

# Integrated Impact Assessment – Summary Report

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

Interim report	<input checked="" type="checkbox"/>	Final report	<input type="checkbox"/>
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 (Tick as appropriate)

**1. Title of proposal**

Commissioning

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

This proposal seeks to improve commissioning and efficiency within EHSCP, with a focus on residential and nursing care for older people and people with a learning disability. Commissioning is the process of working with the market to attain better contractual arrangements and price points which give us better value for money and stability of price and supply, in line with the commissioning lifecycle. Effective ethical commissioning which is based on the Christie principles of prevention, performance, people and partnership can act as a powerful tool to drive service improvement and deliver not just financial efficiency, but also better outcomes for the individuals we support. Effective commissioning has been recognised by the Care Inspectorate as an area needing focused improvement in Edinburgh.

Long term commissioning will look to maximise use of internal estate and third sector capacity and align to the future of the bed and estate strategy and direction for Edinburgh and attain value for money.

The EHSCP is projected to spend £72m this year on residential care. Currently, almost 60% of this is purchased via spot contracts, which may lead to poorer, more expensive forms of care. Over half of residential and nursing care is purchased at rates above the National Care Home Contract rates. This proposal will involve using focused commissioning best practice to shape the market within the city and seek to drive down the cost of circa 500 care home placements by approximately £100 per week. This will build on the learning from third sector/community commissioning approaches and ethical commissioning exercises such as Thrive and One Edinburgh. This improvement is anticipated to release an in-year saving of £1m. and tailoring support packages as well as more timely reviews post hospital discharge.

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

No public involvement is planned.

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

No

**5. Date of IIA**

1 June 2023

**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)**

<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>
Tony Duncan	Service Director for Strategy	
Emma Gunter	Contracts Manager	
Deborah Mackle	South West Locality Manager	
Emma Pemberton	Acting Strategy Manager	
Stef Milenkovic	EVOC	
Shirley Middleton	Business Manager	
Rene Rigby	Scottish Care	
Steph Craig	Hub Manager,	
Catherine Mathieson	Cluster Manager	
Helen FitzGerald	Partnership rep, NHS	
Kirsten Hey	TU rep, CEC	
Siobhan Murtagh	HR Business Partner, CEC	
Jessica Brown	Innovation & Sustainability Senior Manager	
David Walker	Principal Accountant	
John Enock	Data Analyst	
Pete Pawson	Interim Programme Director	March 2023
Rhiannon Virgo	Project Manager	Feb 2020
Denise McInerney	Executive Assistant	March 2023

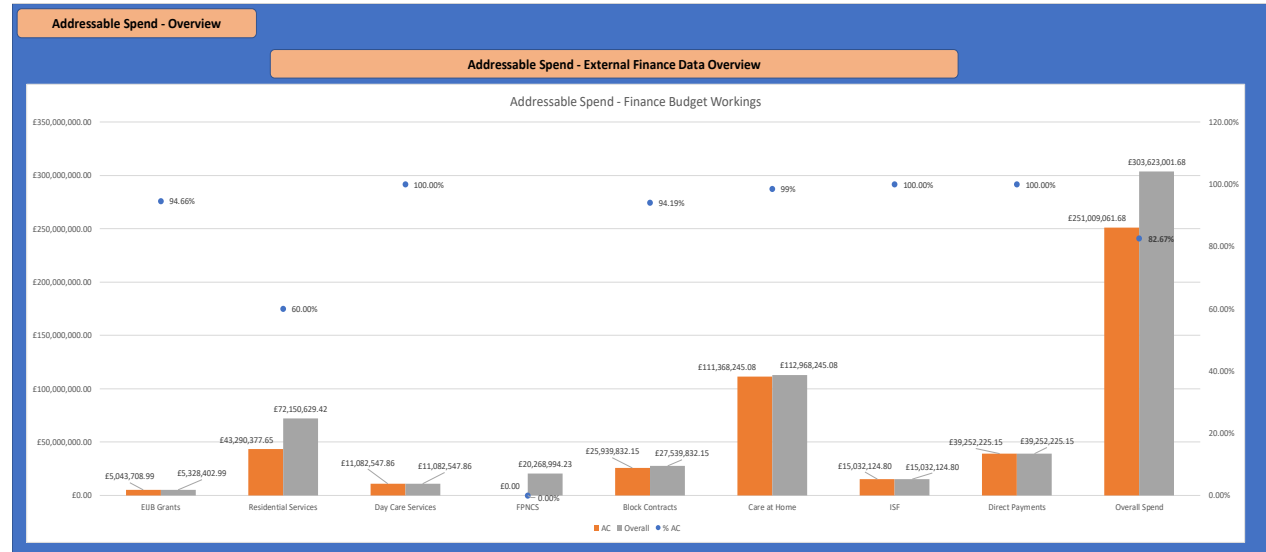
7.

**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	<p>Joint Strategic Needs Assessment – population and demographics</p> <p><i>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><a href="http://edinburghhsc.scot">Population and demographics - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a></p> <p>Provides current and projected data on the wider population in the City of Edinburgh and the projected changes over a multi year period</p> <p><a href="https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf">https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf</a></p> <p>Details the Strategic direction of the EHSCP <a href="https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf">https://www.edinburghhsc.scot/wp-content/uploads/2020/01/Strategic-Plan-2019-2022-1.pdf</a></p>

Data on service uptake/access

Swift data on current spend in residential and nursing



Edinburgh care homes data – internal and external provision

Edinburgh care homes data – internal and external



2023-04-25 -  
Edinburgh Care Home

The 500 cases it is proposed to investigate are based on a current figure of 454 cases identified from Swift data. These 454 cases relate to 422 individuals. It's important to stress that we would be looking to get better price arrangements for these packages rather than changing the packages themselves. The 500 case number is based on the projection going forward into the next financial year, underpinned by demographic growth and demand pressures.

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Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	<i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i>	<a href="https://www.edinburghhsc.scot/population-and-demographics">Population and demographics - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a> Provides current and projected data on the demographics within Edinburgh.																		
Data on equality outcomes	<i>Edinburgh HSCP</i>																			
Research/literature evidence	<a href="#">Local Government Benchmarking Framework 2021/22.</a>	<a href="#">Local Government Benchmarking Framework 2021/22.</a> <a href="#">Local Government Benchmarking</a>																		
Public/patient/client experience information	Care Inspectorate – survey results and	<a href="https://www.careinspectorate.com/images/How_good_is_your_care_-_service_users.pdf">https://www.careinspectorate.com/images/How_good_is_your_care_-_service_users.pdf</a> <a href="https://www.careinspectorate.com/images/How_good_is_your_care_-_relatives_and_carers.pdf">https://www.careinspectorate.com/images/How_good_is_your_care_-_relatives_and_carers.pdf</a> <a href="https://www.careinspectorate.com/inspection-reports">Inspection Reports (careinspectorate.com)</a>																		

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Evidence of inclusive engagement of people who use the service and involvement findings	Vocal carers survey	<a href="http://vocal.org.uk">Insert presentation title here (vocal.org.uk)</a>									
Evidence of unmet need		<p>Learning Disability – residential unmet need</p> <table border="1"> <thead> <tr> <th>Source</th> <th>Number of people</th> <th>Additional info</th> </tr> </thead> <tbody> <tr> <td> <b>Provider sourced for short breaks (respite) and awaiting a start date</b>             (having block contracts offers more security for providers so would likely be more keen to develop this type of support)         </td> <td>19</td> <td>Mainly due to Provider recruitment and retention although some providers wait for a group of people before starting with short break support to ensure financial viability.</td> </tr> <tr> <td> <b>Housing Support and Accommodation List</b>             (This is people looking to move from living with unpaid carers or where care placements may be breaking down)         </td> <td>43</td> <td>31 are actively looking 12 are longer term planned move. Most would not be seeking a care home placement though and would be looking more for their own tenancy/ housing support with care at home</td> </tr> </tbody> </table>	Source	Number of people	Additional info	<b>Provider sourced for short breaks (respite) and awaiting a start date</b>  (having block contracts offers more security for providers so would likely be more keen to develop this type of support)	19	Mainly due to Provider recruitment and retention although some providers wait for a group of people before starting with short break support to ensure financial viability.	<b>Housing Support and Accommodation List</b>  (This is people looking to move from living with unpaid carers or where care placements may be breaking down)	43	31 are actively looking 12 are longer term planned move. Most would not be seeking a care home placement though and would be looking more for their own tenancy/ housing support with care at home
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Good practice guidelines	SG healthcare framework for care homes	<a href="#">Scottish Government Healthcare framework for adults living in care homes</a>
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts	N/A	
Other (please specify)		<p>The Independent Review of Adult Social Care  <a href="https://www.gov.scot/groups/independent-review-of-adult-social-care/">https://www.gov.scot/groups/independent-review-of-adult-social-care/</a></p> <p>A National Care Service for Scotland: Consultation  <a href="http://www.gov.scot">A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</a></p> <p>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></p>
Additional evidence required		

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• Ethical and effective commissioning can delivery better quality care and better value for money, which will benefit all residents. Effective framework contracts with clearly articulated standards, will ensure consistency of care and improved contract monitoring will ensure robust safeguarding for individuals.</li> <li>• The focus on re-negotiation of more cost-effective rates mean that existing residents will not suffer disruption to their current placements, but there will be benefit to public sector finances.</li> <li>• Better commissioning offers providers the opportunity to provide different models of care – for example, step-down or respite. This will increase access and choice for individuals and their carers.</li> <li>• Active and ethical commissioning may offer the opportunity to provide more specialist services within Edinburgh, with consequent positive impacts in terms of choice and access for those who are currently looked after outwith the city. This may be of particular benefit to those young people coming through transition or those with complex learning disabilities, whose placements are often higher cost and out of area. This would offer opportunities to be looked after closer to friends and family.</li> <li>• Active commissioning and the creation of more framework and block contracts for residential and nursing care will increase capacity, meaning that people should be able to access a care placement more quickly, potentially reducing the time they have to wait in in appropriate forms of care (for example, hospital). This may also have positive impacts on families and carers who require support.</li> <li>• Effective commissioning will build on links to third sector and communities, ensuring that care home residents can be more connected to their communities.</li> </ul>	<p>All adults accessing services, including older adults, people of middle years, young adults, adults with physical or learning disabilities, long-term conditions, mental health issues or sensory loss.</p> <p>Young adults, adults with physical or learning disabilities, long-term conditions, mental health issues or sensory loss.</p> <p>All adults accessing services, including older adults, people of middle years, young adults, adults with physical or learning disabilities, long-term conditions, mental health issues or sensory loss.</p>



Equality, Health and Wellbeing and Human Rights	Affected populations
<ul style="list-style-type: none"> <li>• Additional commissioning capacity and capability will reduce the pressure on front-line social work staff, who will be more able to focus their time on assessment and care management.</li> <li>• Positive impacts on currently strategic planning and commissioning staff, with additional capacity and the opportunity to learn from best practice and share knowledge.</li> </ul>	<p>Staff, particularly those in front-line locality assessment and care management roles and in strategic planning and commissioning.</p>
<p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• It is possible that care home providers may pass on increased rates to self-funders to offset any loss of income, impacting those who pay for their own residential care.</li> <li>• If commissioning activity reduces the number of care homes we contract with through the creation of framework contracts, then there may be negative impacts in terms of the range of choice available for those seeking placements.</li> <li>• There is a risk that those at risk of falling into poverty may be more significantly impacted by a lack of choice if the number of care homes on frameworks is narrowed, as they may have less opportunity to exercise choice than those funding their own care.</li> <li>• It is possible that creation of framework and block contracts may reduce the number of care home placements available in different geographical areas, with possible negative impacts for those who may need to be looked after further away from their homes and families, and for families, who may need to travel further to visit their loved one.</li> </ul>	<p>All self-funding adults accessing services and their families.</p> <p>All adults accessing services.</p> <p>People at risk of poverty, including carers.</p> <p>All adults accessing service, carers.</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• Ethical and effective commissioning may offer opportunities to highlight sustainability agenda with providers with advice and guidance from the EHSCP and the Council.</li> </ul>	
<p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• None identified.</li> </ul>	

Economic	Affected populations
<p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• Active and ethical commissioning will provide stability for providers and allow for the creation of good quality jobs in Edinburgh, which may also help to provide positive destinations for young people seeking employment.</li> <li>• Effective commissioning will provide opportunities to maximise community wealth building, making use of progressive procurement approaches and benefitting the wider community.</li> <li>• Commissioning may allow for increased use of local providers, with less reliance on out of area placements.</li> </ul>	<p>Care home providers, independent sector workforce.</p>
<p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Driving down the cost of some placements may have impacts on the financial sustainability of some providers.</li> </ul>	<p>Care home providers.</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?**

Services associated with this proposal will be provided across CEC, voluntary and/or private sector organisations, most of which are commissioned or purchased by the Partnership. All equality, human rights, environmental and sustainability issues are covered by the Contractual or Framework Agreements, good practice guidance or the contracted terms and conditions. Where it is required continued oversight, monitoring and assured sustainability will be provided by the Partnership. Where children/ young people are within scope, they too will be covered as above.

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

All communications plans/ strategies will be compliant with;

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

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

If this proposal is agreed, a full communications plan will be developed as part of the implementation process.

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

No

- 12. Additional Information and Evidence Required**

None

- 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:**

<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>
Review of IIA once implementation plan is complete	Tony Duncan, Service Director for Strategy		July 2023
Review data assumptions ahead of confirming cohort of placements to be reviewed.	Peter Pawson/John Enock		July 2023
Secure additional commissioning resource	Tony Duncan		July 2023

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

Mitigating actions have been identified for all negative impacts.

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

This proposal will continue to be reviewed with ongoing consideration to any impacts that arise.

**16. Sign off by Head of Service**

**Name**

**Tony Duncan, Service Director for Strategy**

**Date**

**2 June 2023**

**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/)