

REPORT

Savings and Recovery Programme 2024/2025

Edinburgh Integration Joint Board

18 March 2024

Executive Summary

The purpose of this report is to present the 2024/2025 Savings Programme to the Edinburgh Integration Joint Board for approval.

Recommendations

It is recommended that the Edinburgh Integration Joint Board:

1. Approve savings proposals 16 - 24, as set out in this report and in the associated appendices;
2. Agree the proposed plan to review Integrated Impact Assessments (IIAs) as set out in appendix 3; and
3. Note savings proposals 1 – 15 which are presented for information.

Directions

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

Report Circulation

1. This report has not been presented elsewhere.

Main Report

Background

EIJB Financial Position and the Medium-Term Financial Plan

- The Edinburgh Integration Joint Board (EIJB), like other IJBs across Scotland, is facing an unprecedented financial challenge. Rising demand and significantly constrained funding present serious threats to the sustainability of our health and social care system.
- Taking into account a combined budget offer of £829.76m from the City of Edinburgh Council and NHS Lothian and projected costs for delegated services totalling £889.55m, the EIJB has an estimated savings requirement of £59.79m going into 2024/25, as shown in table 1 below:

	Total £M
Indicative Delegated Budgets	£829.76m
Projected Delegated Costs	£889.55m
Savings requirement	£59.79m

Table 1: Projected EIJB savings requirement 2024/25

- A report to the EIJB in March 2023 ([2023/24 Savings and Recovery Programme](#)) set out the intent to develop a new approach to financial planning through the creation of a Medium-Term Financial Strategy (MTFS). The MTFS takes a 3-year approach to financial planning, allowing for the development of longer term savings and transformation opportunities and providing the foundation for the delivery of sustainable health and social care services for the citizens of Edinburgh.
- There is a separate report on this agenda which presents the MTFS. This report sets out the associated 2024/25 Savings Programme which flows from that strategy.

EIJB Savings Programme 2024/25

Developing the Savings Programme

- The Savings Programme for 2024/25 has been developed in tandem with the MTFS for the EIJB. Engagement has taken place with stakeholders across the EIJB, Council, NHS Lothian, elected members and third sector partners.
- Savings proposals have been developed through an iterative process with a wide range of managers and teams across the Edinburgh Health and Social Care Partnership

(EHSCP), through a process overseen by the EHSCP Change Board. This process is outlined in figure 1 below:

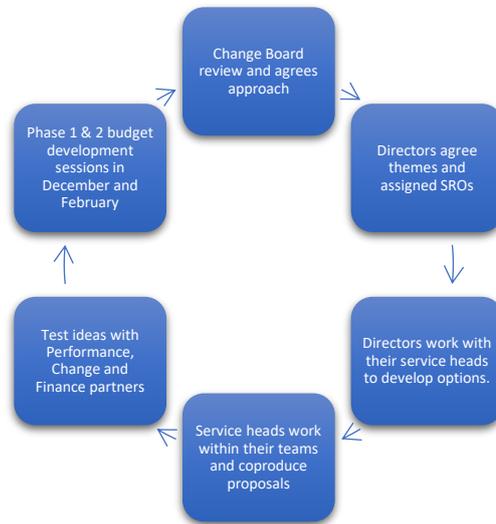


Figure 1: Approach to developing savings

8. Senior Responsible Officers (SROs) were identified for each savings proposal and the SROs have worked closely with both performance and finance colleagues to ensure clarity around financial and non-financial assumptions.
9. A series of budget development workshops took place in December 2023 and February 2024, chaired by the Chief Officer to develop and refine savings proposals, identify risks and impacts and understand implementation approaches. These sessions involved a wide range of attendees, including EHSCP managers, finance and HR colleagues from both the City of Edinburgh Council and NHS Lothian and Partnership and Union representatives.
10. Alongside this process, the EIJB members participated in four budget working group meetings and two budget question and answer (Q&A) sessions, which have informed and shaped the development of the programme. Whilst not decision-making forums, these sessions have provided opportunity for members to consider the proposed content of the 2024/25 Savings Programme and seek additional information and clarity.

The 2024/25 Savings Programme

11. The EIJB has a projected savings requirement for 2024/25 of £59.79m. The proposed Savings Programme for 2024/25 details 24 individual savings proposals totalling £45.08m. In addition to this, it is assumed that NHS Lothian will make a further contribution of £6.65m to ensure that pressures within set aside services are balanced. This leaves a remaining budget gap of £8.06m and options to address this are set out in the MTFS which forms a separate paper on the agenda.

12. Wherever possible, officers continue to seek to deliver financial balance through positive, strategic change and transformation, or through grip and control and efficiency measures. However, given the size and scale of the financial gap faced by the EIJB, some proposals will have clear impacts on services, performance, citizens and staff. Whilst the potential impacts are recognised, this Savings Programme represents officers’ estimation of the lowest risk approach to delivering financial balance. The Savings Programme and the overall MTFs seek to protect core statutory responsibilities, ensure that the most vulnerable are protected and return the EIJB to financial stability and sustainability. Current levels of expenditure are unsustainable and failure to address this risks jeopardising the future provision of key services and supports.
13. Savings proposals which form part of the 2024/25 programme fall into 3 categories, outlined in table 2 below:

	Category	Description
1	Operational/Grip and Control Proposals <i>(proposals 1 – 8)</i>	Projects that promote grip and control by ensuring effective financial management or implementation of existing policies, procedures & processes leading to efficiencies. As a result, these have been identified as projects not requiring EIJB approval, but for which Project Overviews have been provided in Appendix 3.
2	Previously approved proposals <i>(proposals 9 -15)</i>	Proposals under section 2 are projects that have previously been approved by the EIJB, but that will have an additional financial impact in 2024-25.
3	New Proposals <i>(proposals 15 – 24)</i>	These are new projects that are presented to the EIJB for formal approval as part of the Savings and Recovery Programme for 2024–25.

Table 2: Savings proposal categories

14. A summary of all proposals under these categories is outlined in Appendix 1. Individual savings proposals have also been identified by strategic theme in Appendix 1, recognising that despite the financial challenges, some savings are the result of planned strategic change and transformation programmes delivering positive outcomes.
15. Further detail on individual savings proposals is contained within the project overview documents in Appendix 2, which set out a high-level description of the scope of each proposal and associated risks, impacts and dependencies.

Integrated Impact Assessments

16. 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 the ability to make or maintain performance improvements. However, it should be noted that these proposals should be considered in the wider context of the work and services commissioned by the EIJB (for which there is a total budget of c£830m), and through which there are opportunities to positively impact upon equality, human rights, the environment, and the economy.
17. To enable a properly informed decision-making process, potential impacts have been identified for each individual savings proposal. These impacts have been identified through the completion of Integrated Impact Assessments (IIAs), where appropriate. IIAs are carried out according to guidance which has been developed and agreed between all 4 Lothian Councils, the 4 Lothian Health and Social Care Partnerships and NHS Lothian.
18. An IIA statement has been completed for projects where: it is considered that there will be no relevant impact on equality, human rights, the environment or the economy; where it is not possible to assess impact; or where an IIA is planned at a later date.
19. IIAs and IIA statements have been published on the EHSCP website here: [Edinburgh Health and Social Care Partnership - Integrated Impact Assessments](#)
20. 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, will inform options being proposed and the approach to implementation. Proposed dates to review individual IIAs have been provided in Appendix 3.
21. In addition to individual IIAs/IIA statements for each of the proposals, a cumulative programme IIA has been completed (Appendix 4). 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.
22. 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 individuals, carers, staff and the business community (including both third and independent sector providers of commissioned services). Steps to mitigate against any negative impact, have been identified within the IIA recommendations and actions.

23. In addition to the IIA process, impact statements have been prepared by professional leads setting out their professional assessment of the potential impacts of the savings programme. These are included at Appendix 5. Statements have been provided by:
- The Chief Nurse of the EHSCP;
 - The Chief Allied Health Professional (AHP) of the EHSCP;
 - The Clinical Director of the EHSCP; and
 - The Chief Social Work Officer of the City of Edinburgh Council.
24. Ongoing risks associated with the individual proposals and the programme as a whole have previously been managed through the Savings Governance Board and escalated through the Change Board as appropriate. Given the size, scale and complexity of this programme, the Chief Officer intends to review the monitoring and governance arrangements to ensure that regular and robust processes are in place to identify any emerging risks and issues, any escalating impacts as a result of these proposals, any deviation from implementation plans, or any shortfall in savings delivery.
25. Regular update reports will continue to be provided to the EIJB’s Performance and Delivery Committee to ensure that board members have the opportunity to scrutinise implementation of this programme.

Financial Impact of the Savings Programme

26. The financial impact of 2024-25 Savings and Recovery Programme on the overall savings requirement is summarised in table 3 below.

<i>Savings and Recovery Programme</i>	£m
Total Savings Requirement	£59.79m
Savings identified:	
1. Operational Grip and Control Proposals	-£15.03m
2. Previously Approved Proposals	-£21.50m
3. New Proposals	-£8.55m
Total savings identified	-£45.08m
Assumed set aside contribution	-£6.65m
Remaining budget gap	£8.06m

Table 3: Financial Impact of Savings Programme

Setting a balanced budget

27. In previous years, a balanced budget has not always been agreed at the beginning of the financial year. This has been because the EIJB accepted advice from the Chief Officer and Chief Finance Officer, supported by partners in NHS Lothian and the City of Edinburgh Council, which outlined that there was sufficient flexibility within the system to take this approach. The prevailing financial circumstances and the size and scale of the challenge are now materially different, and this requires a fundamentally different approach.
28. There are no alternative savings proposals available for consideration other than those outlined within this report and within the Medium-Term Financial Strategy. It is therefore the strong recommendation of officers that the 2024/25 Savings Programme is agreed in its entirety by the EIJB.
29. In the event that a balanced budget is not agreed by the EIJB, a financial recovery plan would need to be developed immediately by the Chief Officer and it is likely that would place severe restrictions on any new expenditure.

Implications for Edinburgh Integration Joint Board

Financial

30. Financial implications are outlined in the main body of this report. Further information on the overall financial position for the EIJB are contained within the Medium-Term Financial Strategy, which forms a separate report on this agenda.

Legal / risk implications

31. The key risk to the EIJB relates to the requirement to agree a balanced budget. If this Savings Programme is not approved, it will not be possible to set a balanced budget and there will be an immediate requirement for the Chief Officer to bring forward a financial recovery plan, setting out the action required to deliver financial balance. This would severely restrict our ability to agree new expenditure which would likely present significant risk to services and outcomes for citizens.

Equality and integrated impact assessment

32. Integrated impact assessments have been undertaken, where appropriate, for both the individual savings proposals and the programme. Particular attention should be given to the impact on older people, those with a disability, low income families and individuals, carers, staff and the business community (including both third and independent sector providers of commissioned services). and steps to mitigate against any negative impact have been identified within the IIA recommendations and actions.

Environment and sustainability impacts

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

Quality of care

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

Consultation

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

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Background Reports

1. Integrated Impact Assessment or Integrated Impact Statements have been completed for all proposals and can be found on the EHSCP website here: [Integrated Impact Assessments](#)

Appendices

Appendix 1	Savings Programme Summary
Appendix 2	Savings proposal overview documents
Appendix 3	Integrated Impact Assessment Review Plan
Appendix 4	2024/25 Savings Programme: Cumulative IIA
Appendix 5	Professional Lead Impact Statements

Appendix 1 – Summary of 2024/25 Savings Programme

No	Title	Lead	Amount £M	Strategic Theme
Operational/ Grip and Control Projects				
1	Older People's pathways - negotiation	James Cuthbert	£1.25	Sustainable commissioning and pathways
2	Interface with hospital	Angela Lindsay	£0.29	Managing demand and capacity
3	Supplementary staffing	Jacqui Macrae	£1.50	Financial sustainability
4	Maximising income	James Cuthbert	£0.75	Financial sustainability
5	Hosted and set aside	Moira Pringle	£2.80	Financial sustainability
6	Spot purchase grip and control	Emma Gunter	£2.00	Financial sustainability
7	Prescribing	David White	£6.00	Financial sustainability
8	Primary care	David White	£0.44	Financial sustainability
Previously approved				
9	One Edinburgh	Deborah Mackle	£3.00	Sustainable commissioning and pathways
10	Managing New and Existing Demand	Mike Massaro-Mallinson	£13.40	Managing demand and capacity
11	SDS Optimisation	Nikki Conway	£0.75	Financial sustainability
12	Gross Funding	Nikki Conway	£1.00	Financial sustainability
13	Organisational Structure Review	David Small	£1.00	Internal service redesign
14	Transport Grip and Control	Mike Massaro-Mallinson	£0.75	Managing demand and capacity
15	Interim Beds	Nikki Conway	£1.60	Managing demand and capacity
New proposals Managing demand and capacity				
16	Older people's pathway – reviews	James Cuthbert	£1.00	Sustainable commissioning and pathways

17	Working-age adults' pathways	Robert Smith	£3.46	Sustainable Commissioning and pathways
18	Older people day support and respite	Katie McWilliam	£0.23	Sustainable commissioning and pathways
19	Be Able	Hannah Cairns	£0.35	Financial sustainability
20	Mental health pathways	Linda Irvine-Fitzpatrick	£0.70	Sustainable commissioning and pathways
21	Balancing the care home estate	Jacqui Macrae	£0.20	Internal service redesign
22	Early intervention and prevention	Linda Irvine-Fitzpatrick	£1.40	Managing demand and capacity
23	EIJB investment in the Alcohol & Drug Partnership	Linda Irvine Fitzpatrick	£0.46	Financial sustainability
24	Community equipment	Heather Tait	£0.75	Financial sustainability
	TOTAL SAVINGS		£45.08M	

Strategic Themes Key

Sustainable commissioning and pathways	Strategic change programmes aimed at embedding new effective commissioning models and redesigning service pathways to improve outcomes for citizens.
Internal service redesign	Redesigning our models for internal services and teams to ensure effectiveness and best value.
Managing demand and capacity	Maximising independence and ensuring that support provided is appropriate to levels of need.
Financial sustainability	Grip and control measures to deliver financial sustainability, or service/funding reductions to reduce costs.

APPENDIX 2: SAVINGS PROPOSAL OVERVIEW DOCUMENTS

No.	1	Savings Proposal:	Older People's Pathways - negotiation	Lead:	James Cuthbert	
Proposal Summary (Scope)	<p>The Older People's Pathways Programme is a major strategic change programme which aims to deliver optimum community and bed based services for older people. As part of this programme, an analysis of purchasing practices found opportunities to control prices and improve residents' experience of moving to care homes. This proposal seeks to generate capacity in the care home market at more affordable rates by:</p> <ul style="list-style-type: none"> Improving oversight and management of the Partnership's use of care home placements Controlling prices through central negotiation of prices and more care home "brokerage" capacity Increasing the supply intensive care home beds, as set out in the Older People's Pathway commissioning plan. <p>Savings are realised by:</p> <ul style="list-style-type: none"> Centralising the Partnership's referrals to care homes, using market intelligence to find cost effective options and a revised care home admissions policy and guidance Increasing the capacity of Care Bookings negotiate prices and to help improve pathway. While more resource-intensive, this universal approach will to further mitigate the cost of "gross funding" and help preserve self-funders' assets Maximising value from the City's scarce care home stock by managing bed allocations, ensuring that people are in right home, at the right price for their needs. Establishing frameworks that set prices at rates that are proportionate to needs. Renegotiating the price of 176 care home services for older people that cost between £1250 and £3000/week net of contributions, seeking an average 15% reduction. 				Financial Impact	<p><i>Forecast Savings for 24/25 (£m)</i></p> <p>£1.25</p>
	Risks and impacts	<ul style="list-style-type: none"> There are project delivery risks due to scarce staff resources to deliver the proposals outlined above. It is possible there may be limited scope to negotiate more reasonable rates with suppliers due to limited internal care home capacity. While some providers may still be willing to negotiate, we do not know what effect this will have on providers' willingness to meet us on what we can afford. There is a risk of competing demand for care home capacity from other cost saving proposals that could hinder price negotiations. <p>An Integrated Impact Assessment (IIA) has been completed to set out the potential impacts of this change and is available on the website here: Integrated Impact Assessments</p>				

No.	2	Savings Proposal:	Hospital Interface	Lead:	Angela Lindsay
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Proposal Summary (Scope)	<p>This savings proposal involves 2 workstreams relating to hospital interface services.</p> <ul style="list-style-type: none"> • Hub AHPs deliver assessment and rehabilitation interventions across three distinct Pathways at the interface of hospital and community. This proposal involves a plan to review and redesign the workforce model to deliver a recurring efficiency of £43,000 (£25k in-year) and increase capacity to support prompt, timely discharge from hospital and prevent unnecessary admissions to hospital. • Discharge to Assess (D2A) is a rehabilitation service that supports people home from hospital as soon as is safe to do so. People receive ongoing assessment and rehabilitation from a team of Assistant Practitioners, Community therapy assistants, Occupational Therapists and Physiotherapists. Data estimates 38% of people being discharged from Hospital via D2A pathway have a package of care on discharge. Of these 38%, just over half receive a package of care from Reablement and 45% from a care at home provider. As part of this proposal, the D2A team will undertake a rigorous and standardised review of packages of support at the end of a person’s period of rehabilitation, seeking to right-size support. This links closely with other review proposals within the savings programme and is estimated to release approximately £270k within 24/25. 	Financial Impact	
		<i>Forecast savings for 24/25 (£M)</i>	£0.29

Risks and impacts	<ul style="list-style-type: none"> • Using knowledge from D2A interventions there is an opportunity for packages of care to be tailored based on the person’s functional abilities • Opportunity to reduce duplication and multiple different people involved in person’s care and support. • Risk that having D2A team review packages of care could reduce the capacity for AHP staff to undertake rehabilitation activity. • Risk that length of involvement for D2A AHPs extends to accommodate Package of care reviews and there is an increase in caseload size. <p>The specific impacts of the workforce redesign will be addressed through an Integrated Impact Assessment at an appropriate point in the HR process, as outlined in HR policy. The impacts associated with reviews and rightsizing will be addressed in the Integrated Impact Assessment for the wider “Managing New and Existing Demand” proposal and is available on the EHSCP website here: Integrated Impact Assessments</p>
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No.	3	Savings Proposal:	Supplementary Staffing	Lead:	Jacqui Macrae
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Proposal Summary (Scope)	<p>This proposal seeks to reduce agency and overtime spend across CEC and NHS teams, with a particular focus on high use services such as care homes and LD Support Works. All 9 internal care homes are in scope with particular focus on larger 60 bed homes where agency spend is higher, along with LD services, particularly Support Works. For care homes, measures have been introduced to closely monitor agency spend and a new approval process is being developed. A new staffing establishment has been proposed for the 60 bed care homes that will see a better balanced workforce across each unit within the home. Consideration is being given to a centralised rostering function to plan rotas for care homes to ensure safe staffing levels are achieved.</p> <p>In LD services, changes to working time patterns are proposed which will reduce reliance on agency and overtime and increase efficiency. The model is under review at present and will require to go through Workforce Organisational Change processes as it fundamentally changes working time patterns and contractual terms and conditions.</p> <p>Work is underway to reduce reliance on agency social workers within localities with meetings planned to review establishments vs agency. It is intended that these meetings will identify actions to stop using agency social workers and recruit the required number of social workers on a permanent basis. Financial analysis of the impact of this is underway. Changes to the agency rules within NHS Lothian that came into place on the 15th January will deliver a £400k reduction in Agency costs in the NHS. This is broken down as follows:</p> <ul style="list-style-type: none"> • District Nursing - £250k net agency reduction • HBCC - £150k net agency reduction 	Financial Impact	
		<i>Forecast savings for 24/25 (£m)</i>	£1.50
Risks and impacts	<ul style="list-style-type: none"> • As with any major workforce organisational change, there is a risk that staff are not accepting of the new staffing model and may leave their post. • For the care homes, the proposed staffing model removes one role entirely which will impact on staff currently employed in this capacity. • New staffing models will ensure each service has the right skill mix to deliver the care required to service users. By reducing reliance on agencies, service users will receive more consistent care from staff they know. • Agency and overtime use will not be avoided entirely as residential services need to meet safe staffing levels to operate safely and effectively. However, a better balanced establishment will ensure greater efficiency across services by introducing more flexible rotas and shift patterns. • Locality teams have been asked to release social workers to the newly established review team and to support the redesigned SCD service therefore, there is a risk of destabilising the workforce by removing agency social workers. <p>An Integrated Impact Assessment has been completed and is available here: Integrated Impact Assessments</p>		

No	4	Savings Proposal:	Maximising Income	Lead:	James Cuthbert
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Proposal Summary (Scope)	<p>As part of the work being undertaken through the Older People’s Pathways Programme, it has been identified that there may be an opportunity to maximise income from charging through better application of existing policies and processes. This item seeks income from charging for care home services outside the scope Gross Funding; and for community services, including but not limited to, housing support. The opportunity has been identified through comparison of the share of Edinburgh’s expenditure on care services that is funded by income from charging with other places, among them Aberdeen and Glasgow. The Programme is in its discovery stage. Estimated savings (income) currently depend on LFR data 2021-22 and 2022-23. In sum</p> <ul style="list-style-type: none"> In 2022-23, EHSCP’s income from residents in independent homes was 14% (£14M/£98M). We estimate that Glasgow’s income was 19%. Had EHSCP raised 19% of spending from charging, we have £4.1M more income. Gross Funding will close some of this gap. This programme seeks opportunities to raise income for measures beyond the scope of Gross Funding. In 2022-23, income from residents in CEC homes was 16% (£4.8M/£29M), slightly more than Glasgow. EHSCP’s new Policy will consolidate this. EHSCP’s income from care at home charging (housing support) declined from 0.8% to 0.5% of spending between 2021-22 and 2022-23. Aberdeen and Glasgow both raise about 2% of care at home provision (housing support). Had EHSCP raised 2% of care at home spending from charging last year, we would have had an extra £1.7M of income. 		Financial Impact	
	Risks and impacts	<p>As per Gross Funding plus</p> <ul style="list-style-type: none"> Risk that estimates depend on comparison LFR different periods, and areas with different social and economic determinants of charging. If improvement can’t be made within current published policy, development of revised policies may delay extra income. Additional income from housing-support depends on spending on housing support, which may decline due to other programmes. Required process-improvements are being defined and span Partnership and CEC business units. <p>It is recognised that there may be impacts relating to an increase in charging activities. An Integrated Impact Assessment has been completed for a linked proposal “Managing new and existing demand” (proposal number 10 in this pack) and is available on the EHSCP website here: Integrated Impact Assessments</p>	Forecast savings for 24/25 (£M)	£0.75 (income)

No.	5	Savings Proposal:	Hosted and Set Aside	Lead:	Moira Pringle
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Proposal Summary (Scope)	<p>Hosted services are operationally managed by a HSCP or business unit within NHS Lothian on behalf of two or more of the Lothian IJBs.</p> <p>Similarly set aside services are acute, hospital based and are operationally managed by NHS Lothian on behalf of all 4 IJBs.</p> <p>Operational business units within NHS Lothian are expected to breakeven and demonstrate 3% efficiency savings on a yearly basis. Each business unit will develop savings plans locally and some of these will involve services hosted on behalf of IJBs. The development, implementation and monitoring of these schemes will take place in accordance with local arrangements. Several proposals have been identified via this route and are reflected in the NHS Lothian financial plan.</p>	Financial Impact	
		<p><i>Forecast savings for 24/25 (£M)</i></p>	<p>£2.80</p>
Risks and impacts	<ul style="list-style-type: none"> • Impacts and benefits will be assessed at local business unit level, the share of any savings realised will be allocated to Edinburgh IJB based on the existing NHS Lothian mechanisms for attributing expenditure to IJBs. • An Integrated Impact Assessment (IIA) will be conducted to ensure any potential equalities, human rights, environmental or economic impacts, are appropriately considered and mitigated. Due consideration will be also given to equalities regarding any proposed changes to service delivery. Once available, this IIA will be published on the EHSCP website here: Integrated Impact Assessments 		

No.	6	Savings Proposal:	Spot Purchase Grip and Control	Lead:	Emma Gunter
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Proposal Summary (Scope)	<p>EHSCP has a significant volume of spot purchase contracted spend (c£280m) versus block contract spend (c£26m). The Contracts and Commissioning functions lead by the Contracts Manager and the Interim Lead Commissioner seek to redress this imbalance. Spot contracts are generated by Locality teams against the purchasing budget. To increase grip and control of this spend, it is proposed to transition to more robust contractual arrangements which are negotiated with the market and managed through the Contracts Team with the support of a brokerage function. It is proposed that this be supported through the recruitment of an additional post of Deputy Contracts Manager as a “spend to save” initiative. This will ensure sufficient capacity and leadership within the team to take this vital work forward. The cost of this post has been offset from the saving.</p> <p>This proposal will also utilise existing Contracts resource to increase grip and control in the following areas:</p> <ul style="list-style-type: none"> • Individual Service Funds • Reduce/cease contracts • Review block contract spend • Maximising effective use of Intensive Housing Management • Scrutiny of delivered services to ensure payment aligns with provision • Home-based care 	Financial Impact	
		<p><i>Forecast savings for 24/25 (£M)</i></p> <p>£2.00</p>	
Risks and impacts	<ul style="list-style-type: none"> • Risks associated with the continuation of Spot contracts placed at locality level • ‘gate keeping’ of agreed rates • Data may not support projected opportunity for savings • Market negotiation may fail • Potential impact of in-year Review Team work to transition people to Tier 1 provision may reduce 24/25 savings • Impact of in-year review work on stability of the market leading to provider failure and increased pressure on Contracts resource <p>This proposal is a grip and control measure which aims to ensure more robust contract management and monitoring processes and as such, it is not judged likely to have significant impacts on people we support, or on providers. An IIA statement has been prepared and is available on the EHSCP website here: Integrated Impact Assessments</p>		

No.	7	Savings Proposal:	Prescribing	Lead:	David White
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Proposal Summary (Scope)	<p>Each Autumn, the NHS Lothian Pharmacy Dept co-ordinates a process to identify proposals to deliver common efficiencies in the primary care prescribing budget across all the Partnerships. The 24/25 NHS Lothian Primary Care Prescribing Plan builds on existing and established prescribing initiatives which promote cost effective prescribing without compromising patient care. The plan has been developed by the pharmacy team with appropriate stakeholder engagement. The aim of the scheme is to promote financial stability through implementation of a range of prescribing projects led by pharmacy with the involvement of teams. The estimated saving is likely to be in the region of £3.3M.</p> <p>The benefits include:</p> <ul style="list-style-type: none"> • Supporting delivery of financial stability through cost effective prescribing • Improving patient access to evidence-based medication and multidisciplinary medication review, minimising inappropriate polypharmacy and supporting self-care. <p>In addition, considerable savings are expected to be realised from the price reduction of the drug Apixaban, which has now come off patent with a FYE (Edinburgh) benefit of c£2.7M.</p>	Financial Impact	
		<p><i>Forecast savings for 24/25 (£M)</i></p>	<p>£6.00</p>
Risks and impacts	<ul style="list-style-type: none"> • GP and stakeholder engagement must be maintained to deliver efficiencies • Pharmacy and practice time to implement plan needs to reflect a balance with operational priorities and workstreams, ie support the delivery of Primary Care. • The rising cost of medicines is difficult to predict accurately and is always likely to lead to additional emergent pressure on overall position <p>An Integrated Impact Assessment Statement will be completed and published on the EHSCP website here: Integrated Impact Assessments</p>		

No.	8	Savings Proposal:	Primary Care	Lead:	David White
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Proposal Summary (Scope)	<p>‘Section 2C’ practices are practices directly managed by the Partnership. Edinburgh currently has 9 of its 69 medical practices under 2C contracts, including the Action Practice. The practices must operate to the same Scottish GMS contract as mainstream (Section 17J) medical practices. The 9 practices have a combined budget of approximately £10M. 2C practices operate at an approximately 20% cost ‘premium’ in comparison with 17J practices due to the additional support required by these practices.</p> <p>Three sets of actions are proposed to reduce expenditure:</p> <ul style="list-style-type: none"> • Agree budget setting methodology with NHSL, against which £200k savings would be levied annually on a recurring basis • Move a 2C practice back to 17J status and test savings which can be realised • Take immediate action to reduce Access Practice spend through review of ‘non-core’ activity, which would release approximately £200k. <p>In addition to the savings, it is proposed that Edinburgh Primary Care assumes the risk for any overspend once a budget has been established. Savings from moving 2C practices to 17J status are unlikely to be realised in 24/25 but would see a recurring saving of c. £200k per practice over several years.</p>	Financial Impact	
		<p><i>Forecast savings for 24/25 (£M)</i></p>	<p>£0.44</p>
Risks and impacts	<ul style="list-style-type: none"> • £200k saving would equate to roughly a 15% reduction in the total 2C spend on medical agency. • There should be no adverse impact of the transfer of 2C practices to 17J. • An IIA statement has been drafted and is available on the EHSCP website here: Integrated Impact Assessments • An full Integrated Impact Assessment will be required to confirm the impact of changes to the scope of the Access Practice, however, it is not anticipated that significant adverse impact will result from this proposal. This IIA will be undertaken at an appropriate point in the process when the scope and scale of proposed changes have been finalised, and will be published on the EHSCP website. 		

No.	9	Savings Proposal:	One Edinburgh	Lead:	Deborah Mackle
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Proposal Summary (Scope)	<p>One Edinburgh' is our collaborative approach to transforming the delivery of home care and support, which seeks to maximise all available care at home and community care capacity. One Edinburgh will enable better economies of scale through shared resources, shifting internal services to a reablement model, improved technical scheduling solutions and a new framework for commissioned care at home services.</p> <p>This is a well established programme that has been [previously approved by the EIJB. 24/25 savings will result from the following:</p> <ul style="list-style-type: none"> • Maximising our reablement provision whilst we continue to recruit to maintain our long term service provision • A reduction of circa 125 hours per week in commissioned care at home support, as a result of the proven reductions in ongoing packages of care size once an individual has been through reablement. • A review of the back office function now that the Total Mobile system has gone live across all home care teams to determine optimum model going forward. • Savings as a result of an effective brokerage approach, with packages of care more efficiently matched to providers with agreed framework rates. 	Financial Impact	
		<p><i>Forecast savings for 24/25 (£M)</i></p>	<p>£3.00</p>
Risks and impacts	<ul style="list-style-type: none"> • Positive impacts for individuals through reablement approaches, resulting in maximised independence • Positive financial impacts with evidence of lower cost ongoing packages of care for those who have been through reablement service • Potential negative impacts for supported individuals who may receive reablement care from a variety of different staff in the future rather than a regular carer. • Impacts on staff, whose roles will change as a result of the transition to reablement and may require upskilling. <p>An Integrated Impact Assessment has been completed for this proposal and is available on the EHSCP website here: Integrated Impact Assessments</p>		

No.	10	Savings Proposal:	Managing New and Existing Demand	Lead:	Mike Massaro-Mallinson
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Proposal Summary (Scope)	<p>This is a continuation of the programme approved by the EIJB in 2023/24, which aims to take a systematic approach to the review and right-sizing of existing packages of care and apply the same approach and ethos to assessments for new services. This programme employs a person-centred, 3 Conversations approach to ensure that outcomes are met in the most cost-effective way, with a focus on maximising independence and consideration of digital solutions and community-based supports as an alternative to traditional care at home support.</p> <p>The programme will focus on assessments and reviews of a number of groups of people, including: those recently discharged from hospital; complex care service users; those receiving or requiring housing support; those receiving support from a Tier 2 or 3 care provider; those whose needs are recorded as low or moderate; and those living in a residential setting that also receive other services, such as daycare, DP or 1-2-1 support.</p> <p>This programme was established as part of the 2023/24 savings programme. Evidence from the One Edinburgh Review Team and the Temporary Review and Assessment Team has shown that in some cases, we are able to safely reduce the cost and size of packages of care while still delivering on individual outcomes. This proposal involves a more integrated and joined-up approach, which will apply the same methodology to assessments for new services in addition to the continuation of reviews of existing packages.</p>	Financial Impact	
		<p>Forecast savings for 24/25 (£M)</p>	<p>£13.40</p>
Risks and impacts	<ul style="list-style-type: none"> • Risk of challenge or stress/upset to supported individuals if their existing support arrangements change, although this will only be done where safe and in response to assessed need and existing eligibility criteria. • Positive impacts in terms of maximising independence, connecting individuals to their community and utilising technological supports where appropriate. • Some risk of instability in the provider market if package of care reductions are not carefully managed. • Some risk to performance in the wider locality assessment and care management teams if staff are repurposed to focus on reviews. <p>An Integrated Impact Assessment has been completed for this proposal and is available on the EHSCP website here: Integrated Impact Assessments</p>		

No.	11	Savings Proposal:	Self-Directed Support Optimisation	Lead:	Nikki Conway
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Proposal Summary (Scope)	<p>This proposal seeks to maximise available purchasing funding via two workstreams. Each workstream will consider individual situations and seek to ensure that the support available is right-sized and funded to appropriate levels.</p> <ul style="list-style-type: none"> • Direct Payments: this workstream will a) continue to reclaim unusable DP funds and b) rightsize DP budgets for individuals. • Independent Living Fund: The ILF enables disabled people with high support needs to choose to live in their communities. Edinburgh’s share of this has been calculated as approximately £500k. This workstream will increase capacity of the SDS Advice Team to take responsibility for identifying suitable people and submitting requests to the ILF fund due to open in April 2024. <p>This work will identify cohorts of people to review in 2024/25; identify options available in regard to training staff to support improvements in practice; identify options and any costs associated with putting into place a mechanism to identify a reasonable budget.</p> <p>Resource to deliver will need to be modelled for both workstreams and there may be a cost associated with this.</p>	Financial Impact	
		<p><i>Forecast savings for 24/25 (£M)</i></p>	<p>£0.75</p>
Risks and impacts	<ul style="list-style-type: none"> • Right sizing packages of support may reduce the amount of DP reclaim • Inability to establish a mechanism for identifying a reasonable individual budget may increase the number of people without an appropriately sized budget • Risk of double counting with R&A Team, One Edinburgh and any other team undertaking reviews. This can be mitigated by close monitoring of performance across the teams • Inability to support adequate training for staff • High volume of applications to the Independent Living Fund may reduce the success rate of EHSCP's applications <p>An Integrated Impact Assessment has been completed for this proposal and is available on the EHSCP website here: Integrated Impact Assessments</p>		

No.	12	Savings Proposal:	Gross Funding	Lead:	Nikki Conway
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Proposal Summary (Scope)	<p>The goal of the project is to ensure the best use of the EHSCP Purchasing Budget and to maximise the benefit to eligible individuals. This will be achieved through the restructuring and improving of gross funding processes. Key elements include:</p> <ol style="list-style-type: none"> 1. Governance Enhancement: Address issues related to the increase in gross funding requests not meeting criteria, lack of follow-up processes, and reduced expertise due to staff turnover. 2. Training and Guidance: Provide guidance for Assessment teams, offer training in placing adults into care homes, and develop informative materials for families and care home providers. 3. Communication improvement: Enhance communication with families about financial processes, collaborate with Contracts team to remind care home providers of their responsibilities in reclaiming debts and address delays 4. Monthly Forum and Reporting System: Establish a weekly forum to discuss issues and blockages, as well as implementing a reporting system for monthly updates. <p>The scope of this proposal is to streamline the Gross Funding process, reduce the number of new placements and manage existing placements more efficiently. The goal is to minimise reputational damage, reduce the number of upheld complaints, and decrease the amount of debt that is written off.</p>	Financial Impact	
		<p><i>Forecast savings for 24/25 (£M)</i></p>	<p>1.00</p>
Risks and impacts	<p>An Integrated Impact Assessment for this proposal has been completed and is available on the EHSCP website here: Integrated Impact Assessments</p> <ul style="list-style-type: none"> • Risk that debt write-offs are not reduced, compromising target savings • Risk of complaints from families and care home providers if gross funding processes are not well communicated • Risk that care home providers do not adhere to contractual obligations in reclaiming debts, compromising target savings • Investment will be required to deliver this saving of 1 x MH Officer and 1 x Senior Transactions Officer with a combined cost of £107k. 		

No.	13	Savings Proposal:	Organisational Restructure	Lead:	David Small
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Proposal Summary (Scope)	EHSCP restructure project started last year with various options developed. Following significant budget pressures, a decision was made that management costs need to be reduced and an alternative option proposal was finalised to ensure a level of savings is achieved.	Financial Impact	
	<p>This proposal seeks to generate savings through the restructure process.</p> <p>Savings are realised by:</p> <ul style="list-style-type: none"> Reducing the number of management posts by creating more robust structure with appropriate safety and supervision of staff. Ensuring clarity of accountability for staff, budgets and performance. Ensuring consistency of practice and equity across the HSCP. Protecting front line services and activity. Centralising roles and functions will be critical to economy of scale. 	<i>Forecast savings for 24/25 (£M)</i>	£1.00
Risks and impacts	<ul style="list-style-type: none"> There is a risk that the new structure will not deliver the savings due to costs related to redeployment, protection and redundancy. There is a risk that the new structure will not strengthen overall financial control. It is assumed that savings will start from Jul 2024. There is a risk of slippage on this timetable. <p>An Integrated Impacts Assessment will be required at an appropriate point in the process and ahead of formal consultation on the new structure. Any organisational change will be managed according to the agreed policies of both NHS Lothian and the City of Edinburgh Council. Once complete, the Integrated Impact Assessment will be published on the EHSCP website here: Integrated Impact Assessments</p>		

No.	14	Savings Proposal:	Transport Grip and Control	Lead:	Mike Massaro-Mallinson
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Proposal Summary (Scope)	<p>Building on the successful delivery of the 23/24 Community Transport project, this proposal will realise savings from four main areas.</p> <ol style="list-style-type: none"> 1. Targeted approach to key potential savings, including reviewing 4 providers of day support with the goal of moving approximately 50 people to shared transport where appropriate. This workstream will also explore CTU transport charges and vehicles funded by EHSCP. 2. Policy and procedure review and implementation to clarify eligibility and the EHSCP offer 3. Service Level Agreement development and implementation. 4. Review of current practice, for example, monitoring and review of people in transition to encourage transport planning at an earlier date <p>This proposal is projected to deliver in the region of £750k through these initiatives. This is a previously approved proposal, agreed by the EIJ as part of its 23/24 budget setting.</p>	Financial Impact	
			<p><i>Forecast savings for 24/25 (£M)</i></p> <p>£0.75</p>
Risks and impacts	<ul style="list-style-type: none"> • Risk to savings due to the loss of 20% discount from taxi companies from April 2024 • Risk of unknown inflationary costs similar to those in 2023/24 • Risk of overlap between Reviews project and Transport savings. This can be mitigated through careful management of cohorts • Risk associated with capacity, in particular the loss of an SRO <p>An Integrated Impact Assessment was carried out in February 2023 for Phase 1 of the Transport project. This has been reviewed and confirmed as still valid. The Integrated Impact Assessment is available on the EHSCP website here: Integrated Impact Assessments</p>		

No.	15	Savings Proposal:	Interim Beds	Lead:	Nikki Conway
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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. 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.</p> <p>As part of the 2023/24 savings programme, the EIJB agreed to the decommissioning of these beds. 10 beds were decommissioned with effect from 1st April 2023, and the remaining 45 beds were decommissioned with effect from 1 October 2023. This released savings of £3.2m in 2023/24, with a further effect of £1.6m applying within 2024/25.</p>	Financial Impact	
		<p>Forecast savings for 24/25 (£M)</p>	<p>£1.60</p>
Risks and impacts	<ul style="list-style-type: none"> No further risks or impacts beyond those stated as part of the 2023/24 savings programme when this proposal was approved. 		

No.	16	Savings Proposal:	Older People's Pathways 2 – Reviews	Lead:	James Cuthbert
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Proposal Summary (Scope)	<p>The Older People's Pathways programme is an established workstream within the EHSCP Change Programme. Extensive work has been carried out over recent months to identify opportunities to redesign pathways and commissioning approaches to deliver high-quality services for older people within sustainable budgets.</p> <p>The Partnership spends approximately £55million on homecare packages per year for older people. Around £8.4M of this is from packages that exceed 45 hours per week for an estimated 130 people. 45 hours per week cost £949 gross and represents the threshold at which a person could be cared for in residential care at the gross national care home rate of £888.50 and yield a saving. Savings are made where care homes meet the needs of people on the most time-intensive homecare packages.</p> <p>This proposal involves:</p> <ul style="list-style-type: none"> • Development of a new policy on admission to care homes that specifies the threshold of need and cost at which social workers must consider a care home alternative to care at home. • Review of existing packages over that threshold to identify individuals for whom care home is more cost-effective and appropriate for the person's needs. <p>Among the 130 people in-scope there will be a wide variety of need. Care homes will not suit all individuals, and other may not consent to moving. A person-centred review of each individual and their circumstances and need will be required.</p>	Financial Impact	
		<p><i>Forecast savings for 24/25 (£M)</i></p> <p>£1.00</p>	
Risks and impacts	<ul style="list-style-type: none"> • Risk that writing and implementing admissions policy may delay in-year savings unless some interim instruction is given about thresholds in the meantime. • Capacity analysis indicates limited scope to place people in new settings of care to a lack of affordable care home capacity and competing demands for care home beds from other cost savings proposals • Possible reputational or legal risks around moving settings of care for people who lack capacity or prefer to stay at home with intensive support. • There are project delivery risks due to a lack of staff resource to deliver the proposals outlined above. <p>An Integrated Impact Assessment for this proposal has been completed and is available on the EHSCP website here: Integrated Impact Assessments</p>		

No.	17	Savings Proposal:	Working-age Adults' Pathway	Lead:	Robert Smith
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Proposal Summary (Scope)	<p>This proposal is part of a major strategic change programme, which was established as the “Learning Disability Review” programme under the former Innovation and Sustainability portfolio. Over recent months, the opportunity has been identified to widen the scope to ensure a broader focus than just those with a learning disability, but to include all working-age adults supported by the EHSCP. It also includes people with life-long conditions of any age, except those whose main diagnosis is a functional mental illness. The expanded programme supports strategic aims established through the recent LD Review, New models of Day Support Review and Internal Audit to ensure flexible high quality services for people at transition and for those with lifelong complex needs who are at risk of placement instability. It embeds the recommendations of Scottish Governments’ “Coming Home Report” and “Keys to Life”</p> <p>The programme will deliver a redesign of services, pathways and commissioning approaches, aiming to deliver more effective and efficient services within a sustainable financial envelope whilst also delivering better outcomes for individuals. Savings associated with this year focus on accommodation and support at home for people needing the most intensive services. The proposal includes a range of activity delivering savings, to include:</p> <ul style="list-style-type: none"> • Development of core and cluster models of care (both internally and through commissioned providers), moving from 1:1 support arrangements to a mix of 1:1 and shared support, with associated cost savings. • Improved process and oversight for young people in transition from children's to adults’ services, with improved grip and control and better placement planning/negotiation (including for transport). • Redesign of internal services, with the development of more sustainable support within the community. Aiming to reduce crisis response costs and high-cost packages of care. 	Financial Impact	
		<p>Forecast savings for 24/25 (£M)</p> <p>£3.46</p>	
Risks and impacts	<ul style="list-style-type: none"> • Whilst changes aim to increase independence and improve outcomes, there is a risk that alterations to existing support arrangements may still cause concern/stress to supported individuals and their families and may result in increased complaints. • Clear dependencies with other pathway programmes, including older people and mental health and with the established Review of Learning Disability Services. <p>An Integrated Impact Assessment for this proposal has been completed and is available on the EHSCP website here: Integrated Impact Assessments</p>		

No.	18	Savings Proposal:	Older People Day Opportunities and Residential Respite	Lead:	Katie McWilliam
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Proposal Summary (Scope)	<p>This proposal will seek to reduce spend in relation to Older People’s Day Opportunities block contracts, and, also consider rebalancing expenditure to ensure greater residential respite provision for older people. There are close links with the wider Older People’s Pathways Programme, which is seeking to deliver system-wide strategic change for both bed and community-based services. The key aim for this work will be to provide an evidence base for right size at a fair price, within available funding, whilst promoting variety and meeting critical and substantial needs in a sustainable way, to meet future population demand.</p> <p>The saving will be realised through:</p> <ul style="list-style-type: none"> • Providing 3 months notice of a 10% reduction in contract value for older people’s block contracts for day support, with the reduction taking effect from 1 July 2024; • Continuing to support day opportunity providers to develop a business model that can attract private clients and people with direct payments, if they so wish; • Ensuring that effective processes are in place to convert residential respite tariff to cheaper long term care tariff for those who are now receiving long term care. <p>Further work will be undertaken to ensure a sustainable model for the provision of residential respite for older people, appraising both external and internal provision opportunities, and optimising capacity to ensure best value when arranging services.</p>	Financial Impact	
		<i>Forecast savings for 24/25 (£M)</i>	£0.23
Risks and impacts	<p>Risk that assessed needs cannot be met in a timely manner and waiting lists increase.</p> <p>Risk of increased carer stress and crisis, though this will, in part, be mitigated through the provision of Adult Carer Support Plans.</p> <p>Risk of destabilisation of provider market and that some organisations may no longer be viable with reduced funding. Other co-dependent supports may also be affected.</p> <p>There may be increased complaints if people are unable to access day support. This may in turn lead to delay in implementation and achieving release of savings.</p> <p>Savings could be offset if more spot purchase places are arranged on an individual basis, though grip and control measures will be established to minimise this Co-dependence with various other workstreams and requirement to maintain grip and control for day opportunities, and operational response to red flags for tariff changes</p> <p>An Integrated Impact Assessment for this proposal has been completed and is available on the EHSCP website here: Integrated Impact Assessments</p>		

No.	19	Savings Proposal:	Be Able	Lead:	Hannah Cairns
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Proposal Summary (Scope)	<p>The Be Able service is the only remaining city-wide internal Older People’s Day service and is hosted and managed in the Southeast locality. It is an early intervention and preventative service for older people that offers; 1. exercise programmes which have been proven to improve strength and balance, stamina, and energy levels, and increase confidence and independence 2. a memory programme to help stimulate, improve, and maintain memory 3. a comprehensive check to assist in the reduction the risk of falling, including a home assessment and advice.</p> <p>In 2023, approx. 300 people received a service from Be Able, though not all services users were reported to have completed their programmes. It is predominantly an outreach service with 96% of service activity delivered within people’s own homes, and only 5 small building-based group sessions provided.</p> <p>Though the service can evidence good outcomes for people through a range of measurement tools, and it has been recognised by the Care Inspectorate as an example of good practice, it is anticipated that the outcomes delivered by the service can be provided through HSCP and wider community assets. This will require further strengthening of the rehabilitation approach, and development of the HSCP self-management offerings in line with the emerging Prevention and Early Intervention Strategy. It has therefore been identified that the service can be fully closed via a managed process to ensure that the impact of the closure on people is mitigated as much as possible with alternative provision identified where necessary.</p>	Financial Impact	
		<i>Forecast savings for 24/25 (£M)</i>	£0.35
Risks and impacts	<ul style="list-style-type: none"> • Detrimental impact on the outcomes of people currently on the waiting list and future service users. • Staff – directly and indirectly detrimentally impacted by the service closure – changes to job profiles (managers) and front-line roles. • Third Sector and Community Partners – creating an increased demand for support in other organisations. • Reputational Risk – from Referrers and Care Inspectorate, particularly given the strong reputation of the service. • EHSCP Prevention and Early Intervention approach – closure of this service is a direct move away from this approach unless alternative provision is established. <p>An Integrated Impact Assessment for this proposal has been completed and is available on the EHSCP website here: Integrated Impact Assessments</p>		

No.	20	Savings Proposal:	Mental Health Pathways	Lead:	Linda Irvine-Fitzpatrick
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Proposal Summary (Scope)	<p>Mental Health services are provided through a combination of community and in-patient services with a budget of approximately £47 million.</p> <p>This proposal will focus on people living in 131 housing with support placements in 14 locations across the city. A saving of £700k will be realised by utilising the citywide Community Rehabilitation Team, in collaboration with third sector providers, to review the support and care needs of these individuals and right-size support appropriately. There will be a need to include MH framework providers in the review process and ensure that independent advocacy is provided where appropriate.</p> <p>The project will also review contractual arrangements and consider establishing block contracts if this is found to be more cost-effective and efficient.</p>	Financial Impact	
		<p><i>Forecast savings for 24/25 (£M)</i></p>	<p>£0.70</p>
Risks and impacts	<ul style="list-style-type: none"> • Risk that savings assumed from reviews cannot be realised if service provided remains appropriate. Equally, if the service provided is deemed to be insufficient a saving cannot be made. • Risk of people wishing to retain single assured tenancies • Risk of being unable to source alternative accommodation due to the housing and homelessness situation in Edinburgh • Risk of overlap with the Reviews savings project • Full integrated impact assessment will be required ahead of budget approval to understand and develop mitigation for any impacts. <p>An Integrated Impact Assessment for this proposal has been completed and is available on the EHSCP website here: Integrated Impact Assessments</p>		

No.	21	Savings Proposal:	Balancing the care home estate	Lead:	Jacqui Macrae
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Proposal Summary (Scope)	Financial Impact	
	<i>Forecast savings for 24/25 (£M)</i>	
<p>This proposal involves balancing the care home estate by closing two residential care homes operated by the EHSCP by March 2025. The proposal has been developed in close consideration of the wider strategic review of older people’s pathways. Clovenstone and Ford’s Road care homes are in scope, both in the South West locality. The newer 60 bed care homes are out of scope. These homes have 71 beds in total for residential level care. At the time of developing this proposal there were 68 residents accommodated across both homes.</p> <p>Our biggest demand remains for nursing and dementia care home places which can only be provided in the larger 60 bed homes that have registered nurses on site. Clovenstone and Ford’s Road care homes are older buildings and have reached the end of their design life expectancy. They provide excellent care to their residents and consistently receive good grades from the Care Inspectorate, but due to environmental limitations can only offer residential level care which means that the buildings are not suitable for people with nursing and/or dementia care. Any care home closure follows a well-established process. The Residential Review Team would support residents and families throughout the transition and where possible, we would look to move residents in their friendship groups. Staff are fully engaged with along with their TU representatives and if possible, matched to vacancies at their preferred choice of alternative care home.</p> <p>The council owns the properties but there is potential to work with them on the future purpose of the buildings, developers have expressed interest in the sites which could be developed to offer accommodation for service users with learning disabilities, however this would need explored further.</p> <p>This proposal should be seen in the wider context of an Older People’s Pathway programme, presented to EIJB on 9 February 2024, where the proposals to commission a feasibility study to reopen Drumbrae as a care facility and a costed proposal to operate 40 – 50 additional nursing and frailty beds within the EHSCP’s Castlegreen and North Merchiston Care Homes were both agreed. These proposals will meet the needs of people requiring nursing or dementia care. In addition, we would open the empty beds at Ferrylee Care Home to offer more accommodation options to residents. Opening these beds requires a budget transfer of £1m but maximises the remaining residential care capacity within the estate.</p> <p>As there are staff vacancies within our existing care home estate, staff jobs would be protected, while also reducing reliance on agency staffing.</p>	<i>Forecast savings for 24/25 (£M)</i>	£0.20

Risks and impacts

- There is a risk to reputation. Care home closures have been proposed previously and have been met by extreme resistance from politicians, councillors, TUs, staff, residents and families, and local community groups.
- There is a risk of staff leaving from the affected homes prior to the closure date due to uncertainty.
- There is a risk to residents, these are older and frailer citizens and there is always a heightened risk to life when moving residents from one home to another.
- This would reduce the Partnership's market share of care homes from 15% to 11%.
- There is a dependency with the Older People's Pathways programme and there is a requirement to ensure that admissions to the higher acuity care homes within the estate (60 bed homes with nurses) are designated to people assessed as needing that level of care. This reduces the available capacity for reprovisioning residents assessed as needing residential level care and therefore, opening the remaining beds at Ferrylee would increase the capacity available and reduce reprovisioning in the private and independent sector.

An Integrated Impact Assessment for this proposal has been completed and is available on the EHSCP website here: [Integrated Impact Assessments](#)

No.	22	Savings Proposal:	Early intervention and Prevention	Lead:	Linda Irvine-Fitzpatrick
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Proposal Summary (Scope)	<p>The EHSCP invests circa £14.2m per year in a number of third sector supports and service as part of a number of strategic programmes including Health Inequality Grants, Community Mobilisation , Thrive Edinburgh, Learning and Physical Disabilities, Older People’s Programme and capacity building programmes in support of our strategic aims and ambitions. The current programmes have different contracting and commissioning arrangements and time lines - for example year 3 of community mobilisation grants ends on 31 March 2025, Thrive Collective contracts run to November 2025 with an option to expand for a further three years; health Inequalities grants were extended to March 2025. This latter commitment was agreed by the EIJB in April 2023 alongside a commitment to establish the More Good Days Public Social Partnership as a future commissioning mechanism reflecting the commitment to ethical commissioning.</p> <p>All of the funding considered within this savings programme makes a contribution to early intervention and prevention, however the EHSCP is facing an extremely challenging financial position. It is essential that budget decisions protect the most vulnerable and ensure that the EHSCP can continue to meet its statutory obligations to provide care and support for those who need it most. As a result, it is proposed that a 10%reduction is made all grants/contracts from July 2024.</p> <p>Coproduction for the More Good days PSP will commence in April 2024 in order that we can have the range of evidence based services and support in place by 1 April 2025 within the available financial envelope which is to be confirmed.</p>	Financial Impact	
		<p><i>Forecast savings for 24/25 (£M)</i></p>	<p>£1.40</p>
Risks and impacts	<ul style="list-style-type: none"> • Risk to individuals supported – for example, poorer outcomes, longer delays in hospital, increased health inequalities, increased social isolation - • Risk that we will be unable to deliver Early Intervention and Prevention aspirations • Risk to relationships with community sector organisations and breakdown of trust if commitments are not honoured. • Risk that savings assumed from reviews and Mental Health Pathway savings cannot be realised without sufficient community sector support in place. • Risk that some community sector organisations will be unviable if funding is reduced, meaning loss of jobs and less service/support availability for citizens. <p>An Integrated Impact Assessment for this proposal has been completed and is available on the EHSCP website here: Integrated Impact Assessments</p>		

No.	23	Savings Proposal:	EIJB investment in the EADP	Lead:	David Williams
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Proposal Summary (Scope)	<p>Edinburgh Alcohol and Drug Partnership (EADP) oversees the development and implementation of an alcohol and drug strategy for the city. It is a partnership between the City of Edinburgh Council, NHS Lothian, Police Scotland, the third sector and those with lived experience of addiction and recovery.</p> <p>In March 2017, in response to 23% reductions in funding, the ADP launched a substantial savings plan. To meet the remaining deficit the EIJB agreed to invest £420,000 from the Social Care Fund on a recurring basis to support this service area.</p> <p>However, in 2018/19 the Government announced an increase in money for ADPs referred to as “Seek, keep and treat”, Edinburgh’s share of which was £1.4m. This came with additional expectations and performance requirements. The EIJB agreed a plan to invest this on a recurring basis.</p> <p>The overall funding for the EADP now exceeds the original level and it is therefore proposed to recover the £420,000 investment agreed by the EIJB in 2017.</p> <p>The disinvestment would represent a 4.75% reduction in the ADP’s budget.</p>	Financial Impact	
		<p><i>Forecast savings for 24/25 (£M)</i></p>	<p>£0.46</p>
Risks and impacts	<ul style="list-style-type: none"> • In the first year, the impacts may be more limited as the EADP may be able to deliver on existing plans due to slippage. In the longer term however a reduction will require disinvestment from planned activity. • This will impact on some of the most vulnerable citizens. The context is rising levels of drug- and alcohol-related deaths and increased pressure on services as a result of the Housing Emergency. Drug related deaths are a Public Health Emergency and the mission to reduce them is a significant national priority. • There are significant risks in terms of financial governance – the additional SG funding provided for drug and alcohol services are explicitly expected to achieve additional impact. <p>An Integrated Impact Assessment for this proposal has been completed and will be available on the EHSCP website here before 18 March 2024: Integrated Impact Assessments</p>		

No.	24	Savings Proposal:	Community Equipment	Lead:	Heather Tait
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Proposal Summary (Scope)	<p>This proposal sets out 3 workstreams to deliver grip and control and financial efficiency in the community equipment service.</p> <p><u>Grip and control:</u> Review SLA arrangements with all Partners to ensure robust agreement, performance management and oversight in place. Introduce increased scrutiny on all non-core stocks requests with all requests requiring approval through locality finance huddles or other appropriate local structures. Ensure all high-cost requests are considered by the High Cost Panel with an aim to reduce spend on high cost items by 10%.</p> <p><u>Delegate budget to Localities and implement spending limits:</u> The budget related to direct equipment costs would be delegated to each locality area (split according to demand/population from each area) and an annual budget would be set. CELS data would be used to provide regular reports to operational managers and the CELS Professional Advisor would support teams in decision making. A strict implementation of the budget would achieve the required reduction in spend but would lead to a significant reduction in service provision compared to current levels.</p> <p><u>Restrict Core Stock Options</u> Remove all items under £25 from core stock (already in place for non-core stock). The service is reviewing the approach to provision of low cost equipment across Community Equipment Services across Scotland, and is reviewing which low costs items are readily available for self-purchase and which items may attract a premium cost if individuals are buying one item as opposed to bulk orders by CELS. Additional savings could be achieved by increasing the low cost limit to £30 or £35 but this needs to be balanced against the ability of individuals to self-purchase and the impact on care needs.</p>	Financial Impact	
		<i>Forecast savings for 24/25 (£M)</i>	£0.75
Risks and impacts	<ul style="list-style-type: none"> • Reduction in access to equipment compared to current provision. • Greater scrutiny of requests to ensure they meet critical or substantial need. • Adverse impact on hospital discharges is low cost equipment requires self-purchase. • Delays in approvals process may lead to delay in citizens accessing equipment they require. • Risk that requests for package of care may increase due to lack of access to equipment which support citizens in own home. • High Cost panel and locality finance huddles having capacity to review and scrutinise equipment requests. • Spending limits being introduced at locality level to limit spend to within budget. 		

APPENDIX 3 – INTEGRATED IMPACT ASSESSMENT (IIA) REVIEW PLAN

Ref	SRO	Project Name	IIA Status on EHSCP site	Update	Proposed Review date
	Mike Massaro-Mallinson	Cumulative IIA	IIA Completed - Published	IIA completed in March 24. To be kept under review and updated as plans develop.	July 24
1	James Cuthbert	Older People’s Pathways - Negotiations	IIA Completed - Published	IIA completed in February 24. To be kept under review and updated as plans develop.	July 24
2	Angela Lindsay	Interface with Hospital	IIA Statement - Published	Statement published. Final. No further action required.	-
3	Jacqui Macrae	Supplementary Staffing	IIA Completed – Published	IIA completed in February 24. To be kept under review and updated as plans develop.	July 24
4	James Cuthbert	Maximising Income	IIA Statement - Published	Statement published. Final. No further action required.	July 24
5	Moira Pringle	Hosted and Set Aside	IIA Statement – Published	Statement published. Final. No further action required.	-
6	Emma Gunter	Spot Purchasing Grip and Control	IIA Statement – Published	Statement published. Final. No further action required.	-
7	David White	Prescribing	IIA Statement – Published	Statement published. Final. No further action required.	-
8	David White	Primary Care	IIA Statement – Published	Statement published. Final. No further action required.	-
9	Deborah Mackle	One Edinburgh	IIA Completed - Published	IIA completed in February 24. To be kept under review and updated as plans develop.	July 24
10	Mike Massaro-Mallinson	Managing New and Existing Demand	IIA Completed - Published	IIA completed in March 24. To be kept under review and updated as plans develop.	July 24
11	Nikki Conway	SDS Optimisation	IIA Completed - Published	IIA completed in February 24. To be kept under review and updated as plans develop.	July 24
12	Nikki Conway	Gross Funding	IIA Completed - Published	IIA completed in February 24. To be kept under review and updated as plans develop.	July 24

Ref	SRO	Project Name	IIA Status on EHSCP site	Update	Proposed Review date
13	David Small	Organisational Structure Review	IIA Statement – Published	Statement published. Final. No further action required.	-
14	Mike Massaro-Mallinson	Transport Grip and Control	IIA Completed – Published	IIA reviewed in March 24. To be kept under review and updated as plans develop.	July 24
15	Nikki Conway	Interim Beds	IIA Statement – Published	Statement published. Final. No further action required.	-
16	James Cuthbert	Older People's Pathways – Reviews	IIA Completed - Published	IIA completed in February 24. To be kept under review and updated as plans develop.	July 24
17	Robert Smith	Working Age Adults' Pathway	IIA Completed - Published	Two IIAs covering different workstreams completed in February 24. To be kept under review and updated as plans develop.	July 24
18	Katie McWilliam	Older People Day Support and Respite	IIA Completed - Published	IIA completed in February 24. To be kept under review and updated as plans develop.	July 24
19	Hannah Cairns	Be Able	IIA Completed - Published	IIA completed in February 24. To be kept under review and updated as plans develop.	July 24
20	Linda Irvine-Fitzpatrick	Mental Health Pathways	IIA Completed - Published	IIA completed in March 24. To be kept under review and updated as plans develop.	July 24
21	Jacqui Macrae	Balancing the Care Home Estate	IIA Completed - Published	IIA completed in February 24. To be kept under review and updated as plans develop.	July 24
22	Linda Irvine-Fitzpatrick	Early Intervention and Prevention	IIA Completed - Published	IIA completed in February 24. To be kept under review and updated as plans develop.	July 24
23	Linda Irvine-Fitzpatrick	EIJB Investment in the Alcohol and Drug Partnership	IIA Completed - Published	IIA completed in March 24. To be kept under review and updated as plans develop.	July 24
24	Heather Tait	Community Equipment	IIA Completed - Published	IIA completed in March 24. To be kept under review and updated as plans develop.	July 24

Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed

Please state if the IIA is interim or final

1. 2024/2025 Savings and Recovery Programme – Cumulative Impacts (final report)

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

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 have developed 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.

The MTFS identifies annual savings and recovery programmes to ensure financial balance. A series of savings proposals have been developed for 2024/25. These proposals aim to:

- Achieve a balanced budget
- Improve efficiencies in service delivery
- More effectively target resources
- Protect the most vulnerable and ensure delivery of our statutory duties.

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.

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 draws on the individual IIAs produced for proposals that will change services in 2024-25.

Summaries of the proposals will be available on the City of Edinburgh Council website from Monday 11th March 2024 when papers will be published in advance of the EIJB meeting on the 18th March 2024.

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

The Savings and 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.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

No

5. Date of IIA: 4 March 2024

6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Pat Togher	Chief Officer	
Moira Pringle	Chief Finance Officer	
Robin Balfour	Medical Director	
Jacqui Macrae	Chief Nurse	
Nikki Conway	Locality Manager	
Robert Smith	Disability Services Manager	
Emma Gunter	Contracts Manager	
Katie McWilliam	Strategic Programme Manager	
Linda Irvine-Fitzpatrick	Strategic Programme Manager	
Matt Kennedy	Principal Social Worker	
James Cuthbert	Interim Lead Commissioner	

Name	Job Title	Date of IIA training
Jessica Brown	Innovation & Sustainability Manager and report writer	
Rhiannon Virgo	Project manager and facilitator	February 2020
Siobhan Murtagh	Senior HR Consultant, CEC	
Louise Morgan	Employee Relations Manager, NHS Lothian	
Bridie Ashrowan	Chief Exec, EVOC	
Rene Rigby	Independent Sector Lead	
Tom Connolly	Unison Branch Secretary	
Heather Tait	Hospital and Hosted Services Manager	

7. Evidence available at the time of the IIA

Evidence available at the time of the IIA

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><i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i></p> <p><i>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</i></p> <p><i>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</i></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> <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>

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
	Household data Census 2022	
Data on service uptake/access	National Benchmarking data	2021/22 LGBF data shows general service uptake and access. For detail of individual proposals, see individual IIAs.
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	<i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i> https://www.edinburghhsc.scot/the-ijb/jsna/ Edinburgh poverty commission report – A just capital: Actions to end poverty in Edinburgh	Provides current and projected data on the demographics within Edinburgh
Data on equality outcomes	JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot)	Provides data on demographics of minority ethnic communities For detail of equality outcomes for individual proposals, see individual IIAs
Research/literature evidence		See individual IIAs
Public/patient/client experience information		See individual IIAs
Evidence of inclusive engagement of people who use the service and involvement findings	Complaints/ compliments	
Evidence of unmet need	Edinburgh Integration Joint Board Strategic Plan (2019-2022)	Details the health needs and priorities for the people of Edinburgh

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
		Strategic-Plan-2019-2022-1.pdf (edinburghsc.scot)
Good practice guidelines		See individual IIAs
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts	Individual IIAs Risk of cumulative impact from previous years' savings programmes	Impacts identified within each individual budget proposal IIA have been considered to undertake this cumulative impact assessment. https://www.edinburghsc.scot/the-ijb/integrated-impact-assessments/ In 2023/24, the EIJB carried out a Savings and Recovery Programme which aimed to deliver £20.68M. In 2024/25, the savings requirement is much greater, at £69.7M. There is a risk that vulnerable groups of people will be impacted by different savings proposals. This IIA will consider the cumulative impact of each proposal, as well as any cumulative impact of the 23/24 programme.
Other (please specify)		The Independent Review of Adult Social Care https://www.gov.scot/groups/independent-review-of-adult-social-care/ A National Care Service for Scotland: Consultation A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)
Additional evidence required		

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive</p> <p>We know that some care packages are excessive in size and a result of this can be that people become more dependent and their independence is not maximised. One of the cumulative impacts of this programme will be that provision of care is right-sized. This offers opportunities for some people, particularly young people in receipt of services, to improve their quality of life.</p> <p>Several of the proposals will ensure clearer understanding of roles and responsibilities and will improve practice and process. There are cumulative positive impacts of this for people in receipt of services who may have a more streamlined experience and increased fairness and equity of approach.</p> <p>The programme will see an increase in some types of provision which we do not currently have enough of – for example, high-intensity bed based services. Those requiring this type of service will see a positive impact from this and there will be additional knock-on positive impacts for the rest of the health and social care system as a result.</p>	<p>Older people, disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</p> <p>All those in receipt of services.</p> <p>Older people, disabled people.</p>
<p>Negative</p> <p>There may be a cumulative impact of people waiting longer for assessment of need and/or waiting longer for a service to be provided once an eligible need is identified. This could have potential knock-on impacts – for example, people deteriorating more quickly, increased hospital admission, increased requirement for residential care at an earlier stage.</p> <p>There may be people who require a service who are no longer able to access it. Older people are one of the biggest groups who receive services from us and as a result, where cumulative impacts exist, they are more likely to experience them.</p> <p>Some disabled people will be in receipt of services which are non-statutory (for example, sensory impairment) and as a result, these services may be deprioritised to protect statutory service provision to the most vulnerable,</p>	<p>Older people, disabled people</p> <p>Older people</p> <p>Disabled people</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Groups who are more isolated and have less access to support systems are more likely to feel the cumulative impacts of this programme. This includes the LGBTQI community.</p> <p>There may be cumulative impacts for children and young people, particularly where the young person is acting as an unpaid carer, or where the young person is care-experienced. It was noted by the group that young people have already suffered a range of negative impacts as a result of the pandemic. There is some risk that young people are impacted by multiple savings – for example, within the commissioning pathways programmes and also within the review and assessment proposal. There is an opportunity to mitigate this through closer working relationships with Children’s Services colleagues in the Council and opportunities for better care planning arrangements.</p> <p>There are multiple proposals within the programme which may see a reduction in the provision of statutory support. This comes with an increased risk of carers stress and carers arrangements breaking down. A significant majority of unpaid carers are women and therefore it may be women rather than men who experience a disproportionate cumulative impact from this programme. Examples of these impacts may include increased carer stress and the requirement to reduce or give up paid employment opportunities if the support provided to their loved one is reduced. We know that this risk already occurs but the frequency or the extent of the risk may increase.</p> <p>Where statutory services are reduced, there is a risk that minority ethnic people, particularly those who may not speak English, may be more likely to struggle to access universal services and supports without additional help. The group noted that minority ethnic people tend to be more likely to be in poverty and less likely to seek early support. As a result they may be more likely to experience deterioration in their condition or other impacts, such as an increased risk of homelessness. This can be mitigated to some extent by very clear communications and engagement plans which help support people to access what they need.</p> <p>Similar impacts to those outlined for minority ethnic people may also be experienced by refugees and asylum seekers. The group noted that in the event of any sudden increase in numbers of people seeking asylum, we may have less capacity and resilience in the system to respond.</p> <p>Potential cumulative negative impacts were noted for those who may be at risk of falling into poverty. This includes carers and young carers, who may receive less support. It also includes those</p>	<p>LGBTQI community</p> <p>Children and young people.</p> <p>Women, unpaid carers</p> <p>Minority ethnic people</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>who may not currently be charged a contribution towards their support but who may be going forward and as a result will have less disposable income. The group noted the links between poverty and health inequalities. A potential mitigation for this was outlined in relation to ensuring that all partners are focused on maximising benefits for those who are entitled to them. A further mitigation was identified in relation to place-based thinking, which may include for example, place based recruitment to ensure people can access quality jobs within health and social care in their local community.</p> <p>Any reduction in the volume and availability of services may result in a cumulative impact on rural communities since these are areas which may have less choice of services to begin with and a more fragile infrastructure. Less choice in rural areas means that people may not be able to easily access alternative options.</p> <p>A range of potential negative impacts on staff were identified. These include:</p> <ul style="list-style-type: none"> • Increased anxiety and stress as a result of uncertainty, particularly for those who may not always have access to the same communications and information (for example those who work shifts or those who are currently off sick or on maternity leave) • Impacts on staff morale • Increased workloads – either through delivering services with less staff, or through having to deliver significant savings programmes in addition to business as usual and the knock-on impacts on staff wellbeing and the risk of increased sickness absence; • Increased stress resulting from difficult conversations with service users and their families and having to convey difficult messages about reduced services; • Increased stress relating to the risk that staff may feel they are carrying through not be able to adequately meet need. • Delivering a programme of this size and scale whilst also going through an organisational restructure could exacerbate the stress and anxiety for staff. <p>It was noted that some staff will fall into the protected characteristics groups and be accessing services and supports and as a result, there may be a direct cumulative impact from this.</p> <p>A number of mitigations were identified in relation to the increased pressure on our workforce. This included the need to ensure appropriate training for staff; the need to strengthen</p>	<p>Refugees and asylum seekers</p> <p>Those vulnerable to falling into poverty, carers, young carers</p> <p>Rural communities</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>leadership development; clear messaging that staff have managerial support when being asked to make difficult decisions; clear succession planning to address the issue of an ageing workforce; and a clear focus on culture and behaviours, so that frontline staff do not come under significant pressure from senior management, partners and the Scottish Government to continue to improve performance in the context of such constrained funding.</p> <p>Clarity of communication with staff was identified as a mitigation. It was also noted that a focus on place-based recruitment may also help to mitigate, as this could mean that staff are working more locally to where they live and may have reduced travel costs as a result.</p> <p>Some general system impacts were also noted, including the fact that delivery of a programme of this size and scale may mean that the EHSCP is less able to invest resource or funding in issues that affect wider system thinking. An example of this may be wider community planning work going on within the city, or the city-wide response to increased homelessness and the housing crisis. This can be mitigated to some extent by ensuring that EHSCP still has a seat at the table for strategic discussions and can ensure joined-up approaches, even if our funding needs to be more restricted to statutory health and social care provision.</p> <p>It was also noted that it was important that the Scottish Government has a sense of the cumulative impacts, not just in Edinburgh, but from similar savings programmes in HSCPs across Scotland.</p> <p>Opportunities to collectively explore how we use the remaining budget for third sector – with focus on most vulnerable.</p>	

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive</p> <p>There were no specific cumulative positive impacts identified as a result of this programme.</p>	
<p>Negative</p> <p>There were no specific cumulative negative impacts identified as a result of this programme.</p>	

Environment and Sustainability including climate change emissions and impacts	Affected populations

Economic	Affected populations
<p>Positive</p> <p>The group identified that whilst this was a very challenging savings programme, there would be a requirement for close partnership working in order to deliver it. There is an opportunity for new ways of working to be identified and for partners to coalesce around how we invest our remaining funds into services and supports which will have most impact.</p>	<p>Business community, third and community sector</p>
<p>Negative</p> <p>The group acknowledged that there are potential cumulative impacts for businesses in both the third and independent sector since the programme is essentially seeking to make significant reductions to the cost of commissioned and contracted services.</p> <p>Specific impacts for these affected business may include:</p> <ul style="list-style-type: none"> • Risk that their business is no longer viable with reduced funding. It was noted that different organisations will be in different situations, with some able to access reserves or leverage in additional funding sources, while others will have limited access to alternative funds; • Associated risks were noted of the impacts on third and independent sector workforce. It was noted that where people are employed on zero hours contracts, they may experience unexpected reductions in the number of hours they are offered. There may also be the risk of redundancy for some affected staff. • It was noted that average salaries tend to be lower in the third sector and as a result, any loss of jobs could affect lower paid people. • Destabilisation of the market which could lead to people having less choice of service. • Providers may be less willing to work with us and with each other if funding becomes more constrained. • Some of the savings proposals within the programme rely on community and universal services replacing statutory services, there is a risk that third sector organisations may be unable to respond to this if their funding is reduced. 	<p>Business community, third and community sector</p>

Economic	Affected populations
<ul style="list-style-type: none"> • Reduced funding for third sector organisations may also lead to a reduction in the number of volunteers being supported. • Increased fear and anxiety for the sector. • Risk that several different proposals within the savings programme could end up having impacts for the same organisation, with unseen or unintended aggregate impacts. • A potential knock-on impact was noted for wider local businesses, who may see reduced footfall if there are reductions in workforce in particular areas. <p>Mitigations for these risks were identified as follows:</p> <ul style="list-style-type: none"> • Continue, and strengthen, the approach already being taken by the EHSCP contracts team to monitor impacts across providers and allow for early warning where a specific provider may be at risk; • Work closely with other partners to identify alternative funding sources (such as the Big Lottery) to offset any loss of funding. It was recognised however, that such funds are under increased pressure nationally. • Work closely with partners to prioritise and innovate to spend the remaining funding in the most effective way. It was recognised that there was opportunity to consolidate community bases to focus on areas of deprivation and thereby contribute more to the local economy in these areas. • Again, a clear communications plan is essential which acknowledges the impacts but is clear about what the budget is protecting. • The plan to redesign the front door in an integrated way, with third sector at the heart of this, was recognised as an opportunity to build on early intervention and prevention. • Ensuring that community benefits from any commercial procurement contracts are fully realised could help to mitigate any reduced funding. • There is a plan to work with partners to develop a poverty strategy for the EIJ which will also provide mitigation. 	

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?

The Edinburgh Health and Social Care Partnership commissions services from both the third and independent sector. Robust contract management arrangements ensure that this will be addressed.

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.

A full communications plan is in place, to ensure communication with service users, the general public, partners, provider organisations and staff. Where individual savings proposals impact on these groups, appropriate communication methods will be used.

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

Not applicable.

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
Continue, and strengthen, the approach already being taken by the EHSCP contracts team to monitor impacts	Emma Gunter	Ongoing throughout 2024/25	June 24

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
across providers and allow for early warning where a specific provider may be at risk through reductions.			
Work closely with other partners to identify alternative funding sources (such as the Big Lottery) to offset any loss of funding. It was recognised however, that such funds are under increased pressure nationally.	Linda Irvine-Fitzpatrick	Ongoing throughout 2024/25	June 24
Work closely with third sector partners to prioritise and innovate to spend the remaining funding in the most effective way. It was recognised that there was opportunity to consolidate community bases to focus on areas of deprivation and thereby contribute more to the local economy in these areas.	Linda Irvine-Fitzpatrick	Ongoing throughout 2024/25	June 24
Enact a clear communications plan which acknowledges the impacts but is clear about what the budget is protecting.	John McKee	End of March 24	
Continue to develop plans to redesign the front door in an integrated way, with third sector at the heart of this as an opportunity to build on early intervention and prevention.	Pat Togher	March 25	June 24
Ensure that community benefits from any commercial procurement contracts are fully realised to help mitigate any reduced funding.	Emma Gunter/ Moira Pringle	March 25	June 24
Work with partners to develop a poverty strategy for the EIJB and ensure that all partners are aware of income maximisation approaches and opportunities.	Pat Togher	March 25	June 24
Ensure that robust tracking and monitoring arrangements are in place to assess both the delivery of financial savings, but also any escalating risks or impacts.	Pat Togher	May 24	April 24

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
Consider approaches for implementing place-based recruitment for health and social care jobs.	Mike Massaro-Mallinson	August 24	May 24
Ensure appropriate leadership, training and development plans are in place to support staff, alongside clear succession planning to address issues of an ageing workforce.	Mike Massaro-Mallinson	August 24	May 24
Ensure that the EHSCP continues to engage with partners in strategic discussions such as homelessness, poverty, community planning, even where unable to invest additional funding in these initiatives.	Pat Togher	Ongoing throughout 2024/25	July 24

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

The actions outlined above will mitigate the majority of negative impacts to some extent, but the size and scale of the financial challenge means that it will not be possible to remove them entirely.

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. The Chief Officer intends to review and strengthen this approach ahead of the new financial year to ensure that appropriate and robust measures are in place to manage risk and impact.

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: Pat Togher, Chief Officer

Date: 8 March 2024

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/

APPENDIX 5 – PROFESSIONAL LEADS' IMPACT STATEMENTS

Impact Statement by Chief Social Work Officer

Edinburgh is a city with huge strengths, but real and vital challenges in relation to budget and resources.

Within a landscape of significant financial challenges resulting from increased demand for services, growth in population and complexity of need, inflation, and legislative reform, and an inspection that picked up fundamental issues with systems and service delivery the challenges faced will be further compounded by reduced budgets.

We are seeing a cost-of-living crisis forcing even more families into impossible daily choices as they struggle to get by. The coming years are expected to show the biggest drop in UK living standards since 1961.

We need to continue to engage with and respond to work undertaken by partners in the wider health and social care landscapes, including the National Care Service (NCS) and developments in the data and digital space, carefully considering how services can use these developments to enhance person-centred care and support to colleagues and people who receive services. Innovation and sustainability will remain central to Edinburgh's thinking and underpin the desire to foster a culture of continuous improvement.

There is a need for a strengthened front door to services to manage demand appropriately and ensure people receive the correct level of statutory support and or early intervention, improved commissioning, and a tighter grip on spending to ensure cost effective provision that promotes improved outcomes. These are areas of focus which also overlaps with the improvements in systems and policy and procedure to ensure support is provided early, prevents a crisis response, manages demand, and balances care provision to ensure adults needs are still met.

Service redesign and transformation programmes together with fundamental change to practice or operations on a scale identified in inspection does usually require increased resources.

The financial challenges facing the Edinburgh Integration Joint Board (EIJB) have been well-documented and are a real concern in terms of abilities to deliver services to adults regarding protection, assessment of need and service provision.

There is now greater scrutiny of spend, service provision and accountability however the ability to deliver statutory services within the current budget deficit where more savings are being forecast to ensure a balanced budget for 2024/25 are inherently challenging and carry a number of risks to statutory provision.

It is important in my role as Chief Social Work Offer that risks are made clear to the Council and Edinburgh Integrated Joint Board.

A reduction in resources that promote and support approaches in prevention and early intervention which could improve the long-term outcomes of people and reduce demand for formal support has the potential to negatively impact on large numbers of vulnerable people without sufficient co-ordinated alternative provision in place at this time.

There are documented waiting lists and the risk of not meeting our statutory responsibility due to budget constraints is a real issue in terms of the support provided to adults considered to be at risk of harm and adults who have support needs regarding their mental health and or a disability.

There is a significant risk to wellbeing and outcomes which are likely to impact heavily on people with protected characteristics through equality legislation relating to ethnic origin, LGBTQ+, age, gender, and disability.

The HSCP and the Council are required to be compliant with all applicable legislation and accompanying regulation and guidance in relation to statutory requirements. Consequences of not being compliant include further negative inspections and formal legal actions being taken against the Council, such as judicial review.

Whilst considerable progress has been made and, opportunities to deliver system improvement, budget efficiencies and better outcomes for people are being addressed it must be acknowledged that the pace and scale of improvement will be impacted by the budget measures outlined.

Rose Howley

Chief Social Work Officer

11/03/24

Impact Statement: Chief Allied Health Professional

The people of Edinburgh and their families and carers have high expectations and are often dependant, on the formal health and care services delivered to them. Withdrawal or reduction of these services has the potential to negatively impact in large numbers of vulnerable people without sufficient alternative provision including trusted supported self-management and technological resources in place.

The Integrated Impact Assessments (IIA's) underway are likely to highlight that the proposed changes would adversely affect particular groups of people. This is likely to include those with characteristics protected through equality legislation relating to age, gender, and disability.

The proposed financial savings resulting in reduced support and quality of provision have the potential for the following risks and impacts:

- significant clinical risks for people i.e., increased falls risks, reduced medication compliance, postural care and skin integrity which may result in deterioration and complications.
- increased acuity of people presenting at front-door services and/or requiring support from other areas of the health and social care services.
- increased demand on front-door services and/or other areas of the health and social care services. For example, cessation of services that are maintaining precarious home situation with informal support could lead to increased demand for greater demand for permanent care home settings and increased reliance on hospital-based care/delayed discharge.
- inequity with the other HSCP's in Lothian resulting in a postcode lottery of health and care provision.
- significant impact on family members and unpaid carers and their ability to continue to maintain their personal wellbeing including employment (and additional potential impact on HSCP workforce).
- deterioration in the experience of people in their overall wellbeing, personal outcomes and the potential for impacts that relate to social isolation and loneliness.
- a reduction in resources that promote and support approaches in prevention and early intervention which could improve the long-term outcomes of people and reduce demand for formal support.

In the longer term, the rightsizing of care and support, and a shift towards early intervention and prevention, has the potential to enable stronger self-managing communities. However, this will require a significant shift in the way that care and support are provided by the HSCP and a culture and relational shift between the HSCP (and its workforce) and the population of Edinburgh.

To mitigate the potential impacts of the reduction in the quantity and quality of care and support, and promote the various role of the AHP's, it is crucial that the range of emerging improvement workstreams within the HSCP remain of considerable focus:

- Prevention and Early Intervention Strategy
- The Older People's Pathway
- The Digital and Data Transformation Programme
- One Edinburgh with a focus on a Reablement Approach

- Improvements identified following the Neurological Framework self-evaluation process
- Improvement identified through the Strategic Integrated Falls workstream
- Supported self-management approach for Long-Term Condition Management
- Redesign of front-door / access (including digital front-door)
- Update of Equipment and Adaptations Provision including a move towards single-handed/proportionate care
- Full roll out of the principles of the 3 Conversations Approach
- Delivery to the Discharge Without Delay (DwD) framework

These approaches will require robust workforce management and planning within individual professional groups and integrated teams to ensure that the appropriate skill set and culture are embedded. This will require operational and professional leads to work collaboratively and collectively to create the shift in approach required.

Hannah Cairns

AHP Lead

11 March 2024

Impact Statement: Chief Nurse

Delivering health and social care services in Edinburgh in the context of a growing population, increasing demand, and a need to improve outcomes for citizens is extremely challenging in the current financial climate. The proposals to achieve a balanced budget in 2024-25 carry risks both for people who rely on our services and for our workforce.

Within a complex health and social care system it is important to look at the overall impact of the proposals. Nurses in Edinburgh HSCP work across a diverse range of services including community hospitals, care homes, district nursing, community mental health and substance misuse, learning disability and primary care.

The unintended consequences of reducing services in one part of the system could have a direct effect on another. For example, a reduction in high quality social care may impact on primary care, community nursing services, admission to hospital and timely discharge. The risk of having to prioritise statutory services may result in the reduction of preventative services which, in the longer-term, lead to better, more cost-effective outcomes for people. In addition, the impact on unpaid carers could be significant. To mitigate such risks, it will be essential that there is greater integration and collaborative working across health and social care and with the third and independent sectors.

The risks shown in the cumulative impact assessment, while significant, also provide the opportunity for innovation and new ways of working. Given the diversity and spread of nursing in the partnership, nurses have a key role in supporting and leading innovation and quality improvement. The NHS Lothian Strategic Nursing plan 2023-2028 sets out a vision and ambitions that will support the nursing profession in Edinburgh HSCP to continue to deliver excellent, person centred, compassionate care as part of an integrated health and social care system. This will be achieved through maximising the professional contribution of nurses within integrated teams.

As with other professions, the recruitment and retention challenges within nursing remain significant. For the third year running there has been a reduction in the number of undergraduate nurses entering the profession. The proposals to achieve a balanced budget increase the risk of added pressures on an already stretched workforce, further affecting our ability to recruit and retain staff. However, the reliance on a high use of agency staff to support vacancy gaps across health and social care not only costs more but can adversely impact on the quality of care and outcomes for people. We need to continue to work towards reducing our agency spend by making social care and community nursing in Edinburgh a positive career choice by increasing access, improving career pathways and opportunities, encouraging innovative ways of working and increasing collaboration across multi-professional teams.

The proposed reduction in services will increase the clinical risk for some people such as a risk of unrecognised deterioration, poor continence management, pressure ulcers and falls. As a safety critical profession, it is incumbent upon nursing to ensure the prevention of avoidable harm and management of risk regardless of the current context. The implementation of the Health and Care (Staffing) (Scotland) Act 2019 comes into force in April 2024.

With this comes a requirement to monitor real time staffing. In times of austerity, we need to use the legislation to ensure robust processes exist so that quality and safety concerns are escalated swiftly and acted upon.

Jacqui Macrae

Chief Nurse

11 March 2024

Clinical Director Impact Statement

Primary care

Mainstream General Practice is less directly affected than other areas, as its income streams are direct and protected, coming from the Scottish Government through the GP contract. However, NHS Lothian are raising the Facilities Management fees charged to practices. I anticipate this is likely to have a significant impact for a sizable minority and a threat to stability for at least 5 Edinburgh practices.

Also, there has been the global impact of underfinancing in General Practice with work loads increasing as waiting lists in secondary care rise and the lack of resource sensitivity to the sustained population growth in Edinburgh.

For the partnership, however, there are 2 main areas of impact.

1. Prescribing.

Long seen as the 'golden goose' of Primary care savings, attention has again turned to the potential to increase savings in prescription costs from the £86M budget. The threat of burn out amongst GPs has been significantly lessened with the huge effort made by the Pharmacotherapy team through the employment of Pharmacists embedded in practices as part of the new GP contract. There is a risk that these pharmacists are increasingly concentrated on cost savings, rather than helping with the primary care workload. If this happens, GPs become busier and we know from successive crises – prescribe more medicines, without the time to discuss options with patients. This is a delicate balance and Edinburgh has a long established record of judging this well.

The rising cost of medicines is difficult to predict and is always subject to significant emergent pressure on the overall position. Variations in costs occur due to factors very largely out of our control, such as disruption to supply chains in what is a worldwide market. It is easy to demonstrate that Edinburgh GPs provide the most efficient prescribing cost per patient in the country, and we have yet to identify another First World country with lower drug costs per head of population.

GPs who are well supported will prescribe fewer drugs, with time to explore other options with their patients. Over-loaded GPs prescribe more, review and educate patients less and there are more patients admitted to hospital.

2. 2c practices.

There are 9 '2c' practices in Edinburgh and they are more expensive than equivalent 17j practices by around 15% for a number of largely unavoidable reasons.

The Access (homeless) Practice has come under recent review and we recommend a refocussing on GMS provision, which would allow some current costs to be reduced. In addition, where and when possible we will encourage GPs to consider converting from 2c into 17j (ie mainstream) contracts (or to advertise when we are confident there are potential bidders).

These figures will be discussed in the IIA.

The long term impact of changing contracts will be to reduce the c15% average cost differential of 2Cs, but this saving is likely to take 2 or 3 years to realise.

Dr Robin Balfour

Clinical Director

11 March 2024

