pandemic</li> <li>• Outdoor activities and the value of green space has had a huge impact on public mental health and wellbeing - working more locally could allow us to use our spaces differently in the city</li> <li>• Financial concerns were high early in the pandemic but did subsid (potentially due to furlough schemes). However, there is a potential for this anxiety to re-emerge if unemployment rises and businesses struggle.</li> <li>• There has been positive uptake and engagement with online networks and support as a result of Covid-19. There is a need throughout our public policy to maximise and invest in community-based supports to enable social networks to</li> </ul>

Evidence	Available?	Comments: what does the evidence tell you?
		flourish (clubs, societies, neighbourhood schemes and peer supports). By enhancing individual wellbeing and community cohesion this will bring benefits to both mental and physical health
Other (please specify)		<p>The Independent Review of Adult Social Care  <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></p> <p>A National Care Service for Scotland: Consultation  <a href="https://www.gov.scot/groups/a-national-care-service-for-scotland-consultation">A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</a></p>
Additional evidence required		



<p>people to attend services or activities out of their local area to support their health and wellbeing.</p> <p>There is an opportunity to incorporate technological solutions to aid and provide flexible access to service delivery.</p> <p>Changes will provide a level of support which we can afford, that achieves current and future sustainability.</p> <p>There will be a reduction in cost for people through not having to pay travel costs to receive help and support</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>The ask of families, friends and unpaid carers (particularly women as a higher proportion of carers are women) has increased in the last 12 months due to another year of government restrictions associated with Covid 19 - 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>Anxiety and stress due to perceived or actual financial and/or safety concerns with obtaining and receiving care. Reduced capacity to travel to receive care without additional financial or personal support</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>All people who receive services – more of which are older people, people with disabilities and carers</p> <p>Unpaid carers and women</p> <p>People with long terms conditions, people experiencing mental health problems, and low income single-parent families</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>stressful/anxiety provoking and can place a considerable time burden on staff.</p> <p>Staff shortages, recruitment and retention issues has continued to impact the physical and mental health and wellbeing of the current workforce. With less personnel in posts, overall workloads have increased. This has resulted in increased anxiety and stress in staff associated with a lack of capacity to provide safe and optimal care services on an ongoing and sustained basis.</p>	
--	--

<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 neighbourhood 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>Reduction in travel using technology and digital staff scheduling solutions.</p> <p>Ensures any changes proposed will support the NHS Lothian Sustainable Development Framework, CEC Sustainability Strategies and the Edinburgh 2030 net-zero carbon target.</p> <p>Any changes in practice provides an opportunity to implement change to culture and working practices and 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-based support to people in their own homes instead of centrally. Staff should be encouraged to travel sustainably</p>	<p><b>Affected populations</b></p> <p>All populations</p>
--	---

<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>

**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 compliant with;

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

Consideration will also be given to health literacy and the use of different mediums and channels for sharing information.

Feedback from ongoing communication with stakeholders will inform the wider Savings Programme 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, a 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 currently undergoing activities to identify options for appraisal. Reviews of the services have taken longer than previously planned due to; the complexity of the service being reviewed, the number of stakeholders involved and/or the diversion of planned resources to address current system pressures. As such, activities to review, update and finalise the IIA's for the individual projects has been aligned with the projected activities to approve options for implementation in the 2022/23 programme. The Savings Programme 2022-23 Cumulative IIA will be reviewed and updated to reflect any identified impacts as each of the individual IIA's are finalised

**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	Finance Programme Manager	Monthly	July 2022
Ongoing reporting to EIJB bi-monthly	Chief Finance Officer (EIJB) (with support from Finance Programme Manager)	Bi-monthly	June 2022

<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>
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 proposal	Ongoing	Ongoing
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:** *XX/03/21*

**16. Publication**

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