

Integrated Impact Assessment – Summary Report

Updated Tuesday 10th December 2024

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

Further equality consideration will be considered as proposals develop however the decision to be proceed will be informed by this IIA

1. Title of proposal

10% reduction to Older Peoples Day Opportunities (OPDO) Contracts for 2025/26 from 880 places to circa 792 places.

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

A reduction of 10% was made in 24/25 and a further 10% reduction will be made in 25/26 to each providers' contract value. Some providers may choose to move to a new business model incorporating private clients and Self-Directed Support (SDS) payments if they so wish.

At August 2024 659 people accessed places with some attending more than once a week with overall occupancy being 85% average.

Further reductions may be required in order to achieve financial balance.

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

- Coproduction with providers has been established and ongoing since summer 2023.
- Current OPDOs providers have regularly been made aware of the reduction in contract value as part of the contract review process.
- The reductions were published in the prior interest notice, issued on Public Contracts Scotland portal.
- Open book exercise has been completed to inform a fair unit price for OPDOs with providers.
- As well as group meetings, individual organisation meetings took place to understand risks and mitigations associated with the reduction.
- EMT members aware through briefings and papers and procurement strategy at Commissioning, Contracts & Procurement Board.
- Chief Officer has signed off procurement strategy for new Framework Agreement, April 2025 & beyond.

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

Yes

5. Date of IIA

Tuesday 10th December 2024 as a follow on from original IIA, 8th February 2024.

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

Name	Job Title	Date of IIA training
Andrew Farr	External Provider – Libertus – Comments provided	
Fiona Johnston	Senior Accountant	
Katie McWilliam	Strategic Programme Manager	
Karen Thom	Planning & Commissioning Officer - Comments provided	
Kellie Mercer	External OPDO Provider – Caring in Craigmillar – Comments provided	
Kyle Oram	Planning & Commissioning Officer	
Lewis Hunston	Older People Enquiry Team Manager – Comments provided	
Paula Deegan	Procurement Category Lead	
Rene Rigby	Scottish Care - Independent Sector Lead – Comments provided	
Ryan Watson	Project Support Officer	
Sarah Bryson	Planning & Commissioning Officer – Comments provided	November 2017
Susan McMillan	Performance and Evaluation Manager – Comments provided	
Vivienne Kennedy	Contracts Officer	
Vivienne Robertson	Acting Accountant	

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><u>Joint strategic needs assessment - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</u></p> <p><u>Population and demographics - Edinburgh Health & Social Care Partnership</u></p> <p>Between 2024 and 2030 the following population increases will occur: 65-74 -13% increase to 51,644 75-84 – 13% increase to 33,365 85+ - 8% increase to 13,405</p>	The JSNA breaks down on population and demographics, poverty, dementia, population health and inequalities in Edinburgh, Mental Health and Carers
Data on service uptake/access	Provider Capacity Work.	Info on providers capacity is available and recorded via the Contracts Team. The information tells us the capacity of 14 providers and what locality the service is provided in. 2024/25 baseline provides 880 places and from April 2025 place will circa 792.
Data on socio-economic disadvantage e.g. low income, low wealth, material Deprivation, area deprivation.	<p><u>State of Caring in Scotland 2022: A cost-of-living crisis for unpaid carers in Scotland Carers UK</u></p> <p><u>https://www.gov.scot/collections/scottish-health-survey/</u></p>	<p>State of Caring In Scotland 2022 –</p> <p>Scottish Government –</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
		Scottish Health Survey
Carer Census	https://www.gov.scot/publications/carers-census-scotland-2023-24/	
Data on equality outcomes	https://www.gov.scot/collections/scottish-health-survey/ https://www.edinburghhsc.scot/the-ijb/joint-strategic-needs-assessment/carers/	<p>Scottish Government – Scottish Health Survey</p> <p>The JSNA breaks down on the number of carers by age and sex and indicates there are more female carers than male.</p>
Public/patient/client experience information		<p>Providers have complaints procedures</p> <p>Carer Outcomes software paperwork</p> <p>Care Package review records on AIS</p>
Evidence of inclusive engagement of people who use the service and involvement findings		<p>Providers attend core group to discuss implementation of reduction.</p> <p>There are Carer & Citizen user representatives on the EIJB which are aware of the proposal</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 unmet need	<p>Geographical gaps in service provision</p> <p>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</p> <p>Unmet Need Data</p> <p>MSP Survey – Day Opportunities and Respite</p>	<p>There is ongoing piece of work re geographical service provision</p> <p>Details the health needs and priorities for the people of Edinburgh Strategic-Plan-2019-2022-1.pdf (edinburghhsc.scot) </p> <p>The performance and evaluation team have access to the unmet need list of those awaiting assessments & packages of care</p> <p>A recent return has been submitted to an MSP which is an annual request and provides information on Day Services & Respite</p>
Good practice guidelines	<p>Mental Health Law Review</p> <p>New dementia strategy for Scotland: Everyone's Story - gov.scot (www.gov.scot)</p>	<p>Mental Health Law Review</p> <p>Scottish Government Dementia Strategy Scotland 2023</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
Carbon emissions generated/reduced data		N/A
Environmental data		N/A
Risk from cumulative impacts	EIJB Savings Proposals	Other budget savings have interconnection and dependencies on the Day Opportunities and Respite proposal.
Other (please specify)	<p>Scottish Benchmark Data Edinburgh is ranked 8 out of 27 local authorities, three places above the national rate, with a rate of 4.8 in Edinburgh compared to 2.4 nationally. Glasgow city, as one of our comparable authorities, has a ranking of 17 with a rate of 1 per 1000 population.</p> <p>This data is taken from the Public Health Scotland Insights in Social Care report, which uses the Source national data return.</p> <p>Source data definition of day care is "Day care involves attendance at a location other than the client/service users own home for personal, social, therapeutic, training or leisure purposes. Day care services can be registered or unregistered services."</p> <p>Why we are unable to use day care benchmarking data effectively and confidently:</p>	N/A

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>This benchmarking covers day services for all client groups including MH, PD, LD over 65 years of age, therefore currently we can't extrapolate solely on the Older People Category.</p> <p>Specific definitions of day care provision and the individuals in this return may differ across partnerships. For instance:</p> <p>Glasgow and Moray do not include people who receive day care as part of an option 1 (direct payment) package, but Edinburgh do include this. This can explain why Glasgow's rate appears lower compared to Edinburgh and the national rate.</p>	
Additional evidence required		N/A

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive</p> <ol style="list-style-type: none"> 1. People will be able to use their SDS flexibly to enhance choice. 2. Continuation of service, recognising respite for unpaid carers required. 3. Proportion of available spaces exist across the city. 	<p>Service user, Unpaid carers, Providers</p> <p>Service user, Unpaid carers, Providers</p> <p>Service user, Unpaid carers, Providers</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Negative</p> <ol style="list-style-type: none"> 1. The use of SDS payments mean that users can change services whenever they wish, meaning staff requirements are more varied leading to a potential risk of job insecurity. 2. The current wait time for the AllPay card to be received by the service user is extremely long. This therefore results in the user being unable to utilise the service when required, for a long period of time unless they pay up front. This would have a bigger negative impact on those people vulnerable to poverty. On the other hand, if the organisation decides to take the user on before receipt of the card then they run the risk of the individual moving to another service or no longer requiring the service prior to receipt of the card which results in a financial loss for the organisation. 3. Some services offer men only days. A reduction in funding could lead to termination of such service. 4. A potential reduction in staff due to savings could lead to additional demand on employees. This in turn could lead to those with additional support needs receiving a limited service. 5. Our current Ethnic Minority provider could be affected as individuals within this service have been there for a long period of time. However, this should not be the case and periodic reviews should be taking place to stop this from occurring. 6. Less supply could lead to increased waiting lists with a resulting negative impact on the service user & carer. (Positives of Day Opp will not be achieved) This may lead to a deterioration of physical and mental health for service user and carer. This may shift demand to more critical need across Health and Social Care systems. 7. The potential of smaller organisations ceasing to operate can lead to additional travel times for 	<p>Provider Staff</p> <p>Service Users & OPDO Providers</p> <p>Male Service Users</p> <p>Service Users with Complex Needs</p> <p>Ethnic Minority Provider & Service User</p> <p>Service User & Carer</p> <p>Service Users</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>service user resulting in stress and distress for individuals.</p> <p>8. Any change to service may lead to negative impacts for service users, in particular those that have neurological disorders.</p> <p>9. Proposals may impact on number of staff employed, many of whom are on a low pay bracket, leading to potential poverty.</p>	<p>Service User</p> <p>Staff</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive</p> <p>1. Larger providers may have capacity to increase if smaller providers struggle with the 10% contract reduction creating a more sustainable market.</p> <p>2. The Short Life Working Group have developed an SDS toolkit to support providers with this transition to a new business model if they so wish.</p> <p>3. The creation of a blended service model (Framework agreement/SDS/ Private Clients) for OPDO providers increases the variety on offer for individuals which may result in more uptake of the services.</p> <p>4. Prevent carer breakdown.</p> <p>5. Prevent or delay admission to long term care</p> <p>6. Promotes “right care, right place, right time” philosophy.</p>	<p>OPDO providers</p> <p>OPDO Providers</p> <p>Service Users</p> <p>Service users/unpaid carers</p> <p>Service users</p> <p>All</p>
<p>Negative</p>	

Environment and Sustainability including climate change emissions and impacts	Affected populations
<ol style="list-style-type: none"> 1. The reduction in funding may have a negative effect on some businesses and their sustainability which will cause uncertainty and stress amongst members of staff. This could also lead to highly qualified and knowledgeable staff members leaving the industry to find a more stable career. To mitigate this risk, providers may wish to improve marketing. 2. Smaller organisations may struggle to sustain their business with a reduction in funding & the framework can be renegotiated with available providers. 3. If larger organisations take on additional contracted work due to the breakdown of smaller organisations this may lead to stress and distress for service users & possible carer breakdown through both the natural change and the potential additional travel time required. This could then in turn increase the need and so the demand on the provider increases. 4. There may be a loss through the reduction in service for community assets. 	<p>Organisational Sustainability & Loss of Staff</p> <p>OPDO Providers, Cared for Person</p> <p>Cared for Person, Unpaid Carers, OPDO Provider</p> <p>Edinburgh Citizens</p>

Economic	Affected populations
<p>Positive</p> <ol style="list-style-type: none"> 1. More sustainable business model for organisations remaining in the market. 2. Contribution to EHSCP financial planning. 3. Fixed unit cost will be applied from April 2025. 4. Continuation of service within available budget will exist. 5. Chargeable elements for Meals & Transport has been agreed to align with the City of Edinburgh Councils charging structure which is updated annually. 	<p>Providers</p> <p>EHSCP & EIJB</p> <p>All</p> <p>Providers, service users</p>
Negative	

Economic	Affected populations
<p>1. As indicated above, financial pressures may shift to other services (as of November 2024, there was no additional SDS option 3 day care purchased or Spot Purchases as a result of the 2024/25 reduction).</p> <p>2. Unlike framework agreement places, SDS & Private Client contributions are not guaranteed therefore this may create challenges for providers to be flexible in staffing arrangements.</p> <p>3. The fixed unit price can only buy so many places within the available budget unless new business models are adopted.</p> <p>4. The recently added financial pressure on all services as a result of future EIJB grant funding cuts in addition to the EHSCP contract reductions could reduce any savings forecast, therefore calculations must be informed holistically to mitigate the risks of savings transforming into additional financial burdens to statutory services receiving additional referrals from vulnerable people and carers as a result of cumulative reductions in day service and respite service placements.</p>	<p>EHSCP Finances</p> <p>Service Users, OPDO Providers</p> <p>Service Users, OPDO Providers</p> <p>Service Users, OPDO 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?

Yes, this will be addressed as part of the procurement process.

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.

Providers will update their communications and links will be made available on the EHSCP & City of Edinburgh Council websites which will be accessible.

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

No

12. Additional Information and Evidence Required

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

- 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
EHSCP to maintain communication with providers as the framework agreement progresses to be awarded April 2025.	All		
Draft IIA to be circulated to full group for comment by 20 th December.	Ryan Watson	20 th December	
Once complete, will be incorporated into savings proposals for the EIJB to ratify as part of the Savings & Governance Plan. Signed off by director and published via Communications team.	Katie McWilliam	Mid-January 2025	

14. Are there any negative impacts in section 8 for which there are not identified mitigating actions?

A reduction in funding may lead to the loss of some service provision, increased waiting times and potentially increased travel times for individuals. This will require mitigation on a case by case basis.

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

Through regular engagement with providers to understand any impact, regular meetings are scheduled.

16. Sign off by Head of Service

Name **Andrew Hall**

Date **05-02-2025**

17. Publication

Completed and signed IIAs should be sent to:
integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments
Edinburgh Integration Joint Board/Health and Social Care
sarah.bryson@edinburgh.gov.uk to be published at
www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/