

REPORT

Medium Term Financial Strategy & 2023/24 Financial Plan Update

Edinburgh Integration Joint Board

13th June 2023

Executive Summary

This report presents: the outturn for 2022/23; an update on progress with the medium-term financial strategy (MTFS); phase 2 savings proposals for 2023/24; and outlines a range of options which would be required to balance the plan in year.

Good progress has been made with the development of the MTFS and, initial modelling indicates that a near balanced position can be achieved over a 3-year period. The elements of the MTFS are congruent with the improvement plan. Priority has been given to workstreams which support the 3 aims of improving lives, services and reducing costs simultaneously. Whilst the plan can be balanced over 3 years there remains a material in year financial gap of c£14m.

Work will continue with our partners to identify additional proposals however, to bridge the residual deficit in one year is not achievable without significant negative impact on outcomes for people and performance more generally.

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

the Covid pandemic; and the IJB's structural deficit and inflation price pressures.

Recommendations

It is recommended that the Board notes:

1. that, subject to external audit, a balanced outturn position was achieved in 2022/23;

and agrees:

2. to reallocate £4m of slippage on reserves to reduce the 2023/24 financial deficit;
3. proposals 1 to 4, which form the second phase of the savings programme for 2023/24, as set out in this report and associated appendices;
4. the Chair writes to Scottish Ministers strongly expressing concerns over the funding settlement and outlining the severity of cuts which will be needed should additional funding not be made available to the IJB, and requesting that funding is increased; and
5. that officers continue tripartite efforts with colleagues in the City of Edinburgh Council, NHS Lothian and the Scottish Government to bridge the remaining anticipated in year shortfall.

Directions

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

Report Circulation

1. This report has not been presented elsewhere but the content and issues raised in the paper have been explored and discussed through a series of IJB Budget Working Group sessions. The outturn position for 2022/23 has been scrutinised by the Performance and Delivery Committee.

Main Report

Background

2. At its meeting in March 2023, the Integration Joint Board (IJB) considered the financial plan for 2023/24 and supported the continuing development of the board's medium term financial strategy (MTFS). An initial savings and recovery programme which will deliver savings of £11.8m was agreed. As this did not entirely address the initial £47.0m budget deficit, the Chief Finance Officer (CFO) was asked to further develop the MTFS and to present the options for balancing the in year plan to a future meeting.
3. Accordingly, this paper sets out:
 - a) the outturn for 2022/23;
 - b) progress with the MTFS;
 - c) savings proposals for 2023/24 which the IJB is asked to agree; and
 - d) further savings which would balance the plan in year.

2022/23 outturn

4. An overall break even position was achieved for the year. Delegated health services reported a balanced outturn which was achieved by NHS Lothian making additional resources of £3.5m available to partially offset the set aside position. This was possible as NHS Lothian itself reached financial balance for the year. After the application of £2.0m of slippage from agreed investments, Council delegated services also broke even. Table 1 below summarises the overall position.

	Budget £k	Actual £k	Variance £k
NHS services			
Core	282,293	281,564	728
Hosted	114,577	114,037	540
Set aside	115,152	119,956	(4,805)
Additional support	3,537		3,537
Sub total NHS services	515,558	515,558	0
CEC services	286,571	286,571	0
Total	802,129	802,129	0

Table 1: financial position for delegated services for 2022/23

5. Whilst this is clearly a positive outcome for 2022/23, it should be noted that we have relied on one off measures to achieve balance. Despite this, the underlying deficit remains and, indeed, increases when we move into 2023/24.
6. As part of closing the books for 2022/23, an exercise to review the remaining reserve balances was undertaken. This identified elements of funding attributed to specific projects which have not been fully spent. This is largely due to slippage in implementation timescales. As recurring budgets are in place for where these initiatives are continuing then it is **recommended** that the unspent balances, totalling £4m, are used to offset the in year financial position. Details are included in appendix 1.

Financial context

7. The paper which was presented to the board in March summarised the wider context in which the IJB was setting its budget. It referenced a number of official publications, from both UK and Scottish Governments, which set the scene of tightening resources, increasing demands, workforce shortages and the requirement to prioritise and target key priorities.

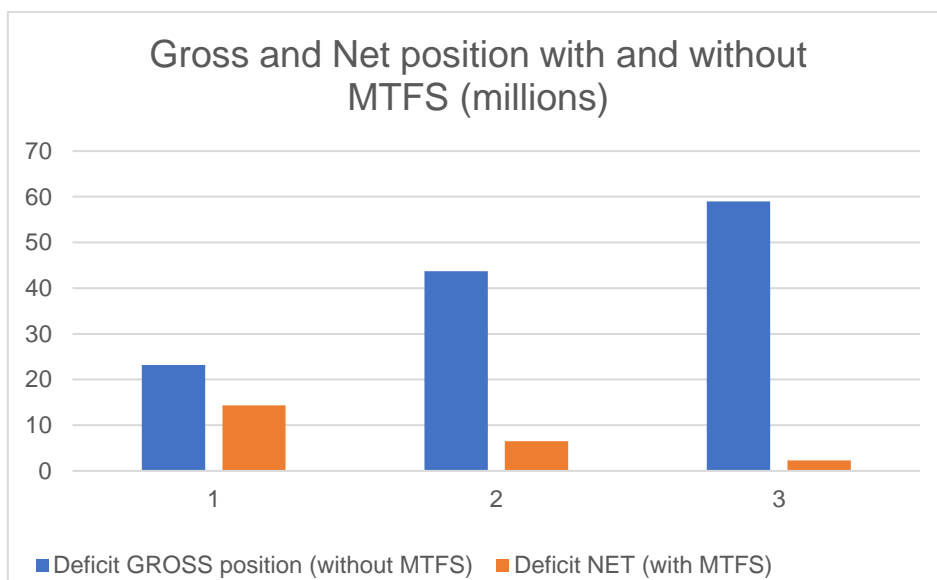
8. In May 2023 the Scottish Government (SG) published its 6th [medium term financial strategy](#). This document continues the themes of a challenging fiscal outlook and reinforces the need to prioritise public spending, ensuring best use of resources in the delivery of government objectives.
9. Thus, in common with most public services, the IJB is agreeing a budget at a time when demand for our services is increasing, costs are rising and we are striving to improve performance. IJB Chief Officers have estimated the size of the financial challenge facing Scotland's integration authorities at c£305m, warning that sustaining current levels of service provision will not be possible. While each integration authority is in a slightly different position, there are common themes and challenges which cannot be addressed in isolation and will have a significant impact across the whole system. This is likely to be exacerbated by continuing public finance constraints, service pressures, increasing demand, unmet need in our communities, and the impact of pay awards and fair work measures across the health and social care system compounding the critical risks around provider sustainability.

Improvement and savings – the medium-term financial strategy

10. We recognise the need to evolve our thinking and adopt a longer term, strategic approach to financial planning which drives improvement and savings. As a result, the board has supported the development of our MTFS. This is effectively a set of longer-term transformation change programmes and projects, expected to deliver improved care and financial benefits as part of a multi-year programme. The MTFS is the vehicle to move the IJB towards sustainability, but the planning and implementation of such large-scale, strategic change takes time and many of the financial benefits will only be realised over a number of years.
11. There are evident strong links between the improvement plan (a separate agenda item for this meeting) and the MTFS. Many of the workstreams will deliver across 3 change objectives underpinning the improvement plan:
 - a) **improving lives in Edinburgh**
 - b) **improving services**
 - c) **improving costs**

12. Included in the 15+ projects being initiated this year are initiatives which are essential for a strong health and care system, including:
- improving **review and assessment** to get the right packages of care of for need
 - improving **commissioning** to get the most for the Edinburgh pound and quality of care
 - enhancing **early intervention and prevention** and making it central to the care approach
 - strengthening **care practice** and increasing safety
13. These not only improve services and the quality of life of those we care for, but also help us manage down our costs. There are more challenging decisions to take in coming years but putting in place these fundamentals now improves our ability to identify future schemes which will deliver on all 3 of our change objectives. We will continue to refine and align the improvement plan and MTFS wherever possible and will prioritise projects and programmes which would minimise impact on the people of Edinburgh.

14. The graph below builds on the financial plan agreed in March and shows both the estimated financial gap over the next 3 years (a) if no action is taken and (b) the impact that the MTFS would have. Doing nothing would result in an estimated deficit of £59m by April 2025. If agreed, the MTFS has identified programmes of work which would move us towards a break even position by year 3.



2023/24 financial plan

15. Table 2 below is a reminder of the drivers of budget deficit which are reported for this financial year. These reflect a combination of longstanding pressures as well as in year increases.

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

Table 2: drivers of the savings requirement 2023/24

16. To start to address this, the IJB agreed the first phase of a savings and recovery programme with a value of £11.8m in March 2023. There are 3 further elements which have been identified at this point which will further reduce that gap:
 - a) support from NHS Lothian for set aside;
 - b) a proposed release of IJB reserves; and
 - c) phase 2 of the savings and recovery programme.
17. These are discussed in paragraphs 18 to 21 below.
18. As illustrated in table 2 above, the projected overspend on set aside services is a key determinant of the IJB's financial gap. The Chief Finance Officer and the NHS Lothian Director of Finance have agreed a shared ambition to work collaboratively to deliver a balanced outturn and, if this was achieved, NHS Lothian would be in a position to contribute sufficient additional funding to allow set aside to break even. On that basis, the working assumption built into the financial plan is that set aside services will be fully funded. This will improve the financial position by an estimated £8m. As NHS Lothian has not yet fully identified how they will balance its budget there is a degree of risk with this assumption.
19. Paragraph 6 above describes the review of reserves carried out the Chief Finance Officer in conjunction with the Council and NHS Lothian finance teams. This work has identified that the in-year deficit can be reduced by a further £4m.

20. As detailed above, the board supported further work on the MTFS and agreed that an update would be provided to a future meeting. Presented in this paper is the initial outcome of that work – a second phase of savings proposals for 2023/24. In line with the approach used previously these have been separated into grip and control proposals (which are presented for information only) and a further set of proposal for which approval is sought. The financial impact is summarised in table 3 below with a summary of all proposals included in appendix 2. Proposals 1 to 4 are presented for formal approval. Project overviews have been provided for all projects in appendix 3.

	£m
New proposals	4.1
Operational grip and control proposals	4.7
Total	8.8

Table 3: financial impact of phase 2 savings proposals 2023/24

21. The combined impact of the actions set out in paragraphs 16 to 20 above would further reduce the IJB's remaining budget gap to £14.4m as summarised in table 4 below:

	£m
Savings Requirement	(47.0)
1. Phase 1 savings (<i>approved</i>)	11.8
2. Additional measures (set aside break even and reserves)	12.0
3. Phase 2 savings (<i>for approval</i>)	8.8
Total savings and other actions	32.6
Remaining gap	(14.4)

Table 4: remaining budget gap 2023/24

Integrated impact assessments (IIAs)

22. The significant and challenging financial landscape means the options presented may impact adversely on a combination of: service quality; the level of services provided; outcomes for people; and our ability to make or maintain performance improvements. However, these proposals should be considered in the wider context of the work and services commissioned by the IJB (for which there is a total budget of c£850m), and through which there are opportunities to positively impact upon equality, human rights, the environment, and the economy.

23. In considering the impacts of proposals which form part of the savings programme, officers take account of the integrated impact assessment guidance. This has been developed and agreed for use by Councils, Health and Social Care Partnerships and Health services in the Lothians. In line with this guidance either an IIA or an IIA statement has been undertaken for each of the proposals. Further detail on the approach is given in appendix 4 as well as the link to the individual IIAs.
24. In addition to individual IIAs/IIA statements for each of the proposals, a cumulative programme IIA has been completed (see appendices 4 and 5). The cumulative IIA provides a cross-system overview of the impacts on all groups, to help ensure that no group or area is cumulatively, disproportionately impacted by the savings programme and that appropriate mitigating actions are identified. Like the individual proposal IIAs, the cumulative IIA will be reviewed and revised as projects develop and to reflect any additional impacts identified.
25. 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.
26. 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.

Balancing the plan

27. We are facing unprecedented challenges to the sustainability of our health and care system; an ageing population; an increase in the number of people living with long term conditions; a reduction in the working age population which compounds the challenge in workforce supply, and fundamentally resource availability cannot continue to match levels of demand. These issues are longstanding and have been recognised on a UK and Scotland wide basis.
28. In the case of Edinburgh this is evidenced by the structural deficit which the IJB inherited from partners. Since its inception the IJB has routinely faced an underlying budget gap which we are unable to bridge on a sustainable basis.

29. The MTF5 offers an opportunity to redesign services over a 3-year period in a way which maximises alignment with the strategic plan and improvement programme. It provides a potential path to balancing our finances over the 3-year period in a managed and controlled manner. However, the plans set out in this paper remain insufficient to secure financial balance in 2023/24. Opportunities to deliver further efficiencies in the timescale required and, at the same time maintain performance and improve outcomes for people, have now been exhausted. Savings beyond the level currently built into the plan will have a significant negative impact on performance gains and, ultimately on outcomes for people.
30. Delivering against the remaining budget gap will require a series of measures which are set out in the bullet points below.
- **Need** - we would look to review our assessments criteria to focus on those with only the highest levels of need. Others would be supported through universal services and advice. This would require a change to existing policies, delaying the impact until the last 2-3 months of the financial year.
 - **Non-residential care and medical day units** – increasing the use of external provision and closing off some provision.
 - **Reviewing and closing residential, respite and facility care** – increasing occupancy and reducing the number of care homes and respite placements.
 - **Reviewing and closing services bridging care** – affecting services supporting between home and hospitals, leaving people at greater risk of readmission and not retaining independence.
 - **Reducing grants to anchor and third sectors organisations** - supporting those in need including marginalised, disadvantaged, migrant population, those in poverty and homeless.
31. In total, these schemes could deliver c£15m of savings to cover the year 1 gap. The rapid nature of implementation as opposed to planned, strategic improvements which deliver financial benefits will undoubtedly have wide ranging impacts. It is expected that individually and collectively there would be

negative in-year and future year consequences. As such this approach is **not recommended**.

32. In arriving at this position, officers have worked closely with senior leaders in both partner organisations. These tripartite discussions have been productive and reflect a shared intent. It is **recommended** in this paper that efforts to identify alternative means to bridge the remaining in year financial gap are accelerated.

Implications for Edinburgh Integration Joint Board

Financial

33. Outlined in the main body of this report.

Legal/risk implications

34. Even if agreed in full, the propositions outlined in this report remain insufficient to support financial balance. This clearly presents a material risk for the IJB and its partners. However we have secured the commitment of our partners to work collaboratively to address this as the year progresses, including the development of the MTFS. Regular updates will be provided for the board with the quarter 1 review providing a key milestone for review.
35. Whilst every effort has been made to ensure all likely additional costs have been incorporated into the financial outlook at this time, there remain a number of inherent uncertainties and associated risks. The financial planning process is an ongoing and iterative cycle, and it is not possible to fully identify all financial risks facing individual service areas, or the wider organisation, at this stage.

Equality and integrated impact assessment

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

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

Report Author

Moira Pringle, Chief Finance Officer, Edinburgh Integration Joint Board

moira.pringle@nhslothian.scot.nhs.uk

Appendices

Appendix 1	Reserves recommended for release
Appendix 2	Summary of phase 2 savings proposals
Appendix 3	23/24 savings and recovery programme: project overviews
Appendix 4	23/24 savings and recovery programme: integrated impact assessments
Appendix 5	23/24 savings and recovery programme: cumulative integrated impact assessment

RESERVES RECOMMENDED FOR RELEASE

	£m
1. Home first	1.3
2. Winter pressure funding – care at home capacity	1.4
3. Closure of REH beds 2022/23	0.3
4. MDT monies	0.3
5. Miscellaneous	0.7
Total	4.0

SUMMARY OF 2023/24 PHASE 2 SAVINGS PROPOSALS

No.	Title	Lead	Amount (£m)
New proposals			
1	Review and Assessment - 3 Conversations - Digital Front Door - Digital Care Development	Mike Massaro-Mallinson Nikki Conway Linda Irvine Fitzpatrick Heather Tait	£1.22
2	Commissioning - Brokerage	Tony Duncan Deborah Mackle	£1.00
3	Decommission interim beds	Mike Massaro-Mallinson	£1.60
4	Employability services	Linda Irvine-Fitzpatrick	£0.25
Operational/ Grip and Control Projects			
5	Community Equipment	Heather Tait	£0.08
6	Continence Supplies	Heather Tait	£0.05
7	Community Transport	Emma Pemberton	£0.30
8	Agency and overtime	Tony Duncan	£0.60
9	Contracts grip and spot purchasing	Emma Gunter	£1.00
10	Optimising Self-Directed Support	Nikki Conway	£2.00
11	One Edinburgh	Deborah Mackle	£0.50
12	Structural Reorganisation	Tony Duncan/Mike Massaro-Mallinson	£0.13
13	2C Primary Care Practices	Robin Balfour	£0.05
TOTAL			£8.78

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	1	Savings Proposal:	Review and Assessment	Lead:	Mike Massaro-Mallinson
Proposal Summary (Scope)	<p>Person-centred, outcome-focused, high-quality assessment and review is one of the basic foundations of effective social work. Recent rises in demand, systems pressures and recruitment challenges mean that there is currently a backlog in Edinburgh of 1500 people awaiting assessment and 7000 overdue reviews. This may be associated with poorer outcomes for individuals, increased levels of unmet need and increased pressure on the workforce, and was highlighted in the recent inspection of adult social care services as a particular cause for concern.</p> <p>This proposal will strengthen and improve assessment and review processes and embed best practice to support people in Edinburgh. Investment in additional temporary review and assessment resource will address the backlog and support front-line staff. The focus will be on maximising independence and ensuring that packages of care are tailored to meet the needs of individuals. Building on the 3 Conversations approach and maximising early intervention and prevention through strong partnership working with the third and community sector involving local groups and collective, we will embed innovative and creative person-centred care planning. Universal services will be utilised where appropriate and opportunities presented by modern telecare and digital solutions will be harnessed. This will help to manage the risk associated with unmet need and deliver improvements identified by the Care Inspectorate. The identified efficiency relates to estimated release of cost and capacity as a result of right-sizing and tailoring support packages as well as more timely reviews post hospital discharge.</p>			Financial Impact	
Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>This proposal has been impact assessed in conjunction with enabling workstreams – digital care, digital front door and 3 Conversations (see templates 1A, 1B and 1C).</p>			<i>Full Year Effect (£k)</i>	£5,225,700
Benefits & Disbenefits	<p>Benefit: Tackling the backlog will help manage risk to individuals, ensure appropriate levels of support and address unmet need and crisis; creative approaches to care planning, involving third sector and telecare will maximise independence and mitigate against social isolation; improved processes and practice will ensure consistency; opportunities to strengthen prevention and early intervention; release of financial efficiencies as outlined.</p> <p>Disbenefits: Individuals may receive smaller/different packages of support than previously, though this will be appropriate to their level of need and in line with existing eligibility criteria; potential increase in complaints for those whose care package changes.</p>			<i>Forecast Savings for 23/24 (£k)</i>	£1,220,000 (net of investment in temporary resource)
Risks/ Considerations	<ul style="list-style-type: none"> • Risk that costs may increase as assessments and reviews are completed, to reflect unknown levels of unmet need • Risk that individuals perceive the right-sizing of packages of care as a reduction or withdrawal of support they previously received. • Risk that it may prove difficult to recruit to the team, thus affecting timescales and efficacy 			<i>Delivery Investment</i>	£1,160,000
				Dependencies	<p>Links with enabling workstreams, including 3 Conversations, Digital front Door & Early Intervention and Digital care (telecare)</p> <p>Key mechanism to deliver improvements as outlined in Care Inspectorate inspections</p> <p>Links to Edinburgh Pact and Community Mobilisation workstreams</p>
				Strategic Alignment	<ul style="list-style-type: none"> • Person Centred Care • Making best use of capacity across the system • Managing our resources effectively

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	1A	Savings Proposal:	Enabler - Three Conversations and social prescribing	Lead:	Nikki Conway
Proposal Summary (Scope)	<p>The Three Conversations (3Cs) approach is a person-centred, asset-based approach to the delivery of social care support, which recognises individuals as the experts in their own lives and ensures choice, flexibility and control. The approach enables us to support people more quickly and at the earliest possible opportunity and is a key strand of our early intervention and prevention approach. 3Cs is currently implemented across 70% of Locality assessment and care management teams.</p> <p>This proposal will see the completion of the roll-out of 3Cs to locality assessment and care management teams, ensuring consistency of approach. A key principle of 3Cs centres around making best use of our vibrant third-sector community within Edinburgh, connecting individuals to their communities and maximising their strengths. It is therefore proposed that we bring together the work done to date through both 3Cs and the Community Mobilisation project, strengthening connections and partnership working with community services and widening access to appropriate universal supports for those who can benefit from them. This workstream will act as an enabling support for the release of financial efficiencies relating to assessment and review (see template 1).</p>			Financial Impact	
Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>This proposal has been impact assessed in conjunction with the review and assessment savings proposal (1).</p>			Full Year Effect (£k)	N/A
Benefits & Disbenefits	<p><u>Benefits</u></p> <ul style="list-style-type: none"> Improved outcomes for individuals receiving tailored support, with a clear focus on community connection, choice and control Reduced pressure on Locality teams leading to reduced waiting times for individuals seeking support Increased collaboration/improved pathways between third sector workers and in-house professional staff <p><u>Disbenefits</u></p> <ul style="list-style-type: none"> Potential lack of capacity within community 			Forecast Savings for 23/24 (£k)	N/A
Risks/ Considerations	<p>Risk that community resources are insufficient to support demand, will be mitigated through continued partnership working and building on the successes seen to date through the Community Mobilisation project, the Edinburgh Wellbeing Pact and the Thrive Welcome Teams.</p>			Delivery Investment	Nil
				Dependencies	<p>Links to:</p> <p>Review and assessment savings proposal; Digital Care savings enabler; Digital front door savings enabler.</p> <p>Supports improvement outlined in recent Care Inspectorate inspections.</p>
				Strategic Alignment	<ul style="list-style-type: none"> Person Centred Care Making best use of capacity across the system Managing our resources effectively

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	1B	Savings Proposal:	Enabler: Digital Care Development	Lead:	Heather Tait
Proposal Summary (Scope)	<p>Digital care (telecare) offers opportunities to support individuals in innovative and modern ways and to ensure that service provided are appropriately tailored to meet need. As part of this proposal, digital care knowledge and expertise will be embedded into assessment and review practice, ensuring that the widest range of individuals have the opportunity to benefit from this approach. This workstream will act as an enabling support for the release of financial efficiencies relating to assessment and review (see template 1). Two key workstreams are planned:</p> <p>Data Driven Decision Making</p> <ul style="list-style-type: none"> Promote and adopt the use of technology-based assessment tool ‘Just Checking’ to support data and evidence-based decision making within the scope of assessment and review. The tool should support appropriate right sizing of existing and new packages of care, by gaining detailed insight to individual’s activities of daily living and ensuring that support is tailored to need and delivers on personal outcomes. <p>Digital Care Promotion</p> <ul style="list-style-type: none"> Promote and upskill assessors and public on the use of Digital Care services across the partnership. Ensure consideration of Telecare services as a default for all citizens receiving care and to provide early intervention and prevention supports where individuals do not fully meet the eligibility criteria for formal, statutory support. 			Financial Impact	
Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>This proposal has been impact assessed in conjunction with, and as an enabler for, the review and assessment savings proposal (1).</p>			<i>Full Year Effect (£k)</i>	N/A (enabler)
Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> Choice, flexibility and control for individuals, with digital care solutions offering the potential for better connection and less social isolation. Technology-based assessment tool will create more person-centred and cost effective solutions for individuals, tailored to meet individual need and outcomes. Better alignment with national practices on usage of digital solutions / alignment with levels of care at home <p>Disbenefits:</p> <ul style="list-style-type: none"> Some individuals may receive different forms of support that do not match expectations Face to face care may reduce, but only where this is appropriate and meets an individual’s needs. 			<i>Forecast Savings for 23/24 (£k)</i>	N/A (enabler)
Risks/ Considerations	<p>Ongoing national issues around global supply of technologies, with long lead times, may create a risk to timely increase. Increased need and complexity of individuals presenting over recent years means there is a risk that opportunities to meet need via digital solutions are more limited.</p>			<i>Delivery Investment</i>	Nil
				Dependencies	<p>Implementation of digital alarm receiving centre (ARC) and analogue to digital switchover</p> <p>Direct link to savings proposal for central assessment and review function, digital front door and reablement.</p>
				Strategic Alignment	<ul style="list-style-type: none"> Prevention and early intervention Person Centred Care Right care, right place, right time

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	1C	Savings Proposal:	Enabler - Digital Front Door (supporting Early Intervention)	Lead:	Martin Sherry / Linda Irvine Fitzpatrick
Proposal Summary (Scope)	<p>As part of our approach to prevention and early intervention, and to widen choice in how people access services and information, this proposal will see the development and improvement of our digital front door. A series of changes are proposed which will include:</p> <ul style="list-style-type: none"> - Better self care information - Options to self refer for social prescribing - Self-referral for basic community equipment and online access to manuals and video tips - Consolidation of content of service directories, ensuring consistent and up to date information - Eligibility checking tools to provide information and manage expectation - Investigation of options around chatbots/automation to improve experience - Improve and expand online forms functionality - Improved website navigation and explanation of options available to citizens - Longer term: provision of digital services/citizen portal (part of swift replacement) <p>This workstream will act as an enabling support for the release of financial efficiencies relating to assessment and review (see template 1).</p>			Financial Impact	
Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>This proposal has been impact assessed in conjunction with, and as an enabler for, the review and assessment savings proposal (1).</p>			<i>Full Year Effect (£k)</i>	N/A (enabler)
Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> • Meeting demand at earliest point of contact where possible • Reduction in number of callers to SCD requesting progress updates or seeking advice and information • Clearer expectations of eligibility for citizens • More straightforward online user-journeys and easier access to information • Better information and sign-posting to appropriate non-statutory supports and services • Greater accuracy and consistency of information on community resources • Potential for earlier intervention (eg provision of information about proactive telecare) <p>Disbenefits:</p> <ul style="list-style-type: none"> • Increasing access to information requires processes to maintain data, effort from staff, checking processes, etc 			<i>Forecast Savings for 23/24 (£k)</i>	N/A (enabler)
Risks/ Considerations	<ul style="list-style-type: none"> - Longer term commitment to maintaining website content can be problematic - EHSCP will require input and agreement from partner organisations to affect change to CEC and NHSL websites, which may delay decision making. 			<i>Delivery Investment</i>	Nil
				Dependencies	<p>Links to: Review and assessment savings proposal; Digital Care savings enabler; 3 Conversations savings enabler.</p> <p>Changes to external websites not managed by EHSCP (eg EVOC, Vocal, iThrive, etc)</p> <p>Wider community mobilisation work and The Edinburgh Wellbeing Pact</p>
				Strategic Alignment	<ul style="list-style-type: none"> • Prevention and early intervention • Making best use of capacity across the system • Right care, right place, right time

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	2	Savings Proposal:	Commissioning	Lead:	Tony Duncan								
Proposal Summary (Scope)	<p>This proposal seeks to improve commissioning and efficiency within EHSCP, with a focus on residential and nursing care for older people and people with a learning disability. Commissioning is the process of working with the market to attain better contractual arrangements and price points which give us better value for money and stability of price and supply, in line with the commissioning lifecycle. Effective ethical commissioning which is based on the Christie principles of prevention, performance, people and partnership can act as a powerful tool to drive service improvement and deliver not just financial efficiency, but also better outcomes for the individuals we support. Effective commissioning has been recognised by the Care Inspectorate as an area needing focused improvement in Edinburgh. This will support future placements of OP, LD and PD. Long term commissioning will look to maximise use of internal estate and third sector capacity and align to the future of the bed and estate strategy and direction for Edinburgh and attain value for money. The EHSCP is projected to spend £72m this year on residential care. Currently, almost 60% of this is purchased via spot contracts, which may lead to poorer, more expensive forms of care. Over half of residential and nursing care is purchased at rates above the National Care Home Contract rates. This proposal will involve using focused commissioning best practice to shape the market within the city and seek to drive down the cost of circa 500 care home placements by approximately £100 per week. This will build on the learning from third sector/community commissioning approaches and ethical commissioning exercises such as Thrive and One Edinburgh, and will be aligned to the future estates strategy and direction of the City of Edinburgh Council. This improvement is anticipated to release an in-year saving of £1m.</p>			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #1a3d4d; color: white;">Financial Impact</th> </tr> </thead> <tbody> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Full Year Effect (£k)</i></td> <td style="text-align: center;">£2,210,000</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Forecast Savings for 23/24 (£k)</i></td> <td style="text-align: center;">£1,000,000 (net of investment)</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Delivery Investment</i></td> <td style="text-align: center;">£100,000</td> </tr> </tbody> </table>		Financial Impact		<i>Full Year Effect (£k)</i>	£2,210,000	<i>Forecast Savings for 23/24 (£k)</i>	£1,000,000 (net of investment)	<i>Delivery Investment</i>	£100,000
Financial Impact													
<i>Full Year Effect (£k)</i>	£2,210,000												
<i>Forecast Savings for 23/24 (£k)</i>	£1,000,000 (net of investment)												
<i>Delivery Investment</i>	£100,000												
Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>												
Benefits & Disbenefits	<p>Benefits -</p> <ul style="list-style-type: none"> Embedding of ethical and participative commissioning approaches, shaped by the voice of the service user; improved access to high-quality residential and nursing care options, increasing flow within the system and freeing up front-line practitioners to focus on assessment and care management support; driving up quality and capacity within the market, with improved partnership working with the market offering greater stability and value for money. <p>Disbenefits:</p> <p>Supplier agreements may change which could lead to changes in provider/placement for some individuals; suppliers would be impacted by lower rates and some risk of staffing impacts or provider failure.</p>			Dependencies		<p>Supports delivery of improvements relating to the recent Care Inspectorate inspection of social work services.</p> <p>Links to savings proposal on contract grip and control.</p>							
Risks/ Considerations	<ul style="list-style-type: none"> Risk of provider and market impacts Some cases may be more complex and not possible to reduce costs by £100 pw, with associated risks to achieving efficiencies as outlined above. 			Strategic Alignment		<p>Person Centred Care</p> <p>Best use of capacity across the system</p> <p>Managing our resources effectively</p>							

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	2A	Savings Proposal:	Brokerage	Lead:	Deborah Mackle
Proposal Summary (Scope)	<p>Any approach to how we broker services must deliver not only on the existing and changing needs of the individual, but also on the multiple additional aspects and considerations required to ensure a sustainable, resilient, and collaborative external market for the benefit of all Edinburgh citizens. This proposal would see the introduction of a brokerage approach for the EHSCP, building on work within the One Edinburgh programme. 'One Edinburgh' is a vision of a city-wide approach to home-based care (and ultimately other support services through expansion of the brokerage model) that maximises all available care at home capacity in the city. Phase 1 will involve the establishment of 4 FTE brokerage officers initially to focus on home based care. Phase 2 will build on research currently underway in partnership with Heriott Watt University to define the model and best-practice for a broader brokerage approach for all support services.</p> <p>The proposed change is expected to deliver:</p> <ul style="list-style-type: none"> • Reduction in hospital and community delay both numbers of people but also days delayed • Increasing flow in the system and enabling more people each year to benefit from reablement • Improved outcomes for individuals, people living independently for longer at home • Optimisation and maximisation of provider capacity • Targeted matching of referrals will ensure resilience of providers in smaller geographical areas and their ability to maximise contact time of their workforce 			Financial Impact	
Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	N/A (enabler)
Benefits & Disbenefits	<ul style="list-style-type: none"> • Benefits: • Person Centred approach; Reduction in delays; Reduce duplication and administration for a range of operational staff; Sustainable and resilient market; Better utilisation of resources • Disbenefits: • Model will take time to develop and embed, some change management required; Market may react negatively. 			<i>Forecast Savings for 23/24 (£k)</i>	N/A (enabler)
Risks/ Considerations	<p>Minor risk to process as changes take place</p>			<i>Delivery Investment</i>	Nil (phase 1 delivered within existing budgets)
				Dependencies	<p>Links to assessment and care management teams, home care, hospitals, SMU, finance and external providers</p> <p>Links to wider savings proposals relating to commissioning of care services.</p>
				Strategic Alignment	<ul style="list-style-type: none"> • Person Centred Care • Best use of capacity across the system • Managing our resources effectively

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	3	Savings Proposal:	De-commission remaining interim beds	Lead:	Mike Massaro-Mallinson
Proposal Summary (Scope)	<p>Interim beds provide a temporary solution to enable people who are medically fit to leave hospital but are awaiting some form of additional support, to be looked after in a more homely and appropriate setting. The interim beds were originally intended to provide a solution for people leaving hospital who were awaiting provision of a package of care in their own home. Access to these interim beds, along with the work to improve, redesign and strengthen care at home services through the One Edinburgh approach, have positively impacted unmet need performance over the last 12 months.</p> <p>55 Interim Beds were commissioned in 2021, utilising funding from the Scottish Government, to assist with system pressures and provide additional bed capacity during the pandemic and to ease flow from hospital through the winter months. This funding ceased from 31 March 2023, with no ongoing funding stream available to meet the cost of continuing to commission this service. Phase 1 of the savings programme, approved by the EIJB in March 23, agreed to reduce interim beds by 10, releasing a saving of £1.6m. This phase 2 proposal would see the de-commissioning of all remaining 45 interim beds from October 23, releasing a further £1.6m in year, with a full year effect of £3.2m. It is recognised that this proposal is likely to have an adverse effect on performance relating to hospital delays, but given the challenging financial context, an alternative funding stream cannot be identified without ongoing support from the Scottish Government.</p>			Financial Impact	
Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	£3,200,000
Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> Financial saving of £1.6m in 23/24, with full year effect of £3.2m will ease the unfunded budget pressure. <p>Disbenefits:</p> <ul style="list-style-type: none"> Risks exist to flow and capacity, delayed discharge performance may deteriorate, however this will be mitigated if SG funding can be secured to avoid decommissioning There will be a reduction in capacity for reablement, therapy and support in a homely setting. 			<i>Forecast Savings for 23/24 (£k)</i>	£1,600,000
Risks/ Considerations	<ul style="list-style-type: none"> Risks to flow and capacity; Risk that delayed discharge performance improvements made over recent months may stall or reverse; Risk that individuals remain in hospital for longer, with consequent impacts relating to deterioration of their health and wellbeing; Risk that cost savings are offset by higher costs elsewhere in the system if people need to remain in more expensive forms of care (eg acute hospital). 			<i>Delivery Investment</i>	Nil
				Dependencies	<p>Links to wider Bed base Review and Home First programmes</p> <p>Links to Phase 1 Interim Beds Savings Proposal</p>
				Strategic Alignment	Managing our resources effectively

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	4	Savings Proposal:	Employability Services	Lead:	Linda Irvine Fitzpatrick
Proposal Summary (Scope)	<p>This savings proposal will reduce budgeted investment in the specialist mental health employability service (“The Works”) within the EHSCP, instead creating enhanced links with the Capital City Partnership and other third sector providers of employability support.</p> <p>The Works delivers an Individual Placement Support (IPS) Model focussed on supporting adults with complex mental health difficulties into paid employment or higher/ further education. It has an annual budget of £500,00 which funds 9 WTE occupational therapy and administrative roles. It has a current caseload of 41 individuals receiving support. The Works has been scaled down over the last three years due to the pandemic (when many people supported by the Works were on furlough) and recruitment and retention difficulties. There are currently 4.00 WTE in post.</p> <p>This proposal will involve the closure of The Works with existing staff redeployed to other vacancies. £70,000 of investment will be retained to allow for the role of the Lead OT to be retained, to work with key partners across the city to develop and enhance employment opportunities for people with severe and enduring mental health problems. This would include work with the Capital City Partnership and third sector providers to develop specific opportunities for those with mental health problems (including IPS models). This work will be overseen by a multi- agency and multi professional steering group including people with lived experience and carers.</p>			Financial Impact	
				<i>Full Year Effect (£k)</i>	£430,000 (net of investment)
				<i>Forecast Savings for 23/24 (£k)</i>	£250,000 (net of investment)
				<i>Delivery Investment</i>	£70,000
Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>				
Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> An annual financial saving as outlined; <p>Disbenefits:</p> <ul style="list-style-type: none"> The loss of a specialist service for individuals with complex mental health difficulties; upheaval for staff who would require to be redeployed; development of alternative opportunities, including potential IPS models, may take time to embed and is unlikely to be able to offer the same intensity of support as the Works service. 				
Risks/ Considerations	<ul style="list-style-type: none"> Loss of dedicated specialist service presents risks for those who use the service, who may not be able to access similar levels of support and employment opportunities elsewhere Risk that the full saving may not be delivered if suitable alternative redeployment opportunities cannot be identified for staff. 				
Dependencies	<p>Links to:</p> <p>Wider improvement work within mental health services</p>				
Strategic Alignment	<p>Managing our resources effectively</p>				

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	5	Savings Proposal:	Community Equipment	Lead:	Heather Tait
Proposal Summary (Scope)	<p>The Community Equipment Loans Service (CELS) provides a range of equipment to enable people to live independently at home for as long as possible. This is a pan-Lothian service funded jointly on a recharge basis. Proposals have been brought in previous years to achieve efficiencies in this service, and although for a number of reasons these have not progressed as far as intended. The intention is now to review the structure of the programme with a view to streamlining further work priorities and releasing further efficiencies.</p> <p>Phase 1: Review internal CELS processes, criteria for provision, stock control, SLAs and crisis delivery service, ensure tighter financial accountability with additional grip and control mechanisms in place.</p> <p>Phase 2: Integrate the NHSL budget with the City of Edinburgh Council budget for the CELS, and streamline and simplify the financial recharge model to our Partners in East and Midlothian. Improve the financial accountability to the 3 partnerships and at locality level. The intention is to offer greater financial transparency thus enabling local scrutiny of spend. The further intention would then be to devolve the purchasing budget to each of the partner agencies and the localities, once appropriate scrutiny and accountability processes are in place.</p>			Financial Impact	
Impacts	<p>An IIA was completed in March 23 for the phase 1 savings proposal and is available on the EHSCP website here: : Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot) The IIA has been reviewed and is considered appropriate to also cover phase 2 proposals.</p>			<i>Full Year Effect (£k)</i>	
Benefits & Disbenefits	<p>Benefits</p> <ul style="list-style-type: none"> Improved systems and processes; improved accountability and transparency of the process including decision making; Improved reporting, and audit trails; “Future-proofing” strategy created to support people leaving hospital, prevent admissions and support end of life care. <p>Disbenefits</p> <ul style="list-style-type: none"> Potential impact on choice of products in order to maximise best value, although eligible needs will continue to be met. 			<i>Forecast Savings for 23/24 (£k)</i>	
Risks/ Considerations	<p>Increase in raw material and equipment costs and supply chain delays may impact target-setting and delivery of identified savings. Purchasing equipment which requires to be built, rather than ready to use, has achieved savings in our costs, but requires sufficient warehouse space and staffing to build the items inhouse. Completion of the delivery of some of the activities within Phase 1 may impact Phase 2, and availability of project management resource may represent a risk to successful delivery. Delivery of phase 2 is reliant on locality teams implementing sufficient grip and controls measures to realise benefits.</p>			<i>Delivery Investment</i>	
				Dependencies	Close working with other HSCPs and clinical teams will be required to realise savings. Links to Phase 1 savings proposal.
				Strategic Alignment	<ul style="list-style-type: none"> Prevention and early intervention Person Centred Care Managing our resources effectively
				£150,000	
				£80,000 (net of required investment)	
				£50,000 (project management support)	

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	6	Savings Proposal:	Continance Supplies	Lead:	Heather Tait
Proposal Summary (Scope)	<p>Part 1 – review of continence supplies in Care Homes by the nursing team. A test of change has identified possible savings linked to the over-prescription of continence supplies. This is to be scaled up to more care homes delivering between £20k and £50k of cost reductions in the year, reducing the overall pressure across continence supplies.</p> <p>Part 2 – identify possible procurement savings within the service:</p> <ul style="list-style-type: none"> • Agreement in place with one supplier to secure 21% rebate on orders of certain products, saving approximately £130k on product costs per year. • Evaluation of new contract once in place to identify opportunities to review preferred product choice to ensure best value is achieved – impact unknown until contract details released • Review continence team staffing once new ELMS system is introduced and embedded – potential opportunity to reduce admin time. System is going live in June 2023 and would need a 3 month bed period to bed in. Re-visit in September 2023. • Mitigate increase in Care Home delivery costs (from £0 to £55 per delivery) by reducing delivery frequency. Would need care homes to move to Synergy. Potential impact = ~£3k. 			Financial Impact	
				<i>Full Year Effect (£k)</i>	£100,000
				<i>Forecast Savings for 23/24 (£k)</i>	£50,000
				<i>Delivery Investment</i>	Nil
Impacts	The continence proposal is considered to be a grip and control/financial management saving. There are no identified impacts for patients, who would continue to have their needs met. As such, it is considered that an Integrated Impact Assessment (IIA) will not be required. An IIA statement has been drafted and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)			Dependencies	
Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> • Reduction of overall supplies costs mitigating the inflationary pressures across the service • Improved patient care and patient experience by ensuring correct prescriptions of products 			District Nursing have operational management of Bladder and Bowel Nursing Team and are overseeing Care Home project. Requires engagement with care homes to review and assess all patient and work with the service to transition to Synergy ordering system. Some proposals are depending on NHS Lothian procurement taking action.	
Risks/ Considerations	Stock availability, price increases and delivery costs continue to grow bringing further pressures across the service.			Strategic Alignment	
				<ul style="list-style-type: none"> • Person Centred Care • Managing our resources effectively 	

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	7	Savings Proposal:	Community Transport	Lead:	Emma Pemberton						
Proposal Summary (Scope)	<p>Community transport provides flexible and accessible community-led solutions to help local people access health, other services and social opportunities. Phase 1 of the SRP for 23/24 identified a £150k saving relating to appropriate reductions in single-occupancy taxi use, replacing with more cost effective shared alternative methods of transport.</p> <p>This second phase will focus on ensuring that current and projected future travel demand within EHSCP services is clearly identified and that provision via the Council's Transport Hub is at a level appropriate to need. Service provision patterns have changed over time and as a result of changing behaviour through Covid. An internal commissioning plan will be developed to ensure that the EHSCP can optimise any transport provision and reduce provision (and therefore costs) for any unused capacity currently being charged. This will be supported by the introduction of Flexi Route software within the Transport Hub, which will allow for more effective and efficient fleet scheduling. As part of this proposal, the existing transport policy will be reviewed and updated to provide clarity and manage expectations. Grip and control processes for the approval of new transport packages and for the timely and flexible update of any changes in individual requirements will be reviewed and strengthened.</p>			Financial Impact							
Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>Should changes be proposed to the transport policy as part of this work, a further IIA will be completed and the policy would require approval via the Council's Policy and Sustainability Committee.</p>			<table border="1"> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Full Year Effect (£k)</i></td> <td style="text-align: center;">£300,000</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Forecast Savings for 23/24 (£k)</i></td> <td style="text-align: center;">£300,000</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Delivery Investment</i></td> <td style="text-align: center;">Nil</td> </tr> </table>		<i>Full Year Effect (£k)</i>	£300,000	<i>Forecast Savings for 23/24 (£k)</i>	£300,000	<i>Delivery Investment</i>	Nil
<i>Full Year Effect (£k)</i>	£300,000										
<i>Forecast Savings for 23/24 (£k)</i>	£300,000										
<i>Delivery Investment</i>	Nil										
Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> Value for money approach to transport provision, with improved clarity of current and projected demand and appropriate commissioning of the right transport solutions to meet identified need; Better collaboration with stakeholders; Clear and robust transport policy; Improved grip and control systems. <p>Disbenefits:</p> <ul style="list-style-type: none"> Service Users perception the service is being reduced. 			Dependencies							
Risks/ Considerations	<p>Some risk that transport users and their carers may resist any change or perceived change. Will be mitigated through clear and appropriate engagement and communication.</p>			Strategic Alignment							
				<ul style="list-style-type: none"> Prevention and early intervention Person Centred Care Making best use of capacity across the system Managing our resources effectively 							

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	8	Savings Proposal:	Agency and Overtime	Lead:	Tony Duncan
Proposal Summary (Scope)	<p>Delivering duty of care and safe working environments for our employees and service users, remains a priority. The rising demand for agency, bank and overtime is as a result of a number of vacancies amongst key roles, including social workers/social care workers. Recruitment and retention within the social care sector is a challenge across Scotland. To balance the challenges of delivering high quality services whilst demand for care increases, agency, bank and overtime is sometimes used. Ensuring sufficient staff levels, cover for staff training, special leave and sickness and other absences are key factors for calling on agency, overtime and bank, which leads to higher costs.</p> <p>The proposal is to work with managers across the Partnership to:</p> <ul style="list-style-type: none"> Drive down sickness absence by improving absence management approaches; make efficient use of existing framework contracts; ensure staff provided by agency are matched to the grade/level requested; develop the reason/codes for more accurate reporting agency, overtime and bank use; ensure robust control and sign off mechanisms are in place; investigate potential to use NHS bank staff rather than paying costly agency fees; work with HR to introduce innovative ways to recruit to hard-to-reach roles such as social workers, care home workers; review staffing establishment for Care Homes to ensure fit for purpose. 			Financial Impact	
Impacts	<p>This is a grip and control proposal which will be delivered through process improvement, tighter control, a focus on sickness absence management, supplier management, holiday management and recruiting to permanent vacancies to avoid the need for agency cover. It is not considered that an Integrated Impact Assessment will be required, as there are no adverse impacts anticipated. An IIA statement has been drafted and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	£1,000,000
Benefits & Disbenefits	<p>Benefit:</p> <ul style="list-style-type: none"> Better control on spend; improved compliance with contract terms; improved spending analysis; opportunity to learn from the hiring manager and candidate experience to improve process; supporting the strategic aim to change the model of provision; more permanent workforce provides greater stability and continuity of care; more effective and supportive approaches to sickness absence will impact positively on the workforce. <p>Disbenefits:</p> <ul style="list-style-type: none"> Potential limited availability of resource from Framework Contractors 			<i>Forecast Savings for 23/24 (£k)</i>	£600,000
Risks/ Considerations	<p>Risk that full savings may not be achieved if staff vacancy levels increase in key areas and agency/bank use is required to provide safe staffing levels.</p> <p>Risk that there may be limited availability of resource from agency framework contracts, leading to higher off-contract spend and/or costs to ensure appropriate staffing levels.</p>			<i>Delivery Investment</i>	Nil
				Dependencies	<p>Links to: Wider workforce planning across EHSCP</p> <p>Findings of the recent Care Inspectorate inspections</p>
				Strategic Alignment	<p>Making best use of capacity across the system</p> <p>Managing our resources effectively</p>

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	9	Savings Proposal:	Contracts Grip and Spot Purchasing	Lead:	Emma Gunter
Proposal Summary (Scope)	<p>Purchasing within the EHSCP is currently split between framework, block and spot contracts. The spend profile for 23/24 is approximately £306m and approximately £250m of that relates to “spot purchasing”, outwith block or framework contract arrangements. Frameworks or block contracts can be used to control spend, mitigate against market fluctuations, and to ensure appropriate contractual controls are in place. In contrast, spot contracting involves a heavy administrative burden on social work teams, which can lead to a lack of scrutiny of agreed rates. The active approach to commissioning in Care at Home could be expanded across all pathways to build strong and effective relationships with providers.</p> <p>It is therefore proposed that:</p> <ul style="list-style-type: none"> • Grip and control measures are employed to channel spend through appropriate pathways • Management oversight is redesigned to ensure budgetary control is optimised • Contracts and commissioning staff are realigned to increase active commissioning and contractual control. This may involve increasing the current contracts resource • A robust contract management framework is implemented • Respite costs are reviewed with a view to creating an appropriate contractual arrangement to bring costs down • All elements of the process are reviewed including payment of spot contracts, uplifts, exceptions, communication with both providers and frontline staff, use of waivers etc. 			Financial Impact	
Impacts	<p>This is a grip and control proposal and it is not anticipated that there will be adverse impacts on people in receipt of services or on staff. As such, it is not considered that an Integrated Impact Assessment will be required. An IIA statement has been drafted and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	£2,000,000
Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> • Increased financial control allowing for more robust forecasting of spend • Reduced cost for same service • Market shaping work with providers enables a more robust market • Reduction in workload for frontline social work staff 			<i>Forecast Savings for 23/24 (£k)</i>	£1,000,000
Risks/ Considerations	<p>There is a risk that some changes to contracts may only realise savings in the next financial year. This will be kept under review as implementation plans are developed.</p>			<i>Delivery Investment</i>	Nil
				Dependencies	<p>Links to: There are dependencies with the brokerage proposal and the assessment and review work.</p>
				Strategic Alignment	<ul style="list-style-type: none"> • Making best use of capacity across the system • Managing our resources effectively

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	10	Savings Proposal:	Optimising Self Directed Support	Lead:	Nikki Conway
Proposal Summary (Scope)	<p>There are challenges acknowledged by Scottish Government across Scotland in delivering all the Options within the SDS Act 2013 . Edinburgh is not unique in facing these challenges, however our higher than average take up rates of SDS Option 1 - Direct Payments (DP's) suggests that this area offers fuller opportunities for "right sizing", with any payments made better matching actual assessed need.</p> <p>Recovery of unused funds is a normal aspect of individualised funding and a public duty common to all Councils. This proposal involves working closely with those receiving DPs and their families or carers to carry out person-centred reviews and ensure spend is appropriate to deliver on their outcomes. Experts in the use of SDS will review unspent funds against the assessment of eligible needs, ensuring that individuals are able to access the care they need and right-sizing levels of support where appropriate. Additional resource will be secured (1.8 WTE Self Directed Support Advisors and 0.5 WTE Senior Social Worker) to increase capacity to carry out reviews and to provide tailored support. Work will also be undertaken to maximise the number of DP's paid via Allpay rather than by BACS, which will allow for greater transparency and simpler review and recovery, where this is appropriate.</p> <p>A further workstream will focus on action required to maximise the personal assistant (PA) workforce within the city, which may make increase the uptake of SDS Option One and offer greater flexibility and control to more people. The use of PA's can be hugely beneficial for both the individual and the public pound by removing overhead and management cost layers, however currently this market is limited by a low pay rates which limits the pool of people interested in working as PA's.</p>			Financial Impact	
Impacts	<p>An Integrated Impact Assessment (IIA) has been conducted to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	£2,000,000
Benefits & Disbenefits	<p>Benefit:</p> <ul style="list-style-type: none"> Right-sizing of packages and support; greater clarity on and support with the use of DPs, removing reported stress associated with the holding of large financial balances; a larger size PA workforce, offering choice and better value for money; better view of spend. <p>Disbenefits:</p> <ul style="list-style-type: none"> Some in service change management to enact; training needs for workforce on SDS and the flow of options with DP criteria being clear 			<i>Forecast Savings for 23/24 (£k)</i>	£2,000,000
Risks/ Considerations	<p>Risk of some challenge as some packages are reduced, however this would be mitigated by robust review which ensures that eligible needs are still being met and by clear communication with individuals and their families.</p>			<i>Delivery Investment</i>	Nil
				Dependencies	Dependencies on other change programmes around operational effectiveness, including spot buying and commissioning.
				Strategic Alignment	<ul style="list-style-type: none"> Person Centred Care Making best use of capacity across the system Right care, right place, right time Managing our resources effectively

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	11	Savings Proposal:	One Edinburgh	Lead:	Deborah Mackle
Proposal Summary (Scope)	<p>'One Edinburgh' is a vision of a city-wide approach to home-based care that maximises all available care at home capacity in the city enabling better economies of scale. The approach will ensure a range of improvements in both internally delivered and externally commissioned home based care services. Phased improvements include the introduction of the Total Mobile system to support more efficient scheduling; improvements in the efficiency of the internal homecare service; a shift towards provision of reablement within the internal service; and the delivery of a new effective contract for commissioned care at home.</p> <p>One Edinburgh will deliver significant improvement and financial benefit over a period of 3 years. The first phase of financial savings in this proposal relates to additional capacity gain within the internal service of 200 hours per week. This will be realised through effective management of sickness absence and improving contact time. The increased capacity will be supported by the implementation of the Total Mobile scheduling system, which will have a part-year effect this year and scale up to deliver greater financial impact once fully implemented in 24/25.</p> <p>The financial savings will be achieved through increasing the number of hours delivered by the internal homecare team (based on existing FTE, with no additional staff or overtime assumed), with a corresponding reduction in the number of hours commissioned externally.</p>			Financial Impact	
Impacts	<p>This is a grip and control proposal, which will see productivity increased and additional capacity gained from within the internal service. There are no anticipated negative impacts for service users, whose needs will continue to be met as required. There are no anticipated negative impacts for staff, with potential positive impacts through more effective and supportive management of sickness absence, according to agreed policy and with a focus on staff wellbeing. As such, it is not considered that an Integrated Impact Assessment (IIA) will be required for this first phase of savings. An IIA statement has been drafted and is available here: Integrated Impact Assessments - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p>			<i>Full Year Effect (£k)</i>	£500,00
Benefits & Disbenefits	<p>Benefits:</p> <ul style="list-style-type: none"> Financial saving as outlined, without detrimental impact on service quality A more effective and efficient internal service with a corresponding reduction in hours needing to be commissioned to meet need. More effective and supportive absence management will improve staff experience and wellbeing. 			<i>Forecast Savings for 23/24 (£k)</i>	£500,000
Risks/ Considerations	<ul style="list-style-type: none"> Any further reduction in the internal service workforce (through natural turnover) may affect the amount of additional capacity which can be provided. 			<i>Delivery Investment</i>	Nil
				Dependencies	Links to the wider improvement and transformation underway within home based care, as part of the One Edinburgh programme.
				Strategic Alignment	Person Centred Care Making best use of capacity across the system Managing our resources effectively

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	12	Savings Proposal:	Structural Reorganisation / Operating Model	Lead:	Mike Massaro-Mallinson / Tony Duncan									
Proposal Summary (Scope)	<p>As part of a new structure and operating model we would look to make several changes. Detail at this time would be restricted so as not to impact any consultation process. But this role review would look to;</p> <ul style="list-style-type: none"> Rationalise the locality model and move the EHSCP to the pathway model which links financial accountability, front line spend and a commissioning golden thread Restructure the support services to ensure appropriate support to frontline practitioners and clinicians and ensure optimal skill mix within teams Restructure the strategy function to have a leaner and more focussed model with increased emphasis on active, ethical commissioning. <p>Further work is still required to confirm the preferred model and to consult with affected staff.</p>				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #1a3d4d; color: white;">Financial Impact</th> </tr> </thead> <tbody> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Full Year Effect (£k)</i></td> <td style="text-align: center;">£250,000</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Forecast Savings for 23/24 (£k)</i></td> <td style="text-align: center;">£130,000</td> </tr> <tr> <td style="background-color: #1a3d4d; color: white;"><i>Delivery Investment</i></td> <td style="text-align: center;">Nil</td> </tr> </tbody> </table>		Financial Impact		<i>Full Year Effect (£k)</i>	£250,000	<i>Forecast Savings for 23/24 (£k)</i>	£130,000	<i>Delivery Investment</i>	Nil
Financial Impact														
<i>Full Year Effect (£k)</i>	£250,000													
<i>Forecast Savings for 23/24 (£k)</i>	£130,000													
<i>Delivery Investment</i>	Nil													
Impacts	<p>An Integrated Impact Assessment (IIA) will be conducted at an appropriate point in the organisational review process, as per agreed policy, to identify any equalities, human rights, environmental or economic impacts, as well as any appropriate mitigations. The IIA cannot happen until firm structure proposals have been developed and will be conducted as a standard part of organisational review preparation.</p>													
Benefits & Disbenefits	<p>Benefit:</p> <ul style="list-style-type: none"> Financial saving Less ambiguity of decision making and pathways More streamlined processes, with clarity of ownership and accountability <p>Disbenefits:</p> <ul style="list-style-type: none"> Some risk of upheaval as new structure is embedded Risk of knowledge loss with any staff reductions 				Dependencies		<p>Dependencies on other change programmes around operational effectiveness (spot buying, commissioning etc)</p>							
Risks/ Considerations	<p>Risk that savings are not fully realised if there are insufficient vacancies and staff choose to remain on redeployment.</p>				Strategic Alignment		<ul style="list-style-type: none"> Managing our resources effectively 							

23/24 SAVINGS AND RECOVERY PROGRAMME: PROJECT OVERVIEWS

No.	13	Savings Proposal:	2C Primary Care practices	Lead:	Robin Balfour
Proposal Summary (Scope)	<p>2C practices within Edinburgh are the practices which have been brought in house for management within the IJB (formerly 17C practices). We now have around 8 practices which are now S2C.</p> <p>Phase 1 of this proposal will involve grip and control measures to ensure that we are reducing our reliance on supplementary staffing and locums. This will deliver a saving in 23/24 of £50,000.</p> <p>There is a further phase of work planned in relation to 2C Practices which is anticipated to deliver further financial benefit in 24/25 and beyond. This will involve scoping the possibility of returning the practices to independent management. If this is not successful, plans would be developed to increase income streams via local enhanced services, for example, provision of junior medical training within the practices. This second phase will form part of next year's savings proposals.</p>			Financial Impact	
Impacts	<p>An Integrated Impact Assessment (IIA) will not be required for phase 1, as this involve grip and control and tighter budgetary management. It does not impact on individuals and will not change service delivery models or policies.</p> <p>Phase 2 may require an IIA. This would be developed in conjunction with appropriate stakeholders once firm plans and proposals have been identified and if appropriate, presented to the EIJB as part of the 24/25 savings programme.</p>			<i>Full Year Effect (£k)</i>	£50,000
Benefits & Disbenefits	<p>Benefit:</p> <ul style="list-style-type: none"> • Delivers savings • Ensures most appropriate and stable staffing models, with less reliance on supplementary staff, delivering better experience for patients. 			<i>Forecast Savings for 23/24 (£k)</i>	£50,000
Risks/ Considerations	<p>Risk that recruitment of medical and nursing staff to reduce supplementary staffing is not successful or does not happen quickly enough to deliver benefit.</p>			<i>Delivery Investment</i>	Nil
				Dependencies	N/A
				Strategic Alignment	<ul style="list-style-type: none"> • Managing our resources effectively

23/24 SAVINGS AND RECOVERY PROGRAMME: INTEGRATED IMPACT ASSESSMENTS

1. The guidance sets out the circumstances in which an IIA is required. This includes where the proposal:
 - could potentially affect people for example in the availability, accessibility or quality of goods, facilities, or services;
 - has potential to make an impact on equality and/or socioeconomic disadvantage even when this only affects a relatively small number of people
 - has the potential to make a significant impact on the economy and the delivery of economic outcomes;
 - is likely to have a significant environmental impact; and/or
 - is considered strategic and high level in the organisation.
2. For projects which don't require an IIA, an IIA statement will instead be completed. Specifically this would be 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.
3. To enable a properly informed decision-making process, potential impacts have been identified for each individual savings proposal within the phase 2 savings programme for 23/24.
4. For projects under operational/grip and control, either an IIA or an IIA statement has been completed. For new proposals, an IIA has been completed. IIAs have been completed with a range of stakeholders, including both hospital and community-based staff, third and independent sector partners and citizen and carer representatives.
5. While a final IIA is a required document for a decision or approval, it should be noted that the IIAs completed for all proposals are evolving documents. IIAs will be kept under review and are required to be refreshed and updated as part of the ongoing assurance activities for each project within the programme. This is in recognition of the fact that further consultation and engagement with staff and stakeholders and gathering of further evidence to inform implementation approaches, may highlight additional actions required to mitigate impacts.
6. The table below sets out which proposals have had a full IIA and which have an IIA statement.

23/24 SAVINGS AND RECOVERY PROGRAMME: INTEGRATED IMPACT ASSESSMENTS

NEW PROPOSALS	
Review and assessment - 3Cs and social prescribing - Maximising Digital Care (Telecare) - Digital Front Door (Early Intervention)	IIA
Commissioning	IIA
Brokerage	IIA
Decommissioning interim beds	IIA
Employability Services	IIA
GRIP AND CONTROL PROPOSALS	
Optimising SDS	IIA
Contracts Grip and Spot Purchasing	IIA STATEMENT
Community Transport - Phase 2	IIA
Community equipment – Phase 2	IIA STATEMENT
Continence	IIA STATEMENT
Agency +	IIA STATEMENT
Structural Reorganisation	IIA STATEMENT
One Edinburgh	IIA STATEMENT
Primary Care – 2C Practices	IIA STATEMENT
WHOLE PROGRAMME CUMULATIVE IIA	IIA

7. IIAs and IIA statements have been published on the EHSCP website: [Integrated Impact Assessments - Edinburgh Health & Social Care Partnership \(edinburghhsc.scot\)](https://www.edinburghhsc.scot.nhs.uk/integrated-impact-assessments/). The Some IIA's have embedded documents which can be found within the published IIA's.

23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE INTEGRATED IMPACT ASSESSMENT

Summary Report Template

Each of the numbered sections below must be completed

Interim report		Final report	✓
----------------	--	--------------	---

(Tick as appropriate)

1. Title of plan, policy or strategy being assessed

Edinburgh Integration Joint Boards (EIJB's) Savings Programme 2023/24 – Cumulative Integrated Impact Assessment.

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

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

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

However, the planning and implementation of such large-scale, strategic change takes time and many of the financial benefits will only be realised over a number of years. It is important to recognise that this is a long-term approach, and as such there is still a requirement to deliver savings in the short term. Therefore, a savings and recovery programme has been developed for 2023/24 to help bridge the transition to this new approach.

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

- Achieve a balanced budget
- Improve efficiencies in service delivery

23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE INTEGRATED IMPACT ASSESSMENT

- More effectively target resources
- Minimise negative impacts on service delivery and outcomes for individuals.

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

As well as the impact of individual proposals, it is essential to consider how our overall plan could affect people. In this report, we have tried to consider the emerging cumulative impacts of our proposals from several perspectives. The information and evidence used to inform this cumulative analysis draw on the individual IIAs produced for proposals that will change services in 2023-24, both those which were approved by the EIJB on 21 March 2023 and the phase 2 proposals that will be considered on 13 June 2023.

Summaries of the proposals will be available on the City of Edinburgh Council website from 5 May 2023 when papers will be published in advance of the EIJB meeting on 13 June 2023.

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

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

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

4. Date of IIA: 30 May 2023

The cumulative IIA has embedded documents which can be found within the published cumulative [here](#)

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

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

Name	IIA role	Job Title	Date of IIA training
Mike Massaro-Mallinson	Lead Officer	Head of Operations	
Moira Pringle	Lead Officer	Chief Finance Officer	
Tony Duncan	Contributor	Head of Strategy	
Rhiannon Virgo	Facilitator	Project Manager	Feb 2020
Jessica Brown	Contributor	Innovation and Sustainability Senior Manager	
Peter Pawson	Contributor	Interim Director for Savings and Transformation	22 Mar 2023
Deborah Mackle	Contributor	Locality Manager - South West Edinburgh	
Nikki Conway	Contributor	Locality Manager – South East Edinburgh	
Helen FitzGerald	Contributor	NHS Lothian Partnership rep – NHS	
Kirsten Hey	Contributor	TU rep – CEC	
Emma Pemberton	Contributor	Disability Strategy Manager	
Emma Gunter	Contributor	Contracts Manager	
Katie McWilliam	Contributor	Strategic Planning and Commissioning Lead – Older People	

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

Sylvia Latona	Contributor	Senior Manager – ATEC	
Hazel Stewart	Contributor	Programme Manager	
Bridie Ashrowan	Contributor	Chief Executive, EVOG	
Rene Rigby	Contributor	Scottish Care representative	
David Walker	Contributor	Principal Accountant	
Siobhan Murtagh	Contributor	HR Business Partner, CEC	
Louise Morgan	Contributor	Senior Employee Relations Practitioner, NHS Lothian	
Denise McInerney	Note Taker	Executive Assistant	22 Mar 2023





6. Evidence available at the time of the IIA

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

1

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	<p>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</p> <p>Edinburgh HSCP</p>	<p>Provides current and projected data on the wider population in the City of Edinburgh <i>(Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot))</i></p> <p>Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated).</p>


23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE INTEGRATED IMPACT ASSESSMENT

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</p> <p>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</p> <p>Cultural Curiosity Survey 26 May 23 – Edinburgh Children’s Partnership Board</p> <p>Public Health Annual Report</p>	<p>Actions highlighted as needed to address these include:</p> <ul style="list-style-type: none"> • Staff training including cultural sensitivity • Recognition of the role of the Third Sector • Effective community engagement • Developing effective approaches to prevention including overcoming isolation. <p>https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf</p> <p>Details the Strategic direction of the EHSCP https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</p> <p> Cultural Curiosity Survey- Presentation ;</p> <p>Shows activities that each organisation is undertaking to better understand and support diversity across the city.</p> <p> item 1 - Director of Public Health Annual I</p> <p> ITEM 1 - NHS Lothian Public Health Annual I</p>
Data on service uptake/access	Data on service uptake/access	See individual IIAs
Data on socio-economic disadvantage e.g. low income, low wealth, material	The Edinburgh Partnership Digital Inclusion	<p> Digital Inclusion Paper by EVOC People</p>

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
deprivation, area deprivation.	<i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i>	
Data on equality outcomes	Individual Savings Proposals IIAs	<p>Completed/Interim IIAs and IIA statements for the 2023/24 savings programme proposals (will be available here: https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/) and provide details of identified impacts that may come from the implementation of the proposed changes:</p> <p>Phase1: (approved by EIJB in March 2023 and cumulative IIA available here: Savings and Recovery Programme March 23)</p> <ol style="list-style-type: none"> 1. Purchasing (Statement) 2. Prescribing (IIA) 3. Community Equipment (IIA) 4. Hosted and Set Aside (Statement) 5. Contract Uplifts (Statement) 6. Community Transport (Statement) 7. Learning Disability Overnight (IIA) 8. Review Blood Borne Virus Investment (statement) 9. Pentland Ward Closure (Statement) 10. Community Investment funding (Statement) 11. Commissioned Interim Beds (IIA) 12. Housing Support (IIA) <p>Phase 2 (to be considered by EIJB on 13 June):</p> <ol style="list-style-type: none"> 1. Community Equipment Phase 2 (Statement) 2. Continence (Statement) 3. Community Transport Phase 2 (IIA) 4. Agency and overtime (Statement) 5. Contracts grip and spot purchasing (Statement) 6. Optimising self-directed support (IIA) 7. One Edinburgh (Statement) 8. Structural reorganisation (Statement) 9. 2C Practices (Statement) 10. Review and Assessment (plus enablers) (IIA)

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		11. Commissioning and brokerage (IIA) 12. Decommission interim beds 13. Employability Services (IIA)
Research/literature evidence	No	See individual IIAs
Public/patient/client experience information	No	See individual IIAs
Evidence of inclusive engagement of people who use the service and involvement findings	Edinburgh Integration Joint Board Strategic Plan (2019-2022) VOCAL Carers' Survey	Details consultation completed with stakeholders about the EIJB Strategic Plan: https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf The Strategic Plan is currently being refreshed and engagement is underway. Insert presentation title here (vocal.org.uk)
Evidence of unmet need	Edinburgh Integration Joint Board Strategic Plan (2019-2022)	See individual IIAs Details the health needs and priorities for the people of Edinburgh https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf
Good practice guidelines	No IIA Guidance	See individual IIAs  IIA_guidance_June_22_FINAL_VERSION_2
Carbon emissions generated/reduced data	No	See individual IIAs
Environmental data	No	See individual IIAs
Risk from cumulative impacts	Savings Programme	

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	Phase 1 cumulative IIA Savings Programme Phase 2 Cumulative IIA Evidence Document Individual IIAs	<p>Health and social care services face a challenging time, with the impacts and consequences of the Covid pandemic still evident and ongoing problems with recruitment and retention of key workforce groups, increasing risk and impacting service delivery and quality.</p> <p>The EHSCP has made performance improvements in key areas over the last 12 months, in relation to delayed discharge and unmet need. However, backlogs and waiting lists still exist in some areas. There is some risk that any savings proposals which impact on capacity and flow through the system could make it more difficult to make and maintain performance improvements. It is also a risk that some savings proposals may negatively impact performance.</p> <p>Several of the savings proposals represent an “opportunity cost” where funding that could have been made available to support development of community infrastructure has instead been taken to the bottom line as a recurring saving. While it is not possible to accurately assess the specific impacts of such proposals, since no specific plans for investment had been developed, it is recognised that without alternative funding being identified, this will impact on our ability to invest in services and initiatives that would help to deliver on some of the ambitions set out in the EIJB Strategic Plan. Impacts identified within each individual budget proposal IIA have been considered to undertake this cumulative impact assessment.</p>
Other (please specify)		<p>The Independent Review of Adult Social Care https://www.gov.scot/groups/independent-review-of-adult-social-care/</p> <p>A National Care Service for Scotland: Consultation A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</p>

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Additional evidence required		

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p><i>An overview of the individual IIAs highlights that the main groups of people who may be impacted by the proposals, both positively and negatively, are older people, people with disabilities and carers.</i></p>	
<p>Positive The savings proposals take a person-centred/human right and assets-based approach as far as is possible, and are guided by the values, priorities, and guiding principles of the EIJB's Strategic Plan</p>	<p>All people who receive services – more of which are older people, people with disabilities and carers</p>
<p>There will be an opportunity to help ensure choice, control and equality of outcomes for people. Service provision will be based on needs rather than people's expectations, with priority given to the most vulnerable.</p>	<p>All people who receive services – more of which are older people, people with disabilities and carers</p>
<p>Priority will be given to the most vulnerable and a focus on ensuring equity of access across the population, with the focus on reducing waiting lists particularly beneficial to this group</p>	<p>All people who receive services and carers</p>
<p>In order to deliver savings and improvements required, all services cannot continue to be delivered as they currently are. Those affected (either positively or negatively) will more likely be older people, people with disabilities and carers due to the inherent demographics of service users.</p>	<p>All people who receive services</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</p>
<p>Changes will provide a level of support which we can afford, that achieves current and future sustainability.</p>	<p>All people who receive services</p>
<p>The rationale behind any service changes will be clearly communicated to staff and that the required support, training, skills, policies and procedures will be put in place.</p>	<p>All staff</p>
<p>Proposals have focused on ensuring consistency, equity and fairness in application of charging policies and debt</p>	

23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE INTEGRATED IMPACT ASSESSMENT

<p>recovery policies, with effective and efficient commissioning to ensure best value.</p> <p>A broader, more person-centred approach to provision of services in non-traditional ways will support people across all groups. There are great opportunities for partnership working with the community to maintain supports. This approach will benefit all people in receipt of services but has potential to particularly benefit younger adults.</p> <p>A number of proposals focus on maximising independence and providing a wider choice of access for the people supported.</p> <p>Negative 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.</p> <p>Some services may be delivered through a different approach, or through different providers, which may cause anxiety, disruption and stress, particularly to those most vulnerable (including their unpaid carers), and a perceived sense of loss. This must be recognised and alleviated through considered planning and good communication.</p> <p>Cumulative impact of proposals, if not carefully managed and monitored, could affect flow through the system and result in people spending more time in inappropriate care settings such as hospital, negatively affecting outcomes for individuals such as increasing frailty.</p> <p>Due to the volume of change, it may be difficult to pinpoint the specific change which causes an adverse impact due to the cumulative impact. This may make it harder to address the root cause.</p> <p>Anxiety and stress due to perceived or actual financial and/or safety concerns with obtaining and receiving care.</p> <p>Those with poor health literacy skills, language difficulties and those with limited or no digital skills or with less online access may be impacted more. Steps will be taken to whilst developing any technology enabled services or</p>	<p>All people in receipt of services including younger adults</p> <p>All people who receive services</p> <p>All populations</p> <p>All people using services, carers (who are predominantly female) and 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>
--	--

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

<p>any move to a more self-managed care approach to ensure that people are not disadvantaged.</p> <p>People living alone may potentially be impacted more than people living with partners or family. This may be mitigated by sensitive assessment or review and consideration of an individual's strengths and assets.</p> <p>Homeless people may need specific consideration as some proposals may impact on them with less scope for mitigation as they have no fixed residence in which to benefit from community-based supports.</p> <p>People living in specific geographical locations may experience a cumulative impact through reduced access to services, poorer digital connectivity and potential barriers to homecare support such as parking. This can be mitigated by a tailored person-centred conversation to identify such issues and address them.</p>	<p>Single people</p> <p>People suffering from homelessness</p> <p>People in different geographical locations</p>
<p>Staff</p>	
<p>Positive Clear operational and organisational policies and procedures will protect and help support staff in their roles and provide a level of confidence.</p>	<p>All Staff</p>
<p>Clear performance measures to support expectations and understanding of roles and responsibilities within and across teams and individuals.</p>	<p>All staff</p>
<p>Any shift in service provision/service re-prioritisation will require a degree of investment in skills development and support for staff which will help increase staff morale.</p>	<p>All Staff</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 Staff</p> <p>All staff</p>
<p>A reduction in backlogs and waiting lists will benefit staff via improving morale as staff recognise the difference they have made</p>	<p>All staff</p>
<p>Negative</p>	

23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE INTEGRATED IMPACT ASSESSMENT

<p>The changes may bring additional stress and a sense of loss if staff feel that they are not able to provide the services which they think people are entitled to.</p> <p>Any change of service provision may also lead to increased levels of stress and anxiety for staff as they undertake challenging conversations with citizens (including people in receipt of services, families and unpaid carers). Changes to service provision may lead to a rise in the number of complaints which may also be stressful/anxiety provoking and can place a considerable time burden on staff.</p> <p>Staff shortages, recruitment and retention issues has continued to impact the physical and mental health and wellbeing of the current workforce. With less personnel in posts, overall workloads have increased. This has resulted in increased anxiety and stress in staff associated with a lack of capacity to provide safe and optimal care services on an ongoing and sustained basis. Delivery of identified savings proposals could increase workload for some groups of staff involved in implementation.</p> <p>Steps will be taken to ensure staff are supported and any impacts are minimised.</p> <p>Consideration will be given to staff who for reasons of medical conditions or age who may be more greatly impacted than others. Mitigating actions such as referral to occupational health will be implemented where appropriate.</p>	<p>All staff</p> <p>All staff</p> <p>Staff with protected characteristics</p>
---	---

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive</p> <p>The EIJB commitment to influencing and encouraging an environmentally responsible approach to the provision of health and social care services in Edinburgh wherever possible, through its strategic aims and decision-making processes</p> <p>Both NHS Lothian and City of Edinburgh Council have carbon reduction plans as part of their responsibilities linked to the Climate Change Act.</p>	<p>ALL</p>

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Staff are encouraged to travel sustainably.</p> <p>Reduction in travel using technology and digital staff scheduling solutions. Ensures any changes proposed will support the NHS Lothian Sustainable Development Framework, CEC Sustainability Strategies and the Edinburgh 2030 net zero carbon target.</p>	
<p>Negative</p> <p>No negatives were identified in this IIA exercise.</p>	

Economic	Affected populations
<p>Positive</p> <p>The aims to make better use of resources through furthering the integration health and social care, with more joined up working and better systems and processes to reduce duplication of effort.</p> <p>There are good quality jobs available in health and social care. The EIJB is committed to further development of workforce planning and a number of these proposals will lead to job creation either directly or for providers.</p>	All
<p>Negative</p> <p>Any reduction in external commissioning may lead to a reduction in third sector and independent staffing. This impact should be limited as there is a recognised shortage of care staff across most organisations.</p> <p>Any reduction in commissioning may also destabilise the independent market and lead to some providers withdrawing. This should be limited through the One Edinburgh approach and the commissioning and contract management workstreams.</p> <p>Any reduction in investment in third sector projects and innovations may reduce the ability to leverage additional benefit and place greater pressure on statutory services in the longer term.</p>	All those that access services and staff in third/ independent sector

23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE INTEGRATED IMPACT ASSESSMENT

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

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

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

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

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

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

Feedback from ongoing communication with stakeholders will inform the wider Savings Programme.

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

No

12. Additional Information and Evidence Required

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

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

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Relevant leads for savings proposals should progress any specific actions identified in individual IIAs	Savings Proposal Leads	Ongoing	Ongoing
Overarching report re delivery of the savings programme to be provided to Savings and Governance Board (SGB) monthly	Finance Programme Manager	Monthly	July 2023
Ongoing reporting to EIJB bimonthly	Chief Finance Officer (with support from the Finance Programme Manager)	Bi-Monthly	Aug 2023
Continue development of One Programme to ensure dependencies between inspection action plans and the MTFS are integrated smoothly	Service Director - Operations	Ongoing	Ongoing
Training and support for staff is provided where changes in process or approach is required.	Savings proposal leads – where pertinent to their proposal	Ongoing	Ongoing
Procedures and policies should be clearly set out and available.	Savings proposal leads – where 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, taking account of dependencies.	Savings proposal leads	Ongoing	Ongoing

**23/24 SAVINGS AND RECOVERY PROGRAMME: CUMULATIVE
INTEGRATED IMPACT ASSESSMENT**

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

No.

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

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

Existing NHS Lothian & CEC finance reporting processes will also be utilised as appropriate. Where appropriate there will be ongoing consultation with staff, patients, and carers about any change

16. Sign off by Head of Service

Name: Mike Massaro-Mallinson, Service Director for Operations

Date: 2 June 2023

17. Publication

Completed and signed IIAs should be sent to:

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

Edinburgh Integration Joint Board/Health and Social Care

sarah.bryson@edinburgh.gov.uk to be published at www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/