

# REPORT

## Savings Programme 2025/2026

Edinburgh Integration Joint Board

25 March 2025

<b>Executive Summary</b>	<p>The purpose of this report is to present the 2025/2026 Savings Programme to the Edinburgh Integration Joint Board for approval.</p> <p>The Savings Programme forms part of the overarching Medium-Term Financial Strategy, which aims to take a longer-term and more strategic approach to financial planning.</p> <p>This paper provides details of 19 individual savings proposals which seek to deliver £29m in 2025/26. It also provides details of the associated Integrated Impacts Assessments which have been completed.</p>
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<b>Recommendations</b>	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"><li>1. Note savings proposals 1 – 12 which are presented for information.</li><li>2. Approve savings proposals 13 - 19, as set out in this report and in the associated appendices;</li><li>3. Agree the proposed plan to review Integrated Impact Assessments (IIAs) as set out in appendix 4; and</li></ol>
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## Directions

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

## Report Circulation

1. This report has not been presented elsewhere.

## Main Report

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### Background

#### ***EIJB Financial Position and the Medium-Term Financial Plan***

2. 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.
3. Taking into account a combined budget offer of £876m from the City of Edinburgh Council and NHS Lothian and projected costs for delegated services totalling £907m, the EIJB has an estimated savings requirement of £31m going into 2025/26, as shown in table 1 below:

	Total £M
Indicative Delegated Budgets	£876m
Projected Delegated Costs	£907m
<b>Savings requirement</b>	<b>£31m</b>

*Table 1: Projected EIJB savings requirement 2025/26*

4. 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). This was revised further in March 2024. 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.
5. There is a separate report on this agenda which presents the MTFS. This report sets out the associated 2025/26 Savings Programme which flows from that strategy.

### **EIJB Savings Programme 2025/26**

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

6. The Savings Programme for 2025/26 has been developed in tandem with the MTFS for the EIJB. Engagement has taken place with stakeholders across the EIJB, Council, NHS Lothian and elected members.
7. 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). This approach has been overseen by the Savings Governance Board and the EIJB's Budget Working Group and is outlined in figure 1 below:

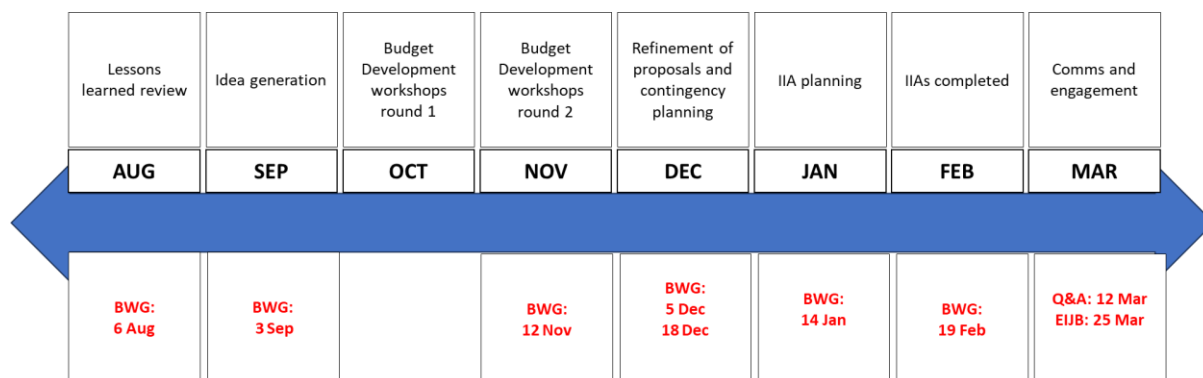


Figure 1: Budget development process

8. A Lessons Learned exercise took place in August 2024 with board members and officers. Key feedback centred around the range of proposals offered to the board, the timing of the budget development process, and assessing impact effectively. A new process was developed taking on board all the points raised, which was presented to the Budget Working Group in September 2024. The timeline was brought forward significantly, allowing additional time to properly develop, test and refine the savings proposals before budget-setting.
9. During 2024/25, a new organisational structure was agreed and implemented for operational services within the Partnership. This saw a move away from the previous focus on a locality management model, with the introduction of new Head of Service roles with city-wide responsibility for specific aspects of service delivery. Budgets have been realigned to the new Head of Service areas, meaning that financial accountability has also been strengthened. This enabled us to take a new approach to the development of our budget and savings programme for 2025/26, with newly appointed Heads of Service given savings targets based on their proportionate share of the budget.
10. A series of budget development workshops took place in October and November 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 EHSCP managers, alongside finance and HR colleagues from both the City of Edinburgh Council and NHS Lothian.
11. Alongside this process, the EIJB members participated in seven Budget Working Group meetings and a budget question and answer (Q&A) session, 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 2025/26 Savings Programme and seek additional information and clarity.
12. In addition, officers worked closely with Council partners in the run-up to the CEC budget setting meeting to ensure members were fully briefed on the range and severity of savings proposals required to close the EIJB budget gap. Briefings were held with all of the political groups and with members of the Finance and Resources Committee throughout January and February. On 20<sup>th</sup> February, the City of Edinburgh

Council approved the EIJB budget allocation of £360m, including an additional recurring £12.5m to partially alleviate the budget pressure.

13. Officers also engaged with NHS Lothian colleagues to inform their budget setting process. This included attending budget workshops, liaising with finance colleagues and providing briefings. NHS Lothian has not yet concluded its budget setting process for 2025/26 and their offer of £516m is therefore indicative at this point. Work continues to refine the plan which will be presented to the NHS Lothian board for approval on 16<sup>th</sup> April. Following which it will be submitted to the SG.

***The 2025/26 Savings Programme***

14. The EIJB has a projected savings requirement for 2025/26 of £31m. The proposed Savings Programme for 2025/26 details 19 individual savings proposals totalling £29m.
15. 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.
16. Savings proposals which form part of the 2025/26 programme fall into 3 categories, outlined in table 2 below:

	<b>Category</b>	<b>Description</b>
<b>1</b>	<b><i>Operational management actions</i></b>  <b><i>(proposals 1 – 5)</i></b>	Operational management actions that ensure 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 2.
<b>2</b>	<b><i>Previously approved proposals</i></b> <b><i>(proposals 6 – 12)</i></b>	Proposals under section 2 are projects that have previously been approved by the EIJB, but that will have an additional financial impact in 2025-26.
<b>3</b>	<b><i>New Proposals</i></b> <b><i>(proposals 13 – 19)</i></b>	These are new projects that are presented to the EIJB for formal approval as part of the Savings Programme for 2025–26.

*Table 2: Savings proposal categories*

17. 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.
18. 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.

#### ***Additional savings proposals for further development***

19. In addition to the proposals outlined above, a small number of additional savings proposals were identified during the budget development process (see Appendix 3). These are mainly positive transformational proposals, which require more extensive development due to their implementation requirements. This may include public consultation, extensive commissioning exercises, capital improvement works or tests of change, all of which extend the timeline for development significantly.
20. Work will continue to develop these proposals as quickly as possible throughout 2025/26. Once these proposals have been adequately scoped and developed, and associated financial savings modelled, they will be presented to the board for approval. If approved, some of these proposals will form part of the savings programme in 2026/27. It is possible that some projects may deliver partial savings within 2025/26, although this cannot yet be quantified.
21. Any additional savings accruing from these projects in 2025/26 will be used to ameliorate any slippage in savings delivery across the programme as a whole; any remaining budget gap; and could also form the basis of an in-year Recovery Plan, should one be required.

#### ***Integrated Impact Assessments***

22. The significant and challenging financial landscape means the options presented may impact adversely on a combination of: service quality; the level of services provided; outcomes for people; and 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 £876m), and through which there are opportunities to positively impact upon equality, human rights, the environment, and the economy.
23. 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. The process of completing IIAs has been strengthened and improved this year following the lessons learned exercise with the board and following engagement with the Scottish Women's Budget Group. Steps have been taken to ensure that IIAs are more evidence-based, that a wider group of stakeholder were invited to participate and that they were completed earlier in the process to allow time for more scrutiny from the board.

24. 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.
25. IIAs and IIA statements have been published on the EHSCP website here: [Edinburgh Health and Social Care Partnership - Integrated Impact Assessments](#)
26. 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 4.
27. In addition to individual IIAs/IIA statements for each of the proposals, a cumulative programme IIA has been completed (Appendix 5). The cumulative IIA provides a cross-system overview of the impacts on all groups, to help ensure that no group or area is cumulatively, disproportionately impacted by the savings programme and that appropriate mitigating actions are identified. Like the individual proposal IIAs, the cumulative IIA will be reviewed and revised as projects develop and to reflect any additional impacts identified.
28. 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.
29. 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 6. 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.
30. Ongoing risks associated with the individual proposals and the programme as a whole will be managed through the Savings Governance Board, which will be chaired by the Chief Officer. An agreed escalation process is 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.
31. 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***

32. The financial impact of 2025-26 Savings Programme on the overall savings requirement is summarised in table 3 below.

<i>Savings Programme</i>	<b>£m</b>
<b>Total Savings Requirement</b>	<b>£31m</b>
Operational management actions:	-£11.6m
Previously approved savings proposals:	-£9.8m
<b>Remaining savings requirement:</b>	<b>£9.6m</b>
<b>New savings presented for approval:</b>	<b>-£7.6m</b>
<b>Remaining budget gap</b>	<b>£2m</b>

*Table 3: Financial Impact of Savings Programme*

### ***The remaining budget gap***

33. During the development and refinement of the IJB's MTFS, the Chief Officer and Chief Finance Officer have been working closely with the Council's Head of Finance and NHS Lothian's Director of Finance. These tripartite discussions have been productive and reflect a shared intent. This has been further reinforced in recent months via discussions with the Chief Executives from the Council and NHS Lothian.
34. At this point and, pending finalisation of the NHS Lothian financial plan, the 2025/26 budget is £2m out of balance. As outlined in the MTFS, territorial health boards are expecting to receive 'sustainability funding'. Further details are awaited from the Scottish Government, but NHS Lothian has confirmed its intention to allocate their share across delegated and non-delegated services. The impact this has for the budget delegated to the IJB will be firmed up over the coming weeks. At the time of writing, and in the context of the commitment to supporting the IJB discussed above, it is anticipated that this will be sufficient to balance the plan.

### ***Setting a balanced budget***

35. 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.
36. Alternatives to these proposals, which have been discussed with the board through the Budget Working Groups, have been judged by officers to have significantly greater

adverse impacts on outcomes for people. It is therefore the strong recommendation of officers that the 2025/26 Savings Programme is agreed in its entirety by the EIJB.

37. 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**

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### **Financial**

38. 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**

39. 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**

40. 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**

41. 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.
42. There are no further specific implications arising from this report.

### **Quality of care**

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

## **Consultation**

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



## Report Author

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## Background Reports

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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

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Appendix 1	Savings Programme Summary
Appendix 2	Savings proposal overview documents
Appendix 3	Additional savings proposals for development
Appendix 4	Integrated Impact Assessment Review Plan
Appendix 5	2025/26 Savings Programme: Cumulative IIA
Appendix 6	Professional Lead Impact Statements

## Appendix 1 – Summary of 2025/26 Savings Programme

No	Title	Lead	Amount £M	Strategic Theme
<b>Operational/grip and control proposals</b>				
1	Individual Service Fund (ISF) reclaim	Emma Gunter	£0.80	Grip and control/efficiency
2	Gross funding debt recovery	Matt Kennedy	£1.55	Grip and control/efficiency
3	Prescribing efficiency programme	Amegad Abdelgawad	£5.00	Grip and control/efficiency
4	Primary care savings	Amegad Abdelgawad	£0.70	Grip and control/efficiency
5	Hosted and set aside savings	Moira Pringle	£3.60	Grip and control/efficiency
<b>Previously approved proposals</b>				
6	Negotiations of commissioned care home rates	Emma Gunter	£0.40	Grip and control/efficiency
7	Community equipment	Heather Mackie	£0.30	Grip and control/efficiency
8	One Edinburgh: reablement	Angela Lindsay	£2.70	Transformation
9	Older people's day opportunities	Katie McWilliam	£0.30	Contracts/commissioning rationalisation
10	Health inequalities grants	Andrew Hall	£3.40	Contracts/commissioning rationalisation
11	One Edinburgh reviews	Angela Lindsay	£0.75	Reviews and right-sizing
12	Mental Health and Learning Disability reviews	Anna Duff	£1.95	Reviews and right-sizing
<b>New proposals</b>				
13	Vaccinations redesign	Amegad Abdelgawad	£1.00	Transformation
14	Learning Disability Redesign Programme	Anna Duff	£0.60	Transformation

15	Telecare and sheltered housing service staffing review	Heather Mackie	£0.30	Transformation
16	Block contract management and rationalisation	Andrew Hall	£2.20	Contracts/commissioning rationalisation
17	Mental Health: rationalisations	Anna Duff	£0.10	Contracts/commissioning rationalisation
18	Use of Carer's funding to meet additional costs of purchased replacement care	Katie McWilliam	£1.50	Contracts/commissioning rationalisation
19	Direct Payments – Aligning Outcomes	Matt Kennedy	£1.85	Reviews and right-sizing
	<b>TOTAL</b>		<b>£29.00</b>	

# Appendix 2 – Savings proposal overview documents

<b>No.</b>	<b>1</b>	<b>Savings Proposal:</b>	<b>Individual Service Fund (ISF)</b>	<b>Lead:</b>	<b>Emma Gunter</b>	
<b>Proposal Summary (Scope)</b>	<p>Under option 2 of SDS legislation, a person can choose to have their support provided through an Individual Service Fund (ISF), where an individual budget is paid directly to a chosen provider, who works with the person to agree their support provision. Routine underspends occur in ISF accounts. These underspends happen for a variety of reasons, such as hospital admissions. The ISF Provider is contractually obliged to return any unspent money that has not been required to deliver care and support either during hospital admission or post-discharge.</p> <p>An audit of ISF accounts demonstrated that large surplus funds are sitting in ISF accounts. This savings proposal aims to recover a proportion of underspent funds in consultation with the provider and service user. Funds will be reclaimed on the basis that service users are permitted to keep a small surplus to cover an identified need in the future to help meet their needs in a flexible way.</p> <p>This project will continue the work carried out to recover unspent funds throughout 2024/25, which successfully reclaimed c. £800,000.</p>				<b>Financial Impact</b>	
					<b>Forecast Savings for 25/26 (£m) Subject to change</b>	0.80
					<b>Additional Forecast Savings for 26/27 (£m)</b>	0.50
					<b>Additional Forecast Savings for 27/28 (£m)</b>	0.50
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• There is no direct impact on service users as unspent funds are held by the ISF Provider.</li> <li>• However, there may be an impact on providers and users where review activity is undertaken and does not align to reclaim work. Risk that ISF funds are reduced following review and reclaimed simultaneously.</li> <li>• An IIA Statement was completed for this project and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

No.	2	Savings Proposal:	Gross Funding Debt Recovery	Lead:	Matt Kennedy	
<b>Proposal Summary (Scope)</b>	<p>Gross funding applies when a resident enters a care home but there is a delay in assessing their financial contribution. The EHSCP “gross funds” the cost of the care home placement until the assessment is completed and the cost of the resident’s contribution towards their care is confirmed.</p> <p>Over the past two years, work has been undertaken to ensure that gross funding provided to people living in residential care is reclaimed when appropriate. In 2023/24, a total of £2.3 million was reclaimed, and in 2024/25, £1.7 million has been reclaimed to date, with additional savings anticipated before the end of the financial year. The net number of open cases with gross funding applied has reduced from 132 to 89.</p> <p>Savings of between £1.55 and £2 million are anticipated in 2025/26. The proposal will build on the successful reclaim already completed, with dedicated Mental Health Officer support to progress legislative aspects of open cases and conclude them as quickly as possible. Gross funding reclaim is a standard process, with funds reclaimed under existing policies and procedures.</p> <p>It is likely that gross funding reclaim will continue into 26/27 and 27/28 but the reclaim level cannot currently be quantified as it will depend on performance in 2025/26.</p>				<b>Financial Impact</b>	
					<i>Forecast Savings for 25/26 (£m) Subject to change</i>	1.55
					<i>Additional Forecast Savings for 26/27 (£m)</i>	TBC
					<i>Additional Forecast Savings for 27/28 (£m)</i>	TBC
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• This proposal will ensure that legal processes are completed more quickly with the assistance of the MHO resource, which will benefit the individuals by increasing stability and assurance of their financial future. In addition, it will reduce debt write-off, meaning that more funding is available to support a wider range of people in future.</li> <li>• The amount recovered each year will reduce as the number of open cases reduces and the length of time to conclude reduces.</li> <li>• An Integrated Impact Assessment was completed for this project and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

<b>No.</b>	<b>3</b>	<b>Savings Proposal:</b>	<b>Prescribing Efficiency Programme</b>	<b>Lead:</b>	<b>Amegad Abdelgawad</b>									
<b>Proposal Summary (Scope)</b>	<p>The 2025/26 Primary Care Prescribing Efficiency Plan will be developed with key stakeholders through the HSCP. This is a pan-Lothian programme and Edinburgh’s savings target has been set at £3.5 million. Detailed implementation planning took place throughout January and February and workstreams have been identified to meet this target.</p> <p>The aim of the programme is to promote patient access to the most cost-effective medicines, promote use of the East Region Formulary (ERF), optimise the benefit patients derive from their medicines and to reduce risks, potential harms and avoidable waste through actions including polypharmacy review and promotion of initiatives including serial prescribing.</p> <p>From a financial efficiency perspective, this approach delivers cash releasing savings, process efficiency and cost avoidance.</p> <p>A further savings workstream focusing on local prescribing efficiencies is anticipated to deliver an additional £1.5 million.</p> <p>The PCPEP is a long-standing initiative and will deliver further savings in 2026/27 and 2027/28.</p>				<table border="1"> <thead> <tr> <th colspan="2" data-bbox="1742 231 2181 284"><b>Financial Impact</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="1742 284 1980 481"><i>Forecast Savings for 25/26 (£m)</i> <i>Subject to change</i></td> <td data-bbox="1980 284 2181 481">5.0</td> </tr> <tr> <td data-bbox="1742 481 1980 679"><i>Additional Forecast Savings for 26/27 (£m)</i></td> <td data-bbox="1980 481 2181 679">3.50</td> </tr> <tr> <td data-bbox="1742 679 1980 960"><i>Additional Forecast Savings for 27/28 (£m)</i></td> <td data-bbox="1980 679 2181 960">3.50</td> </tr> </tbody> </table>		<b>Financial Impact</b>		<i>Forecast Savings for 25/26 (£m)</i> <i>Subject to change</i>	5.0	<i>Additional Forecast Savings for 26/27 (£m)</i>	3.50	<i>Additional Forecast Savings for 27/28 (£m)</i>	3.50
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<i>Additional Forecast Savings for 27/28 (£m)</i>	3.50													
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• Workforce – recruitment and staff retention, practice and GP engagement</li> <li>• Capacity and competing priorities (pharmacotherapy tasks, antiviral service)</li> <li>• Financial risk- linked to medication drug pricing and population increase</li> <li>• Drug shortages, which can impact price and choice.</li> <li>• Patient engagement</li> <li>• An Impact Statement has been completed for this proposal and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>													

<b>No.</b>	<b>4</b>	<b>Savings Proposal:</b>	<b>Primary Care Savings</b>	<b>Lead:</b>	<b>Amegad Abdelgawad</b>								
<b>Proposal Summary (Scope)</b>	<p>In 2004, Scottish Government offered mainstream GMS (17j) practices the opportunity to pilot a new type of GP contract: 'Section 2c'. Under the 2c contract all members of staff are employees of the Health Board, rather than independent contractors who directly employ staff.</p> <p>Several mainstream Edinburgh practices including Restalrig and Wester Hailes proactively took this opportunity in 2004, benefitting from extra financial support available. From 2014, several practices across the city became unstable in their GMS delivery under 17j contracts. Some managed to retain their independent contractor status, however, it was necessary for the EHSCP to assume control of others, which then became 2c practices. Of those, some have now returned to mainstream status and 8 practices remain as 2c. The 2c practices are c25% more expensive to operate and as such, the longer-term plan has always been to return these to 17j status wherever possible.</p> <p>Throughout the course of 2025, four identified 2c practices will be advertised in a bid to secure new partnerships under 17j contracts. This would not only take advantage of the increased appetite for 17j contracts across the city but also work further towards achieving the overall strategic intention for the board. It is anticipated that this will deliver an in-year saving of approximately £700,000.</p>				<table border="1"> <thead> <tr> <th colspan="2" data-bbox="1742 236 2172 277"><b>Financial Impact</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="1742 277 1977 480"><i>Forecast Savings for 25/26 (£m)</i> <i>Subject to change</i></td> <td data-bbox="1977 277 2172 480">0.70</td> </tr> <tr> <td data-bbox="1742 480 1977 683"><i>Additional Forecast Savings for 26/27 (£m)</i></td> <td data-bbox="1977 480 2172 683">TBC</td> </tr> <tr> <td data-bbox="1742 683 1977 962"><i>Additional Forecast Savings for 27/28 (£m)</i></td> <td data-bbox="1977 683 2172 962">N/A</td> </tr> </tbody> </table>	<b>Financial Impact</b>		<i>Forecast Savings for 25/26 (£m)</i> <i>Subject to change</i>	0.70	<i>Additional Forecast Savings for 26/27 (£m)</i>	TBC	<i>Additional Forecast Savings for 27/28 (£m)</i>	N/A
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<i>Additional Forecast Savings for 26/27 (£m)</i>	TBC												
<i>Additional Forecast Savings for 27/28 (£m)</i>	N/A												
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• There is a risk that in the first year, the financial investment required to realise the savings will exceed the in-year saving</li> <li>• There is a risk that some practices may become unstable and revert back to 2c status. This can be mitigated by careful scrutiny of bids and provision of appropriate support where possible.</li> <li>• Integrated Impact Assessments will be carried out to assess the impact of the transfer of each practice as these progress. An Impact Statement has been prepared for this proposal overall and can found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>												



No.	5	Savings Proposal:	Hosted and Set Aside Savings	Lead:	Moira Pringle	
<b>Proposal Summary (Scope)</b>	<p>Hosted services are operationally managed by a HSCP or business unit within NHS Lothian on behalf of two or more of the Lothian IJBs.</p>				<b>Financial Impact</b>	
	<p>Similarly set aside services are acute, hospital based and are operationally managed by NHS Lothian on behalf of all 4 IJBs.</p>				<p><i>Forecast Savings for 25/26 (£m) Subject to change</i></p>	<p>3.60</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>				<p><i>Additional Forecast Savings for 26/27 (£m)</i></p>	<p>3.60</p>
	<p>Hosted and Set Aside services will continue to work up savings options to deliver similar levels of savings throughout 2026/27 and 2027/28.</p>				<p><i>Additional Forecast Savings for 27/28 (£m)</i></p>	<p>3.60</p>
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>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.</li> <li>An IIA statement for this proposal has been prepared and is available on the EHSCP website here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

<b>No.</b>	6	<b>Savings Proposal:</b>	<b>Negotiations of commissioned care home rates</b>	<b>Lead:</b>	Emma Gunter	
<b>Proposal Summary (Scope)</b>	<p>Since 2020 there has been a steady increase in the number of placements made in care homes for older people above the National Care Home Contract (NCHC) rate. Four care homes have 5 or more placements above the NCHC rate at cost of £2.9m per annum.</p> <p>This proposal seeks to renegotiate the placement rate with care home providers to the current NCHC, or as close to this rate as possible, in line with Council policy.</p> <p>Data shows that renegotiating existing fee rates for all placements made above the NCHC rate in the 4 care homes would achieve savings of approx. £1m per annum. It is unlikely that we can realise savings of this scale in year and there is a need to test the willingness of the market to engage. As such, the target saving has been set deliberately low, but may be adjusted as the year progresses.</p> <p>This proposal was approved as part of the 2024/25 Savings and Recovery Programme, however, due to resource and capacity issues, implementation was delayed until January 2025. Savings will therefore accrue in 2025/26 as the work progresses.</p>				<b>Financial Impact</b>	
					<i>Forecast Savings for 25/26 (£m) Subject to change</i>	0.40
					<i>Additional Forecast Savings for 26/27 (£m)</i>	TBC
					<i>Additional Forecast Savings for 27/28 (£m)</i>	N/A
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>Care home negotiations to NCHC unachievable in some/all care homes, leading to reprovion arrangements. Limited alternative options are a key risk. Reprovisioning would impact on individuals, as it would mean moving to a new placement.</li> <li>Negotiations fail to achieve NCHC rate but settle on a rate less than current costs. This would still achieve some savings.</li> <li>Placements continue to be made above the NCHC rate for older people’s residential care. This risk is mitigated by Senior Officer sign-off of spend against this type of placement.</li> <li>An IIA Statement was completed for this project and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

<b>No.</b>	<b>7</b>	<b>Savings Proposal:</b>	<b>Community Equipment</b>	<b>Lead:</b>	<b>Heather Mackie</b>	
<b>Proposal Summary (Scope)</b>	<p>The Community Equipment Loans Service provides a range of aids and equipment to citizens of Edinburgh to maximise independence and meet both health and social care needs. As part of the 2024/25 Savings and Recovery Programme, a project was initiated within the Community Equipment Loan Service, with the aim of saving £750,000 through a range of efficiencies. In 2024/25, it is projected to deliver in the region of £400,000.</p> <p>For 2025/26 it is therefore proposed to continue this work of increasing grip and control to deliver the remainder of the saving. This project will continue to focus on increased recycling rates, rationalisation of the range of available stock items and the enhanced governance and approval processes through the newly established High Cost Equipment Panel. The panel will help to ensure that suitable controls are in place to provide assurance that equipment prescribed is appropriate to meet the level of need and that the most cost-effective option has been chosen.</p> <p>The project will also review the current model of satellite stores across the city, with the potential to either reduce the number of stores or strengthen the grip and control around their use. The project will also scope potential fleet efficiencies, crisis delivery options and review the use of supplementary staffing.</p>			<b>Financial Impact</b>		
					<i>Forecast Savings for 25/26 (£m)</i>	0.30
					<i>Additional Forecast Savings for 26/27 (£m)</i>	TBC
					<i>Additional Forecast Savings for 27/28 (£m)</i>	N/A
<b>Risks and impacts</b>	<p>An integrated impact assessment was completed for this proposal in February 2024 and can be found here: <a href="#">Savings programme 2024-25 - community equipment IIA - Edinburgh Health &amp; Social Care Partnership</a>. A revised IIA focusing on the impact of restricting specific stock items was carried out on 3 Dec and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></p> <p><b>Impact on people</b></p> <ul style="list-style-type: none"> <li>The main impact on people is that for certain smaller items, they will be asked to purchase their own. This is consistent with the decision taken by the EIJB as part of the 2024/25 budget and it should be noted that the restricted items were selected following a detailed review by AHPs across Edinburgh, East Lothian and Midlothian and deemed to have minimal impact as they are either available readily from a range of physical or online stores, or alternative, more suitable equipment can be provided by the CELS. This proposal may have more impact for people with low incomes, however, each request will be considered by the appropriate professional and suitable mitigations can be carried out depending on individual circumstances.</li> </ul>					

No.	8	Savings Proposal:	One Edinburgh: Shift to Reablement	Lead:	Angela Lindsay	
<b>Proposal Summary (Scope)</b>	<p>One Edinburgh emphasises reablement so that people can live as independently as possible. As we move through this change programme reablement will be the starting point for anyone who has a new need for home-based support. In line with a reablement model, we will be transitioning our internal long term care out to external providers and restructuring the service.</p> <p>This proposal is in line with One Edinburgh plans previously reported to the IJB and includes:</p> <ul style="list-style-type: none"> <li>• Savings relating to a reduction in the need for long-term care following the transition to reablement (£2.4m)</li> <li>• Savings resulting from a restructure of the homecare and reablement service to support that transition (£0.1m)</li> <li>• Grip and control of package retention following hospital admission (£0.2m)</li> </ul> <p>Therapy-led reablement training for staff is already underway and will be complete by March 2025. Long-term care will transition to private providers by March 2025. Further development of the Totalmobile system continues to support the shift to reablement, with key focus on improved use of our capacity.</p> <p>Work is being undertaken to review and revise the staffing structure to support delivery. This will include:</p> <ul style="list-style-type: none"> <li>• A leaner Management Structure and a centralised back-office structure</li> <li>• A review of job roles and services, in-line with the vision of a therapy enhanced reablement service</li> </ul>				<b>Financial Impact</b>	
					<i>Forecast Savings for 25/26 (£m)</i> <i>Subject to change</i>	2.70
					<i>Additional Forecast Savings for 26/27 (£m)</i>	TBC
					<i>Additional Forecast Savings for 27/28 (£m)</i>	TBC
<b>Risks and impacts</b>	<p>This proposal will empower individuals to regain and maximise their independence and confidence, allowing them to live at home for longer, improving outcomes and reducing LT care. However, some people will see changes to their long-term care, although this will be done via person-centred reviews.</p> <ul style="list-style-type: none"> <li>• Staff are being trained in reablement skills, however, there may be an impact on staff retention. There is a risk that the inclusion of the enhanced care pathways will reduce or delay savings realisation as a result of more complex needs transitioning through service with lower reablement potential.</li> <li>• An Integrated Impact Assessment was completed for this proposal and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

<b>No.</b>	9	<b>Savings Proposal:</b>	<b>Older People Day Opportunities</b>	<b>Lead:</b>	Katie McWilliam	
<b>Proposal Summary (Scope)</b>	<p>In 2024/25, the Older People’s Day Opportunities project delivered a reduction of 10% in contract value for older people’s block contracts for day support, saving £0.23 million. This was delivered in close collaboration with the Older People’s Pathways Programme, which aims to provide the evidence base to 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. The project team also supported day opportunity providers to develop a business model that could attract private clients to ensure that impact on providers was minimised.</p> <p>As part of the 2024/25 project, a two-year approach was agreed, with a 10% reduction in year one and a further 10% reduction planned for year 2 (2025/26). The saving for 2025/26 will be £300,000, which will be applied across all older people’s registered day services. Contracts have been issued to the revised value and the saving will be effective from 1 April 2025.</p> <p>There has been regular and ongoing engagement with older people’s day opportunities providers throughout the year to ensure that this change is delivered smoothly and efficiently.</p>				<b>Financial Impact</b>	
					<i>Forecast Savings for 25/26 (£m)</i>	0.30
					<i>Additional Forecast Savings for 26/27 (£m)</i>	N/A
					<i>Additional Forecast Savings for 27/28 (£m)</i>	N/A
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• Risk that assessed needs cannot be met in a timely manner and waiting lists increase.</li> <li>• Risk of increased carer stress and crisis, though this will, in part, be mitigated through the provision of Adult Carer Support Plans.</li> <li>• 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.</li> <li>• There may be increased complaints if people are unable to access day support.</li> <li>• An Integrated Impact Assessment has been carried out for this proposal and can be found here: <a href="https://www.edinburghhsc.scot/the-iib/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-iib/integrated-impact-assessments/</a></li> </ul>					

<b>No.</b>	<b>10</b>	<b>Savings Proposal:</b>	<b>Health Inequalities grants</b>	<b>Lead:</b>	<b>Andrew Hall</b>	
<b>Proposal Summary (Scope)</b>	<p>The Health Inequalities grants programme provided a range of small grants to third and community sector providers to deliver early intervention and prevention activity. The grants programme had originally been intended to run for three years, but was extended by a further two years, with the end date set at 31 March 2025. In November 2024, as part of its in-year Recovery Plan, the EIJB considered a proposal to bring that end date forward and cease the grants programme early by providing three months’ notice. This proposal was not agreed, and a further report was brought back to the EIJB in December 2024, following engagement with representatives affected grant recipients, which instead proposed extending the end date of the programme by three months, with a revised end date of 30 June 2025. This was approved.</p> <p>As such, the grants programme will cease on 30 June 2025 and this savings proposal represents the 9 month impact of the cessation of the grant funding.</p> <p>The EIJB continues to value early intervention and prevention and is committed to working in partnership with community organisations through a more comprehensive, evidence-based approach to ensure that preventative activities could be targeted to support the EHSCP’s strategic objectives.</p>				<b>Financial Impact</b>	
					<i>Forecast Savings for 25/26 (£m)</i> <i>Subject to change</i>	3.40
					<i>Additional Forecast Savings for 26/27 (£m)</i>	0.80
					<i>Additional Forecast Savings for 27/28 (£m)</i>	N/A
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• Impact on third sector providers by both withdrawing funding and decreasing opportunities for matched funding.</li> <li>• Impact on people as some supports may cease, however, this allows EIJB funding to be focused on the provision of statutory services to the most vulnerable.</li> <li>• An Integrated Impact Assessment was carried out for this proposal and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

<b>No.</b>	<b>11</b>	<b>Savings Proposal:</b>	<b>One Edinburgh Reviews</b>	<b>Lead:</b>	<b>Angela Lindsay</b>	
<b>Proposal Summary (Scope)</b>	<p>Over the last 2 years, the EHSCP has had a focus on reviewing existing packages of care and support and ensuring that they are right-sized, in order to maximise independence for the individual wherever possible through an asset-based approach. This programme was originally established as part of the 2023/24 savings programme and evidence has shown that in some cases, we are able to safely reduce the cost and size of packages of care while still delivering against individual outcomes. One Edinburgh has completed 750 reviews in 2024/25 to date.</p>				<b>Financial Impact</b>	
	<p>This proposal would continue that work, but transition the focus of reviews from current scope to targeting the following cohort:</p> <ul style="list-style-type: none"> <li>• 6-week post reablement discharge</li> <li>• 12-month post reablement discharge</li> <li>• Requests from home care providers to increase a package of care</li> </ul>				<i>Forecast Savings for 25/26 (£m) Subject to change</i>	0.75
	<p>The restructure of the Reablement service will maintain a team that will continue to administer home care specific reviews. This will allow savings realisation to continue across the full year and into future year plans.</p>				<i>Additional Forecast Savings for 26/27 (£m)</i>	TBC
					<i>Additional Forecast Savings for 27/28 (£m)</i>	N/A
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• Increased right-sizing of packages to maximise independence.</li> <li>• 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.</li> <li>• There is a risk to savings realisation if the review team focus is disrupted by competing demands or organisational review.</li> <li>• An Integrated Impact Assessment was carried out for this proposal and can found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

<b>No.</b>	<b>12</b>	<b>Savings Proposal:</b>	<b>Learning Disabilities and Mental Health Reviews</b>	<b>Lead:</b>	<b>Matt Kennedy and Anna Duff</b>	
<b>Proposal Summary (Scope)</b>	<p>Building on the success of the 24-25 Reviews Project, it is proposed to continue the reviewing work into the new financial year with a savings target of £1.9M. The reviews will be targeted at working-age adults, with an increased focus on maximising independence for as long as possible. This will enable the Partnership to support as many people as possible with the limited resources available, focusing on the most vulnerable.</p> <p>The team will review people with a learning disability for the first 32 weeks, aiming to complete 721 reviews with an average 10% saving per review. The team will be bolstered by LD skilled resources, which will both increase the potential throughput and enhance the understanding of LD best practice. The team will work to the following criteria:</p> <ul style="list-style-type: none"> <li>• Review day support</li> <li>• Review ratio of care eg 2:1, 3:1 etc</li> <li>• Review overnight support (waking nights, sleepovers, responder service)</li> <li>• Review transport.</li> </ul> <p>Once the LD reviews have been completed, the team will pivot to complete MH reviews. There are an estimated 267 reviews in this cohort.</p>				<b>Financial Impact</b>	
					<i>Forecast Savings for 25/26 (£m)</i>	1.95
					<i>Additional Forecast Savings for 26/27 (£m)</i>	1.0
					<i>Additional Forecast Savings for 27/28 (£m)</i>	TBC
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• Approximately 980 people will be reviewed under this proposal, so there will be a significant impact on people with LD and MH conditions, their families and carers. Current levels of support are likely to be reduced across this cohort, however, this will take place only where appropriate following a detailed strengths-based and person-centred review to ensure that all eligible needs are met.</li> <li>• Reviews will be completed on a provider by provider basis to allow for shared support arrangements to be reviewed concurrently. The saving target assumes a 10% reduction in spend, however, it is proposed that to minimise impact on providers, long-term care in internal services will also be reviewed and moved to the external market, freeing up the internal service to focus on crisis management.</li> <li>• An Integrated Impact Assessment has been completed for this proposal and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					



No.	13	Savings Proposal:	Vaccinations Redesign	Lead:	Amegad Abdelgawad	
<b>Proposal Summary (Scope)</b>	<p>The Primary Care Vaccination Fund was originally provided by the Scottish Government as result of the pandemic on a non-recurring basis. Edinburgh’s share in 2024-25 was c£4.4m.</p> <p>The vaccination transformation programme is overseen by NHSL Vaccination Delivery Board and delivered by the four Health and Social Care Partnerships. The programme delivers all types of vaccinations including flu, COVID19, pneumococcal, shingles etc. Edinburgh’s cost per vaccine is c£10.35.</p> <p>Since the pandemic, uptake of vaccinations in the city has dropped to pre-pandemic levels (uptake of the Winter Vaccination Programme has reduced from 66% in 2022/23 to 54% in 2023/24). It is therefore proposed to redesign the service in line with these reduced uptake figures by revising the additional staffing capacity which is currently provided via the staff bank.</p> <p>If further savings are still required to achieve the full target, the current site model will be reviewed, with the potential to reduce the number of sites from which the vaccination service is provided. The redesign will have an explicit plan for expansion should uptake be greater than expected or consumer behaviour change.</p>				<b>Financial Impact</b>	
					<i>Forecast Savings for 25/26 (£m)</i>	1.00
					<i>Additional Forecast Savings for 26/27 (£m)</i>	TBC
					<i>Additional Forecast Savings for 27/28 (£m)</i>	N/A
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• There should not be any impact in redesigning workforce if there is a clear plan for expansion, should the uptake or demand increase.</li> <li>• Should any disinvestment in vaccination sites be proposed, a full Integrated Impact Assessment will be carried out once a site has been selected, and a clear communication plan developed.</li> <li>• An IIA Statement was completed for this proposal and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

No.	14	Savings Proposal:	Learning Disability Redesign Programme	Lead:	Anna Duff	
<b>Proposal Summary (Scope)</b>	<p>This proposal continues and builds on work which has been underway in recent years to redesign supports and services for people with a learning disability. While wider work is planned in relation to the commissioning of new framework contracts which will deliver best value and improved outcomes for people in the longer-term, this savings proposal seeks to generate efficiencies through better matching of need to cost effective available services. There are three main elements to the savings proposal:</p> <ol style="list-style-type: none"> <li>1. A procurement exercise to secure an independent provider for care and support provision within Firrhill Care Home, which is not currently operational. Following appointment of a provider, we would then work with individuals and their families and carers to transition them from more expensive private provision into Firrhill.</li> <li>2. Identification of circa 15 individuals, currently supported by the internal Support Works team, whose needs can be appropriately met by more cost-effective options within the independent market. The high levels of agency usage within Support Works means that this could be achieved with minimal impacts on staff and would free up the internal service to focus on the provision of support to the most complex and vulnerable.</li> <li>3. Rationalisation of non-pay related savings of circa £200k through better grip and control, primarily in relation to rents and premises costs.</li> </ol>				<b>Financial Impact</b>	
					<i>Forecast Savings for 25/26 (£m) Subject to change</i>	0.60
					<i>Additional Forecast Savings for 26/27 (£m)</i>	TBC
<i>Additional Forecast Savings for 27/28 (£m)</i>	N/A					
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• Impacts on individuals, who may see their current care and support provider change, with associated stress</li> <li>• Impacts on choice and control for people who currently receive services via a package of care</li> <li>• Some risk associated with perception that care and support is being outsourced</li> <li>• Risks to timescales for implementation if engagement with individuals and their families takes longer than anticipated</li> <li>• There will be a requirement for social work resource to review the individuals and ensure transitions are well planned and managed</li> <li>• An Integrated Impact Assessment has been completed for this proposal and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

<b>No.</b>	<b>15</b>	<b>Savings Proposal:</b>	<b>Telecare and Sheltered Housing service staffing review</b>	<b>Lead:</b>	<b>Heather Mackie</b>	
<b>Proposal Summary (Scope)</b>	<p>Telecare and Sheltered Housing Support form part of the Assistive Technology Enabled Care 24 (ATEC24) group. The services provide a 24/7 technology enabled care and housing support service, supporting over 8000 residents in the city. In-home digital telecare technologies are used to facilitate emergency support from our mobile response teams. Short-term Housing Support and community inclusion activity is also provided in Sheltered Housing.</p> <p>This proposal will review and remodel the management, coordination and frontline functions across the services, to create one newly formed service area. This will include associated functions of business support and the in-housing of the complex Telecare technical services. The remodelling will focus on maximising existing provision and optimising the technology-led offering, to support the broader EHSCP strategy. In addition, there will be a focus on loneliness, social isolation and mental wellbeing as a core offering.</p> <p>This will ensure that services have a greater focus on improving population health and wellbeing while improving medium to long-term sustainability. Digital transition within the Telecare service will provide greater capability to maximise transformation opportunities and improve the citizen experience. Support provided across the Sheltered Housing estate will be re-aligned to the changing population and wider community need.</p>				<b>Financial Impact</b>	
					<b>Forecast Savings for 25/26 (£m) Subject to change</b>	0.30
					<b>Additional Forecast Savings for 26/27 (£m)</b>	0.30
					<b>Additional Forecast Savings for 27/28 (£m)</b>	N/A
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• Overlapping activity between the core Telecare operation and the Assistive Living team may create duplication of service delivery.</li> <li>• Delays and mis-alignment with housing regarding planning for Sheltered Housing, which may have a direct impact on either timescales or quality output of the review.</li> <li>• Resistance to organisational change could delay implementation target and savings realisation</li> <li>• An IIA Statement was completed for this project and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

No.	16	Savings Proposal	Block Contract Rationalisation	Lead	Andy Hall	
<b>Proposal Summary (Scope)</b>	<p>The EHSCP spends approximately £30m on a wide range of block contracts for externally commissioned services and supports. Block contracts provide a range of different services including: day opportunities, advocacy support, overnight support, carers support, Thrive mental health services, information and advice services, adult community treatment services, specialist condition-specific supports and volunteer support.</p> <p>Many of these contracts have been in place for some years, having been originally commissioned to meet priorities at the time. Given the size and scale of the financial challenge, the Service Director for Strategy intends to review and evaluate all block contracts to ensure that they remain:</p> <ul style="list-style-type: none"> <li>• Aligned to current strategic priorities and the refreshed IJB Strategic Plan</li> <li>• Focused clearly on the provision of delegated services which meet our statutory duties</li> <li>• Delivering the volume and outcomes anticipated.</li> </ul> <p>Until the contract review is complete, it is not possible to determine exactly which contracts will be reduced or ceased. Full Integrated Impact Assessments will be undertaken and shared with the IJB once the review is complete, and the full list of proposed changes will be brought to the EIJB for formal approval in April 2025.</p>				<b>Financial Impact</b>	
					<i>Forecast Savings for 25/26 (£m)</i> <i>Subject to change</i>	2.20
					<i>Additional Forecast Savings for 26/27 (£m)</i>	TBC
					<i>Additional Forecast Savings for 27/28 (£m)</i>	N/A
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• Potential impacts on people who receive services through these contracts, who may wait longer for a service or may need to access alternatives</li> <li>• Potential impacts on organisations in receipt of these contracts (including third sector orgs) who may see contracts reduced or cancelled with consequent risk to their business models and/or staff</li> <li>• Risk that contract rationalisation places more demand on third sector and community based supports</li> <li>• Risk that contract rationalisation places further demand on internal EHSCP statutory services</li> <li>• An IIA Statement was completed for this project and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

No.	17	Savings Proposal:	Mental Health: Rationalisations	Lead:	Anna Duff	
<b>Proposal Summary (Scope)</b>	<p>This proposal seeks to cease provision of two small Mental Health services as well as transferring a historical non staff budget towards savings.</p> <p>The two services in question operate in one locality each only, providing information, advice and activities. A number of alternatives exist which operate citywide with broader remits. It is therefore considered that the services can be closed with minimal impact on people who currently access them. This proposed saving will affect a very small number of staff, who will be supported into alternative roles according to their employer's redeployment policy. The saving expected to be released is in the region of £95,000 pa. A communications plan will be developed as part of the implementation planning to ensure that all referrers such as GPs are aware of the alternative options available.</p> <p><b>Choose Life budget transfer:</b> This proposal seeks to transfer non staff costs from the historical Choose Life budget to savings. This would release a recurring saving of £18,355 p/a.</p>				<b>Financial Impact</b>	
					<i>Forecast Savings for 25/26 (£m)</i> <i>Subject to change</i>	0.10
					<i>Additional Forecast Savings for 26/27 (£m)</i>	TBC
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• Service users would need to transition to alternative provision. There are a number of alternative organisations that provide similar services in Edinburgh.</li> <li>• Staff will be supported through redeployment policies to find alternative roles.</li> <li>• We will manage the expectations of the GPs who use this service and redirect them to alternative services (iThrive / Thrive open access).</li> <li>• An Integrated Impact Assessment was carried out for this proposal and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

<b>No.</b>	18	<b>Savings Proposal:</b>	<b>Use of Carer’s funding to meet costs of purchased replacement care</b>	<b>Lead:</b>	Katie McWilliam	
<b>Proposal Summary (Scope)</b>	<p>The Edinburgh Carers Strategy 2023-26 sets out the vision, priorities and outcomes for health and social care planning partners to make Edinburgh a caring city.</p>				<b>Financial Impact</b>	
	<ul style="list-style-type: none"> <li>• A city where carers have rights, choices, and opportunities to access a wide range of supports.</li> <li>• A city where carers have a voice, individually and collectively.</li> <li>• A city which respects carers as equal partners in care and where carers feel valued and well supported in their communities.</li> <li>• A city where carers care with confidence and in good health.</li> </ul>				<i>Forecast Savings for 25/26 (£m) Subject to change</i>	1.50
	<p>On an annual basis, a spending programme is developed to support the delivery of the Carers Strategy. In recent years however, it has been recognised that the EHSCP purchasing budget increasingly bears significant additional costs for replacement care outwith this programme, which directly benefits unpaid carers.</p>				<i>Additional Forecast Savings for 26/27 (£m)</i>	N/A
	<p>For 2025/26, there is currently £1.5m of unallocated carers funding within the programme. This proposal recommends that this funding is transferred to the purchasing budget to offset the additional costs incurred.</p>				<i>Additional Forecast Savings for 27/28 (£m)</i>	N/A
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• There is some risk of additional carer stress and carer breakdown.</li> <li>• This proposal represents an opportunity loss, with the £1.5m not being available to fund new initiatives to support carers but does not represent a direct loss of service as plans had not been made for this funding.</li> <li>• An IIA Statement was completed for this project and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					

<b>No.</b>	<b>19</b>	<b>Savings Proposal:</b>	<b>Direct Payments – Aligning Outcomes</b>	<b>Lead:</b>	<b>Matt Kennedy</b>	
<b>Proposal Summary (Scope)</b>	<p>In accordance with Self-Directed Support legislation, Edinburgh Health and Social Care Partnership offer individuals all available options for the provision of social care, including the use of Direct Payments. Direct Payments give individuals a greater level of autonomy and flexibility, enabling them to make decisions about how best to tailor support to their own needs.</p> <p>The HSCP is currently committed to approximately £45m of Direct Payments each financial year.</p> <p>A proportion of Direct Payment arrangements have been identified as not meeting the initially agreed outcomes, the substantial or critical eligibility criteria or have been used in a way that is inconsistent with agreed outcomes. The team have identified 300 potential cases representing up to £5m annual expenditure. This is an average annual cost of approximately £16k per individual.</p> <p>It is therefore proposed to carry out holistic reviews of people in this category, ensure that the Direct Payment is still the best way of meeting their eligible needs and that the payments are set at the appropriate level. This may result in some reductions in Direct Payments, some increases where eligible needs have changed, and some people choosing to switch to alternative ways of receiving their support.</p>				<b>Financial Impact</b>	
					<i>Forecast Savings for 25/26 (£m) Subject to change</i>	1.80
					<i>Additional Forecast Savings for 26/27 (£m)</i>	3.40
					<i>Additional Forecast Savings for 27/28 (£m)</i>	TBC
<b>Risks and impacts</b>	<ul style="list-style-type: none"> <li>• Some service users will have payments reduced or ceased, or may choose to move to alternative ways of receiving support</li> <li>• Some service users may be financially impacted as Direct Payments are being used to supplement general household expenditure. While Direct Payments are not provided for this purpose, some people may experience this as a disbenefit and may require additional support with financial management.</li> <li>• An Integrated Impact Assessment has been carried out for this proposal and can be found here: <a href="https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/">https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/</a></li> </ul>					





### Appendix 3 – Additional savings proposals for further development

The following proposals continue to be developed by officers. Due to the work required to implement, it is likely that these will realise savings in 2026/27. Detailed development will continue and these proposals will be brought back to the Integration Joint Board during the course of 2025/26.

No	Title	Lead	Strategic Theme
1	One Edinburgh: 5 minute increments	Angela Lindsay	Contracts/commissioning rationalisation
2	One Edinburgh: Overnight Service	Angela Lindsay	Transformation
3	Care home estate remodelling	Heather Mackie	Transformation
4	Learning Disability Overnight Support Models	Anna Duff	Contracts/commissioning rationalisation
5	Income Maximisation and Charging Policy	Moira Pringle	Grip and control/efficiency
6	Phase 2 of Organisational Restructure	Mike Massaro-Mallinson/Andy Hall	Transformation
7	Mental Health and Learning Disability Commissioning Frameworks	Anna Duff	Contracts/commissioning rationalisation

No	Title	Description
1	One Edinburgh: 5 minute increments	As part of the “One Edinburgh” programme, procurement is underway for a new framework contract for the purchase of commissioned care at home services. Savings would be delivered through the principle of proportionate care, with the potential to purchase services in 5 minute increments rather than the current 15 minutes, more accurately reflecting the time spent on delivering care. There will be no impact on people receiving care and support as only unused time would be removed. Substantial preparatory work on processes and systems will be required to implement this, and therefore it is anticipated that the saving will not be realised until 2026/27.
2	One Edinburgh: Overnight Homecare Service	The Overnight Home Care Service is an internally provided citywide service which provides visiting home care support to approximately 60 people per night. This is not a service commonly provided by internal teams in other HSCPs and as it provides long-term continuing care, it is not in line with our strategic direction to transition towards a reablement-only service. This proposal would see the discontinuing of the service in its current format, with support reprovisioned to best meet the needs of current users. Next steps will include testing commissioning options with external market and engaging staff and unions regarding the proposed decommissioning of the internal service.
3	Care home estate remodelling (closure of 2 older homes, reopen Drumbrae)	This proposal would see the closure of the remaining two older care homes within the internal estate, Ferrylee and Jewel House. These homes have surpassed their design life expectancy and cannot provide complex nursing care. The savings generated from these closures would then be used to fund the re-opening of the former Drumbrae care home as a nursing home, with staff and residents accommodated there. This is currently the only affordable way to fund the opening of Drumbrae.

4	Learning Disability: Overnight Support Models	Review people currently in receipt of overnight supports eg waking nights and sleepovers, with the aim of stepping down to the next level of support where appropriate and utilising remote monitoring and telecare options wherever possible. Will likely require new commissioning of services to meet demand.
5	Income Maximisation and Charging Policy	There are a number of services provided free of charge in Edinburgh which are chargeable in other local authorities across the country. Edinburgh currently ranks 12th across Scotland for recovery of care costs. It is proposed that we explore the potential for extending the charging policy to cover a number of new areas. This could include charging for: day services, transport, aids and equipment and corporate appointeeship. Charging tapers and criteria will also be reviewed. A public consultation is required for policy changes of this nature and implementation will need to be carefully planned.
6	Phase 2 of Organisational Restructure	Phase 2 of the organisational restructure of staffing models within the HSCP is now underway. This process will design and implement new staffing structures for both strategic and operational teams. Further work is required to understand the potential savings which will result from this and the timeframe for implementation.
7	Mental Health and Learning Disability Commissioning Frameworks	Further work is required to scope, specify and implement new commissioning models and framework contracts for the provision of LD and MH services and supports. Due to procurement timelines, this work will not generate savings until years 2 and 3. This will be further supported by the implementation of a new brokerage function which will ensure greater control and oversight of contracts.

## Appendix 4: Integrated Impact Assessment Review Plan

Ref	SRO	Project Name	IIA Status on EHSCP site	Update	Proposed Review date
	Christine Laverty	Cumulative IIA	IIA Completed - Published	IIA completed in March 25. To be kept under review and updated as plans develop.	July 25
1	Individual Service Fund (ISF) reclaim	Emma Gunter	IIA Statement - Published	Statement published. Final. No further action required.	-
2	Gross funding debt recovery	Matt Kennedy	IIA Completed - Published	IIA completed in February 25. To be kept under review and updated as plans develop.	July 25
3	Prescribing efficiency programme	Amegad Abdelgawad	IIA Completed – Published	Statement published. Final. No further action required.	-
4	Primary care savings	Amegad Abdelgawad	IIA Statement - Published	Statement published. Final. No further action required.	-
5	Hosted and set aside savings	Moira Pringle	IIA Statement – Published	Statement published. Final. No further action required.	-
6	Negotiations of commissioned care home rates	Emma Gunter	IIA Statement – Published	Statement published. Final. No further action required.	-
7	Community equipment	Heather Mackie	IIA Completed – Published	IIA completed in December 24. To be kept under review and updated as plans develop.	July 25
8	One Edinburgh: reablement	Angela Lindsay	IIA Completed – Published	IIA completed in February 25. To be kept under review and updated as plans develop.	July 25
9	Older people’s day opportunities	Katie McWilliam	IIA Completed - Published	IIA completed in December 25. To be kept under review and updated as plans develop.	July 25
10	Health inequalities grants	Andrew Hall	IIA Completed - Published	IIA completed in October 24. To be kept under review and updated as plans develop.	July 25
11	One Edinburgh reviews	Angela Lindsay	IIA Completed - Published	IIA completed in January 25. To be kept under review and updated as plans develop.	July 25

Ref	SRO	Project Name	IIA Status on EHSCP site	Update	Proposed Review date
12	Mental Health and Learning Disability reviews	Matt Kennedy/Anna Duff	IIA Completed – Published	IIA completed in January 25. To be kept under review and updated as plans develop.	July 25
13	Vaccinations redesign	Amegad Abdelgawad	IIA Statement – Published	Statement published. Final. No further action required.	-
14	Learning Disability Redesign Programme	Anna Duff	IIA Completed – Published	IIA completed in February 25. To be kept under review and updated as plans develop.	July 25
15	Telecare and sheltered housing service staffing review	Heather Mackie	IIA Statement – Published	Statement published. Final. No further action required.	-
16	Block contract management and rationalisation	Andrew Hall	IIA Statement - Published	Statement published stating intention to complete IIAs once contracts identified. These will be kept under review and updated appropriately.	April 25
17	Mental Health: rationalisations	Anna Duff	IIA Completed - Published	IIA completed in February 25. To be kept under review and updated as plans develop.	July 25
18	Use of Carer’s funding to meet additional costs of purchased replacement care	Katie McWilliam	IIA Statement - Published	Statement published. Final. No further action required.	-
19	Direct Payments – Aligning Outcomes	Matt Kennedy	IIA Completed - Published	IIA completed in February 25. To be kept under review and updated as plans develop.	July 25

## Appendix 5: Cumulative IIA

### Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed  
Please state if the IIA is interim or final

#### 1. Title of proposal

SRP 2025-26 Cumulative IIA

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

The Savings and Recovery Programme 2025-26 will consist of 19 projects with a combined saving target of £28.69 million.

No	Title	Lead	Amount £M	Strategic Theme
<b>Operational/grip and control proposals</b>				
1	Individual Service Fund (ISF) reclaim	Emma Gunter	£0.80	Grip and control/efficiency
2	Gross funding debt recovery	Matt Kennedy	£1.55	Grip and control/efficiency
3	Prescribing efficiency programme	Amegad Abdelgawad	£5.00	Grip and control/efficiency
4	Primary care savings	Amegad Abdelgawad	£0.70	Grip and control/efficiency
5	Hosted and set aside savings	Moira Pringle	£3.60	Grip and control/efficiency
<b>Previously approved proposals</b>				
6	Negotiations of commissioned care home rates	Emma Gunter	£0.40	Grip and control/efficiency
7	Community equipment	Heather Mackie	£0.30	Grip and control/efficiency
8	One Edinburgh: reablement	Angela Lindsay	£2.70	Transformation
9	Older people's day opportunities	Anna Duff	£0.30	Contracts/commissioning rationalisation
10	Health inequalities grants	Andrew Hall	£3.40	Contracts/commissioning rationalisation
11	One Edinburgh reviews	Angela Lindsay	£0.75	Reviews and right-sizing
12	Mental Health and Learning Disability reviews	Anna Duff	£1.95	Reviews and right-sizing

New proposals				
13	Vaccinations redesign	Amegad Abdelgawad	£1.00	Transformation
14	Learning Disability Redesign Programme	Anna Duff	£0.60	Transformation
15	Telecare and sheltered housing service staffing review	Heather Mackie	£0.30	Transformation
16	Block contract management and rationalisation	Andrew Hall	£2.20	Contracts/commissioning rationalisation
17	Mental Health: rationalisations	Anna Duff	£0.10	Contracts/commissioning rationalisation
18	Use of Carer's funding to meet additional costs of purchased replacement care	Katie McWilliam	£1.50	Contracts/commissioning rationalisation
19	Direct Payments – Aligning Outcomes	Matt Kennedy	£1.85	Reviews and right-sizing
	<b>TOTAL</b>		<b>£29.00</b>	

This year's programme is a combination of operational projects which will improve grip and control, transformational projects which will help us to deliver our strategic objectives, projects focussing on contracts and commissioning arrangements, and projects centring around reviews of current support packages. An IIA or a statement explaining the rationale for not carrying out an IIA has been completed for all projects to show the impact on people with protected characteristics, and on equalities and human rights at an individual level. For some proposals, an IIA will be carried out once scoping has advanced to a stage where the impacts will be clear, and where appropriate, further approval will be sought before proceeding.

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 2025-26.

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

An initial draft of the 2025/26 Savings Recovery Programme was considered by the Edinburgh IJB at their meeting on 17 December 2024 as part of the Medium-Term Financial Strategy update. Papers are available here:

<https://democracy.edinburgh.gov.uk/documents/s78558/6.4%20Updated%20MTFS%20update%20Dec%2024%20IJB.pdf>

The finalised programme will be considered for approval by the Edinburgh Integration Joint Board on 25 March 2025. Where service users are directly affected by specific proposals, they will be notified via appropriate and tailored engagement. A communications plan is in development to ensure that this programme is publicised appropriately to all key stakeholders and partners.

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

Yes

**5. Date of IIA**

6<sup>th</sup> March 2025

**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
Moira Pringle	Chief Finance Officer (Lead Officer)	
Jessica Brown	Innovation and Sustainability Senior Manager	
Rhiannon Virgo	Programme Manager (Facilitator)	February 2020
Holly Hart	PMO Officer	September 2024
Hannah Cairns	Chief AHP	
Jacqui MacRae	Chief Nurse	
David Walker	Principal Accountant	
Katie Feechan	Assistant Finance	
Brian Robertson	Unite the Union	
Emma Gunter	Contracts Manager	
Karen Thom	Strategic Planning and Commissioning Officer – Older People	
Heather Mackie	Head of Service: Community Hospitals, Care Homes and Technology	
Matt Kennedy	Head of Service: Assessment and Care Management	



<b>Neil Primrose</b>	<b>Senior Officer, ATEC24 and union representative (GMB)</b>	
<b>Philip Mcausland</b>	<b>Programme Manager</b>	
<b>Rachel Howe</b>	<b>Engagement and Participation Officer</b>	
<b>Robert Smith</b>	<b>Strategy Manager (Interim)</b>	
<b>Siobhan Murtagh</b>	<b>Senior HR Consultant</b>	
<b>Anna Duff</b>	<b>Head of Service: LD, MH and SM</b>	
<b>Amegad Abdelgawad</b>	<b>Interim Head of Service: Primary Care</b>	
<b>Sarah Bryson</b>	<b>Planning &amp; Commissioning Officer, Equalities Lead</b>	

## 7. 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 – where available use disaggregated data	<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 - Over 65's account for a smaller proportion of the population in Edinburgh than elsewhere in Scotland but the older population is expected to grow significantly - Each of the older population age groups in Edinburgh and Scotland are expected to grow by at least a fifth. This growth highlights the need for the future sustainability within the service. (<a href="#">Population and demographics - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a>)</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"> <li>• Staff training including cultural sensitivity</li> <li>• Recognition of the role of the Third Sector</li> <li>• Effective community engagement</li> <li>• Developing effective approaches to prevention including overcoming isolation.</li> </ul> <p><a href="#">Edinburgh Health and Social Care Partnership, Joint Strategic Needs Assessment, Minority Ethnic Communities Report, 2018</a></p> <p>Details the Strategic direction of the <a href="#">EHSCP Strategic Plan.</a></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
	<p><i>Draft Strategic Plan 2025-28</i></p> <p><i>Census data</i></p>	<p><a href="#">Draft Strategic Plan 2025-2028 - Edinburgh Health &amp; Social Care Partnership</a> This plan is currently out for consultation and outlines the strategic direction of the EHSCP for the next 3 years.</p> <p><a href="#">Home   Scotland's Census</a> provides data on Scotland's population and demographics.</p>
Data on service uptake/access		Details of service access and uptake can be found in each of the individual IIA documents circulated.
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation	<p><i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i></p> <p>Edinburgh Poverty Commission</p>	<p>Provides current and projected data on the demographics within Edinburgh</p> <p><a href="#">Joint strategic needs assessment - Edinburgh Health &amp; Social Care Partnership</a></p> <p>There is also a specific JSNA topic paper on population health and inequalities, which demonstrates that Edinburgh generally is more affluent and has better health than other parts of Scotland, but this hides significant health inequalities in Edinburgh especially when compared Scotland. - <a href="#">Edinburgh Health and Social Care Partnership - Population health and inequalities in Edinburgh</a></p> <p>The <a href="#">SIMD (Scottish Index of Multiple Deprivation)</a> looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime and housing. A map of the geographical areas of deprivation in Edinburgh can be found using the SIMD site.</p> <p><a href="#">Poverty in Edinburgh – data and evidence, Edinburgh Poverty Commission, 2020 - 15% of the population, and as many as 20% of</a></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
		<p><a href="#">children, live in relative poverty. This poverty is spread throughout the city, with two thirds of those living in poverty not living in areas described as deprived. The majority of those in poverty are in employment.</a></p> <p>There are many sources of evidence which outline that people with learning disabilities and mental health are disproportionately impacted by poverty. Below are a range of report from different bodies which support this view:</p> <p><a href="#">Mind the Craic, EVOG, Aug 2020</a></p> <p><a href="#">End Poverty in Edinburgh, CEC Progress Report, 2023</a></p> <p><a href="#">Poverty Commission Edinburgh</a></p> <p><a href="#">Special educational needs and their links to poverty   Joseph Rowntree Foundation</a></p> <p><a href="#">Racial inequality and mental health services in Scotland – new report calls for action   Mental Welfare Commission for Scotland</a></p> <p>There is an internal piece of work undertaken by the Performance and Evaluation Team in EHSCP to understand Care at Home service in relation to inequalities. This piece of work is in the early stages, but this is referenced to highlight these areas have been identified as a particular focus.</p>
Data on equality outcomes		These links research into equality outcomes across Scotland:

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>Scottish Government</p> <p>Public Health Scotland</p> <p>Public Health Scotland</p> <p><a href="#">Home - Learning Disability Today</a></p>	<p>The <a href="#">Independent Review of Adult Care in Scotland</a> published in February 2021 set out the Scottish Government’s vision for a new health and social care system. The review both gathered information of people’s/ organisation’s views to inform the body of the review, but also the equality of outcomes for people who require support and care in Scotland were the focus on the review which emphasised people’s human rights.</p> <p>Timely discharge from hospital is an important indicator of quality. It is a marker that care is person-centred, effective, integrated and harm-free. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge. More information from Public Health Scotland is available here: <a href="#">Delayed discharges in NHS Scotland monthly, Public Health Scotland</a>.</p> <p>Care at Home is care tailored to the needs of an individual that is provided in a person’s own home. Further information on Care at Home through a national lens is available here: <a href="#">Dashboard - Care at Home Statistics for Scotland: Support and services funded by Health and Social Care Partnerships in Scotland 2023/2024 - Care at Home Statistics for Scotland - Publications - Public Health Scotland</a>.</p> <p>People with learning disabilities from Black, Asian, and minoritised ethnic communities are at a higher risk of early and avoidable death, yet annual health check uptake among this group</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
		<p>is typically low. Here, Dr Jahan Foster Zabit, Senior Researcher at the Race Equality Foundation, discusses a project which is working to improve this uptake by promoting cultural sensitivity, accessible communication, and community engagement. <a href="#">The vital role of annual health checks: tackling health inequalities in minority ethnic groups</a></p> <p>For detail of equality outcomes for individual proposals, see individual IIAs</p>
Research/literature evidence	<p>Iriss – Doing social work and social care differently publication</p> <p>Health and social care legislation</p>	<p><a href="#">Doing social work and social care differently   Iriss.</a></p> <p>Health and Social Care legislation:</p> <p><a href="#">Social Care (Self-directed Support) (Scotland) Act 2013</a></p> <p><a href="#">Carers (Scotland) Act 2016</a></p> <p><a href="#">Carers' charter - gov.scot</a></p> <p><a href="#">Adults with Incapacity (Scotland) Act 2000: principles - gov.scot</a></p> <p>Individual IIAs have provided proposal-specific research and evidence.</p>
Public/patient/client experience information	Scottish Government	<p>The Scottish Health and Care Experience Survey commissioned by the Scottish Government is sent randomly to around 5% of the Scottish population every two years. The latest update was received in July 2024 for the results of the 2023/24 survey. National indicators from this survey included in the <a href="#">EIJB's Annual Performance Report</a> show that in Edinburgh:</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
		<ul style="list-style-type: none"> <li>• 75.2% of adults supported at home agree that they are supported to live as independently as possible, compared to 72.4% for Scotland</li> <li>• 57.2% of adults supported at home agree that they had a say in how their help, care or support was provided, compared to 59.6% for Scotland</li> <li>• 63.1% of adults supported at home agreed that their health and social care services seemed to be well co-ordinated, compared to 61.4% for Scotland</li> <li>• 74.1% of adults receiving any care or support rated it as excellent or good, compared to 70% for Scotland</li> <li>• 72% of adults supported at home agree that their services and support had an impact on improving or maintaining their quality of life, compared to 69.8% for Scotland</li> <li>• 78.6% of adults supported at home agreed they felt safe, compared to 72.7% for Scotland</li> <li>• 31.3% of carers feel supported to continue in their caring role, compared to 31.2% in Scotland</li> </ul> <p>A consultation informed the <a href="#">Independent Review of Adult Care in Scotland</a> published in February 2021 which set out the Scottish Government’s vision for a new health and social care system A <a href="#">National Care Service for Scotland: consultation</a> provides more information about the consultation people had the opportunity to engage with.</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
Evidence of inclusive engagement of people who use the service and involvement findings	<i>Edinburgh Carer's Survey 2023</i>	To strengthen support for carers now and for future generations, VOCAL actively seeks carer views and engagement to determine what support might be important to carers in the future: <a href="#">VOCAL Carer Surveys - VOCAL, 2023</a> . Only 24% of carers report a good life balance between caring and other activity, and only 27% felt supported to continue caring.
Evidence of unmet need	<i>Public Health Scotland data</i>	<p>On public platforms, the report is available monthly from Public Health Scotland: <a href="#">People requiring a social care assessment and care at home services, Public Health Scotland - Dec 2024</a>.</p> <p>Timely discharge from hospital is an important indicator of quality. It is a marker that care is person-centred, effective, integrated and harm-free. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge. More information from Public Health Scotland is available here: <a href="#">Delayed discharges in NHS Scotland monthly, Public Health Scotland</a> and <a href="#">People requiring a social care assessment and care at home services, Public Health Scotland - Dec 2024</a></p> <p>Care at Home is care tailored to the needs of an individual that is provided in a person's own home. Further information on Care at Home through a national lens is available here: <a href="#">Dashboard - Care at Home Statistics for Scotland: Support and services funded by Health and Social Care Partnerships in Scotland 2023/2024 -</a></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
		<a href="#">Care at Home Statistics for Scotland - Publications - Public Health Scotland</a>
Good practice guidelines		Data is available in individual IIAs.
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts	Individual IIAs  Cumulative impact  Cumulative impact on key performance indicators	The risk of impact has been assessed in each of the IIAs prepared for the 2025-26 programme.  <a href="#">Savings programme 2024-25 - cumulative IIA - Edinburgh Health &amp; Social Care Partnership</a>  Please see table below.
Other (please specify)		The Independent Review of Adult Social Care <a href="#">Adult Social Care: independent review, The Scottish Government, 2021</a>  A National Care Service for Scotland: Consultation <a href="#">A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</a>  Inspection of adult social work and social care services: the City of Edinburgh <a href="#">Inspection of adult social work and social care services March 2023</a>
Additional evidence required		

The risk of cumulative impact on key performance indicators has been assessed as follows. Further detail on individual impact can be found in the individual IIAs for each project.

No	Title	EHSCP Staffing numbers	Delays	Assessment waitlist	PoC waitlist	Bed occupancy	A&E 4hr performance	
1	Individual Service Fund (ISF) reclaim	None						
2	Negotiations of commissioned care home rates	None	Small negative	None	None	Small negative	None	
3	Community equipment	None						Small positive
4	Gross Funding Debt Recovery	None						
5	Prescribing Efficiency Programme	None						Small negative
6	Primary Care Savings	Negative	None					
7	Hosted and set aside savings	None						
8	One Edinburgh: Reablement	Negative	Positive	Positive	Positive	Positive	Positive	
9	Vaccinations redesign	None						
10	Learning Disability Redesign Programme	None	Positive	None	Positive	Positive	None	
11	Block contract management and rationalisation	None		Small negative	None	Small negative	Small negative	
12	Mental Health – Rationalisations	Negative	None	Negative	None		Negative	
13	Older People’s Day Opportunities	None		Negative	Negative	None		
14	Health inequalities grants	None		Negative	None		Negative	
15	One Edinburgh - Reduce retention period for hospital admissions	None	Negative	None	Small negative	Negative	None	
16	Use of Carers' funding to meet additional costs of purchased replacement care	None						
17	One Edinburgh Reviews	None		Positive	Positive	None	Small negative	
18	Mental Health and Learning Disability Reviews	None		Positive	Positive	None	Small negative	
19	Self-Directed Support Reviews and Right-sizing	None		Positive	Positive	None	Small negative	
20	Telecare and sheltered housing service	Negative	Positive	Positive	Positive	Positive	Positive	

Overall impact	Net negative	Net positive	Net positive	Net positive	Net neutral	Net negative
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**8. In summary, what impacts were identified and which groups will they affect?**

<b>Equality, Health and Wellbeing and Human Rights and Children’s Rights</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>The Savings and Recovery Programme includes a number of projects which will have a positive cumulative impact on older people. Examples of these include Primary Care, Community Equipment and One Edinburgh Reablement, which will increase access to services, equipment, and maximise personal independence.</p> <p>In addition, the programme as a whole will help the EHSCP meet its statutory obligations by ensuring that resources can be prioritised to support the most vulnerable, by delivering efficiencies wherever possible.</p> <p>There will also be some positive impacts for working age adults with a learning disability or a mental health condition through the LD and MH Reviews project and the LD Redesign. These projects will help to right-size care and support, maximise independence and provide the most appropriate living environment for people with a learning disability or mental health condition. The Direct Payment: Aligning Outcomes project will also support people to use their direct payment to meet their care and support needs.</p> <p>It is predicted that the programme will have a net positive impact on people delayed in hospital, people awaiting a social care assessment, and people awaiting a package of care. This will be due to One Edinburgh: Reablement, the LD Redesign and the three Reviews projects maximising independence and right-sizing packages of care, freeing up capacity within the system.</p> <p>There may be career development opportunities for staff resulting from a number of projects within the savings programme, including One Edinburgh: Reablement, LD Redesign and Direct Payments:</p>	<p><b>Older people</b></p> <p><b>All</b></p> <p><b>People with a disability and young people transitioning into adult services</b></p> <p><b>All</b></p> <p><b>Staff</b></p>

<b>Equality, Health and Wellbeing and Human Rights and Children’s Rights</b>	<b>Affected populations</b>
Aligning Outcomes. Training and development will be provided in a number of projects, which will be beneficial for staff involved.	
<p><b>Negative</b></p> <p>There is likely to be a net negative impact caused by the reduction of services for the elderly, reducing possible alternative supports. Projects in this category include the Vaccinations Redesign if a vaccination site closes, the 10% reduction in block contracts for Older People’s Day Support and grants. Some older people will also perceive the reduction in formal support following a review (One Edinburgh Reviews or DP: Aligning Outcomes) as a negative impact. Mitigations are outlined in the IIAs for each individual project, however, as older people are the biggest group of people receiving health and social care services, where cumulative impacts exist, they are most likely to experience them.</p> <p>Reductions in services and alternatives will also impact carers, including young carers, and as carers are disproportionately women, cumulative impacts are more likely to affect women. Projects in this category include the reduction of grants, block contracts, OP Day Opportunities, the opportunity cost arising from the use of carers’ funding to meet additional costs of purchased care, the rationalisation of some MH services and the three Reviews projects. The impacts may include increasing carer stress and the potential for caring arrangements to break down, and may decrease a carer’s ability to engage in paid work. The cumulative impact of reductions on carers can be mitigated through access to Adult Carer Support Plans, through signposting to potential alternative support groups, and through holistic assessments of care needs for the supported person. However, there may not always be like for like replacements available and this cannot be fully mitigated.</p> <p>There are a number of projects likely to result in reduced levels of social care support for people with physical or learning disabilities and mental health conditions, such as LD and MH Reviews, MH Rationalisations and the reduction in third sector support through the grants and block contract reductions. This will lead to a cumulative impact as</p>	<p><b>Older people</b></p> <p><b>Carers, particularly female carers, young carers.</b></p> <p><b>People with disabilities, including physical and learning disabilities, mental health conditions, long-term conditions and sensory loss, people with low literacy skills</b></p>

<b>Equality, Health and Wellbeing and Human Rights and Children’s Rights</b>	<b>Affected populations</b>
<p>alternative provisions reduce. While people will be signposted to alternative community or digital supports, choice and capacity within the third sector will reduce and it is likely that broader services will remain while condition or location specific supports serving only a small population are reduced. This impact can also be mitigated through clear comms and support provided throughout the changes. People with low literacy skills may be harder to mitigate for and a specific communications strategy will be developed to ensure that they can be reached.</p> <p>A reduction in services commissioned or funded specifically for certain groups of people will have a greater impact due to the lack of like for like alternatives. This would apply when services were provided for people of minority ethnicities, for example. People who do not speak English may experience more barriers to accessing alternative services. This can be mitigated only partially by targeted communications.</p> <p>Any reduction in funded formal or third-sector services is likely to disproportionately affect people in or at risk of poverty due to their reduced ability to fund or travel to alternative supports. This is likely to include carers and young carers as well as the supported person. In addition, the reviews of Direct Payments will focus spend on social care needs only, which can be felt as an impact if people have been using them incorrectly to supplement their income. Mitigations for the financial impact include signposting to income maximisation services provided by the City of Edinburgh Council or other partners, to ensure that anyone entitled to benefits is receiving them. In the past we have spent money on non-delegated functions where there has been overlap/correlation, such as on health inequalities. By reducing this spending here in the future we may impact on these groups so we need to work together with partners to ensure that affected individuals can access appropriate services.</p> <p>The savings programme as a whole may push people towards accessing alternative services such as A&amp;E, GP practices or Social Care Direct, increasing the burden on these services. However, these are needs assessed services and will only accept people who have eligible needs, mitigating the overall impact.</p>	<p><b>People of minority ethnicities or non-English speakers, refugees and asylum seekers</b></p> <p><b>People in or at risk of poverty, including carers and young carers, people in receipt of pensions, care experienced people, people experiencing homelessness.</b></p> <p><b>All</b></p> <p><b>People living in rural or semi-rural areas</b></p>

<b>Equality, Health and Wellbeing and Human Rights and Children's Rights</b>	<b>Affected populations</b>
<p>There may be a cumulative impact of reducing grant funding and block contract funding on people living in certain geographical areas. This can be mitigated by provision of citywide or digital services.</p> <p>Some projects will reduce overall staff numbers or redesign services. This may include roles changing for some staff, or redeployment of others. Change can be experienced negatively across all staff groups. Staff impacts can be mitigated by appropriate support from line managers, HR, union and staffside representatives, by the provision of appropriate training where necessary, and by signposting to support services. Staff who are themselves carers may experience cumulative impacts, and the majority of our workforce is female, so the staffing impacts will affect women disproportionately. Older staff are more likely to be negatively impacted by staffing changes. Each SRO is responsible for identifying impacts on staff affected by their savings projects and for taking into account any protected characteristics. Any staff who are redeployed will be protected by the CEC/NHSL organisational policies around redeployment.</p>	<b>Staff</b>

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<b>Positive</b>	
<b>Negative</b>	

<b>Economic</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>Some providers will receive more work as a result of projects within the savings programme. For example, the move to reablement has involved freeing up internal capacity by placing people with external providers. The LD Redesign programme will also offer opportunities for providers. The Primary Care project will also offer an opportunity to local practitioners or businesses to take on a thriving practice with support.</p>	<b>Business community, including local businesses</b>
<b>Negative</b>	

<b>Economic</b>	<b>Affected populations</b>
<p>There will be a cumulative negative impact on the business community due to multiple factors. There will be a reduction of overall spend across every project, which will impact on providers, on the third sector and on the local economy.</p> <p>In addition, no allowance has been made to support providers with National Insurance contributions. This will increase pressure on organisations, which will make them less able to absorb the impact of commissioning fewer hours/services. In partial mitigation, commissioners and contract officers are meeting with providers to support them to assess their operating models and provide guidance on their business models so that they can remain competitive within the market.</p> <p>However, there remains a possibility that some providers, including third sector organisations, may reduce staff as a result of the changes to funding. There is also a 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. In partial mitigation, the Council has recommended that a Third Sector Transition Fund is created to ameliorate the effect of the withdrawal of grant funding. However, this will not apply to any other type of reduction in spend with the third sector eg reviews or contract reductions. The impact can therefore not be fully mitigated.</p> <p>There will also be a cumulative effect of the savings made in 2024/25 and previous years with the savings made in 2025/26. Purchasing spend overall has not reduced, but the rate of growth has been curtailed by the increased focus on savings, and again, some providers or organisations are likely to have seen a reduction where others have not.</p>	<p><b>Business community, including local businesses</b></p>

- 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.**

The savings programme has identified no cumulative impact on the environment.

**12. Additional Information and Evidence Required**

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

**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
Analyse staff affected by organisational redesign to identify staff with protected characteristics	SROs for individual projects, with support from HR	Mar 2025	June 2025



<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Enact a clear communications plan which acknowledges the impacts but is clear about what the budget is protecting.	Rachel Howe, Engagement and Participation Officer	Mar-May 2025	July 2025
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.	Rhiannon Virgo, Programme Manager	May 2025	June 2025
Establish a regular review process to ensure that this IIA is updated appropriately	Rhiannon Virgo, Programme Manager	July 2025	Sep 2025

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

The actions outlined above and the mitigations referenced in individual IIAs 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. This is indicated throughout the report.

**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: Christine Laverty, Chief Officer**

**Date: 14 March 2025**

## **17. Publication**

Completed and signed IIAs should be sent to:  
[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the  
Council website [www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)

**Edinburgh Integration Joint Board/Health and Social Care**  
[sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk) to be published at  
[www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/](http://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/)

## **Appendix 6: Professional Lead Impact Statements**

### **Impact Statement: Principal Social Worker**

#### **Context**

By its very nature, Edinburgh Integrated Joint Board exists to direct integrated services across the Health and Social Care Partnership which meet the various needs of our community including the most vulnerable due to illness, disability and adverse life events. Despite the challenging financial backdrop, it is important to retain sight of the excellent and diverse services that the HSCP continues to deliver every day.

As Principal Social Worker, I have a particular interest in ensuring that the statutory social work functions delegated to the HSCP are fulfilled, that our social work workforce is supported and that we continue to make improvements based on a process of continuous self-evaluation.

I welcome the additional resource committed to the EIJB by the City of Edinburgh Council on 20 February 2025, which will help to protect social work services.

#### **Local Authority Statutory Duties**

There are a range of specific statutory duties placed on the Local Authority that are delegated to the HSCP relating to the delivery of social work services. The HSCP must also fulfil its duty to protect individuals from harm and uphold their human rights.

We are under a legislative and professional duty to keep people safe and to deliver services which ensure this will be prioritised. Within the identified financial constraints, this does mean that services for individuals who are not identified as being at risk of harm or requiring protection may be impacted.

#### **Impact on Service Users**

As Principal Social Work Officer, I have a responsibility to ensure that we deliver high quality and effective services to those currently in receipt of them. At a time of increasing demand and expectation for social care, the delivery of these services to some individuals may be reduced to ensure that we meet the needs of as many people as possible. Where this is identified, it will be in accordance with application of the existing eligibility criteria and through communication with service users, carers and providers.

I am acutely conscious that it is incumbent on us to be prepared and ready to meet the needs of the service users we haven't met yet. We must ensure that we protect our services to be able to meet their needs and ensure that we have a fair and transparent approach to decisions regarding resources.

#### **Impact on the Social Work Workforce**

It is also incumbent on me to support the social work workforce within the HSCP and identify any potential impact on them. The budget measures set out will affect direct services for citizens and are often entwined with relationships based on trust and familiarity. Our frontline social work staff and those that support them including their immediate managers will be the ones who are critical to re-defining the availability of social care and other services to individuals. This comes with significant challenges and the

potential for impact on social work staff who entered a profession on the basis of wishing to make positive improvements in the lives of others. Repeated difficult conversations with individuals and their carers may increase the potential for moral injury and 'burn-out' amongst our workforce and we must be cognisant of that. In addition, measures associated with 'grip and control' will also undoubtedly place greater pressure on our workforce and, in particular, managers who will be the focal point for scrutiny and decision making.

### **Innovation and Improvement**

Despite the stark nature of the measures set out, there is within the proposals significant opportunity to develop innovative approaches to the way that we support individuals in our communities. This can include, for example, promoting greater independence through the use of technology, equipment and an asset-based approach that emphasises strengths and community networks.

It is widely documented that Edinburgh HSCP has been subject to regulatory scrutiny which found major areas for development and improvement across social work and social care services including the delivery of Adult Support and Protection. Whilst significant progress has been made, it must be acknowledged that the pace and scale of improvement will be impacted by the budget measures outlined, not least because of the extent of organisational focus it will take to achieve them. There are opportunities to deliver system improvement, budget efficiencies and better outcomes for people which must be capitalised upon.

### **Conclusion**

The measures proposed to the EIJB to ensure a balanced budget for 2025/26 are inherently challenging and carry a number of risks. These risks include those presented to individuals who may receive less direct support than previously or are unable to access it so readily. There is also a risk to the EIJB that the level of resource required to meet statutory obligations and duties, which include meeting critical and substantial need, will challenge the ability to meet the budget expectations.

The scale and challenge of the cumulative impact of the budget restraint required is significant. However, the savings proposed as part of the Savings Programme 2025/26 will ensure as far as possible that services and resource for those who require them most are protected. This includes both our current service users and those that we know will require our care and support through the course of the year. If this programme is not agreed and alternative proposals sought, it is likely that any alternatives will have a greater negative impact on service users and staff, with much higher associated risks.

**Matt Kennedy**

**Principal Social Work Officer**

**17 March 2025**



## 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 large numbers of vulnerable people without sufficient alternative provision including trusted supported self-management and technological resources in place.

The Integrated Impact Assessments (IIAs) carried out for this year's Savings Programme highlight that the proposed changes will adversely affect particular groups of people, including those with characteristics protected through equality legislation relating to age, gender, and disability.

The proposed financial savings resulting in reduced support 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, any cessation of services that are maintaining precarious home situations with informal support could lead to increased demand for permanent care home settings and increased reliance on hospital-based care, both of which could exacerbate 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 maximising independence, 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 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
- 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.

The savings programme proposed for this year builds on the principles and shift in approach and culture of the previous year. It moves towards an equity of support and maximisation of independence for people through a consistency of approach in prevention, early intervention and enabling practices. The IIA's that have been carried out demonstrate a relatively moderate negative impact on the safety and outcomes of people and their families/carers and in some cases, a positive impact for some groups.

Alternative measures, outwith the programme, have the potential to significantly impact on the safety and outcomes of the people we serve and the performance and quality of the core and statutory services, including those delivered by the AHP's. Any further reduction in resources allocated to the core and statutory services will have the potential to increase the risk of harm and negatively impact outcomes for people, staff wellbeing, system flow and performance.

**Hannah Cairns**

**Chief Allied Health Professional**

**17 March 25**

## **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 2025-26 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 came into force in April 2024. With this came 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 2025**

## **Professional Impact Statement relating to the Savings Programme, 2025-26 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, there has been a global impact of underfinancing in General Practice with work loads increasing as waiting lists in secondary care rise allied to 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 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 8 '2c' practices in Edinburgh and they are more expensive than equivalent 17j practices by around 15% for a number of largely unavoidable reasons. 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**  
**Primary Care Lead**  
**11 March 2025**

