

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

Care home pricing, frameworks, brokerage and market oversight

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

1. Strategic oversight of all care home capacity in the City with central allocation of available beds

2. Standardise Partnership referrals to care homes by building “brokerage” capacity in its established Care Bookings team

3. Increase the supply of intensive care home beds as set out in the Older People’s Pathway commissioning plan

4. Renegotiate exceptional fees, that is, those that exceed the normal fee for the person’s needs by more than 10%.

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

There have been discussions with Scottish Care on the contents of this proposal. There have also been discussions with some care home providers in Edinburgh to understand their business plans and reasonable price for their service. There has been no formal public consultation so far.

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

No

5. Date of IIA

29th 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
James Cuthbert	Interim Lead Commissioner	
Hazel Stewart	Programme Manager	Feb 2020
Alexis Heeren	Project Manager	
Shirley Middleton	Care Booking manager	
Jane Brown	Senior Care Home Manager	
Gail James	Senior Social Worker	

Name	Job Title	Date of IIA training
Emma Gunter	Contracts Manager	
Vivienne Kennedy	Contracts Officer	

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>Mid-2021 Population Estimates Scotland https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021</p> <p>EIJB Joint strategic needs assessment, on demography https://www.edinburghhsc.scot/the-ijb/jsna/populationanddemographics/</p> <p>carers https://www.edinburghhsc.scot/the-ijb/joint-strategic-needs-assessment/carers/</p> <p>BAME groups https://www.edinburghhsc.scot/wp-content/uploads/2020/03/JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf</p> <p>health inequalities https://www.edinburghhsc.scot/the-ijb/jsna/populationandhealthinequalities/</p> <p>poverty https://www.edinburghhsc.scot/the-ijb/jsna/poverty/</p> <p>mental health and dementia https://www.edinburghhsc.scot/the-ijb/jsna/dementia/ https://www.edinburghhsc.scot/the-ijb/joint-strategic-needs-assessment/mental-health/</p> <p>Further evidence required about older LGBTQ people, who may experience higher rates of social isolation. Work underway.</p> <p>See also socio-economic disadvantage through the SIMD (below).</p>	
Data on service uptake/access	<p>Public Health Scotland reports on delayed discharges from hospital https://publichealthscotland.scot/publications/delayed-discharges-in-nhsscotland-monthly/delayed-discharges-in-nhsscotland-monthly-figures-for-december-2023/#section-1</p> <p>Census of Hospital-based Complex Clinical Care https://www.gov.scot/publications/inpatient-census-2022-hospital-based-complex-clinical-care-long-stay/pages/5/</p> <p>TURAS care home dashboard reports of care home capacity, occupancy and staffing. https://www.nes.scot.nhs.uk/news/identifying-care-home-risks-earlier/</p> <p>Care Home Census for Adults in Scotland 2022-23 https://www.opendata.nhs.scot/dataset/care-home-census#</p>	<p>Delays in hospital are measure of scarcity for nursing and dementia care home services.</p> <p>Comparison of Edinburgh HBCCC with peers indicates shortage of high-intensity care home services.</p> <p>TURAS routinely counts care home workforce and capacity in Council and independent home in Scotland. It demonstrates the declining rate of availability care home beds in Edinburgh since Nov 2021.</p> <p>Care Home Census is a detailed annual survey of the health of the care home market, including detail not found in TURAS about prices;</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>EHSCP Swift case work and financial management system, for data about purchased services for people with eligible care needs.</p> <p>EHSCP weekly capacity, occupancy and Isaac & Neville dependency scores of residents in CEC care homes.</p> <p>Care Inspectorate Datastore of regulated care services in Scotland (MDSF) https://www.careinspectorate.com/index.php/publications-statistics/93-public/datastore</p>	<p>residents' sources of funding; lengths of stay; demography; reason for care; health conditions; and need for nursing care.</p> <p>EHSCP records external care home provision and spending in Swift. They show the share of economic activity in the care sector that is funded by Partnership spending</p> <p>Activity in and spending on in CEC homes is recorded out with Swift. These data complete the account of EHSCP spending on care homes and add useful information about dependency levels</p> <p>MDSF is the database of the number and quality ratings of regulated care home services in Scotland.</p>
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p>Scottish Deprivation Indices https://www.gov.scot/collections/scottish-index-of-multiple-deprivation-2020/</p> <p>Dynamic small-area analysis of SIMD https://simd.scot/#/simd2020_20pc/BTTTTTT/12/-3.1819/55.9443/</p> <p>Use of zero-hour contracts https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/7employmentandemployeetypes/datasets/emp17peopleinemploymentonzerohourscontracts</p>	<p>Deprivation indices of economic <i>and</i> health deprivation can between them predict the need for care.</p> <p>Small-area analysis of SIMDs are useful terms in the distribution of health and care resources, supporting place-based commissioning.</p> <p>In the last quarter of 2023, 3.8% of people in employment in Scotland have a zero-hour contract of employment. They are frequently used in social care to manage employment costs when revenues decline.</p>
<p>Data on equality outcomes</p>	<p>Requires further work especially the effected on Protected Characteristic; economic deprivation; and specific disabilities and long-term health conditions.</p>	
<p>Research/literature evidence</p>		
<p>Public/patient/client experience information</p>	<p>Might require further work, in particular about people the experience of people moving between care homes where the move is motivated by cost rather than changed needs.</p>	
<p>Evidence of inclusive engagement of people who use the</p>	<p>Engagement with stakeholders in a development session including members of the EIJB, Scottish Care and Edinburgh Voluntary Organisations' Council among others. The programme routinely visits care homes, Council and</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
service and involvement findings	independent sector to hear from staff, residents and management.	
Evidence of unmet need	EHSCP Care Bookings weekly reports of “unmatched” people waiting to move to a care home See also routine delayed discharges from PHS (above).	
Good practice guidelines		
Carbon emissions generated/reduced data	None for the near-term aims of this savings proposal. The medium- and long-term aims of the Programme include investment in care home accommodation, with commensurate improvements in energy efficiency.	
Environmental data	See previous item.	
Risk from cumulative impacts	Please refer to cumulative IIA for the MTFs, 4 March 2024.	
Other (please specify)	A National Care Service for Scotland A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)	
Additional evidence required	LaingBuisson Care Cost Benchmarks https://www.laingbuisson.com/shop/care-cost-benchmarks-12ed/ The National Care Home Contract and fees.	12 th Edn. One of the three established independent unit-costing and cost comparison tools for care homes. It is repopulated with mostly English data but will be enhanced with data from Edinburgh’s care homes for this Programme. This programme does not seek NCHC standard fees for the services in scope. The NCHC is, however, the normal contract for them, and defines terms and conditions other than the fee rates that this proposal treats.

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> <ul style="list-style-type: none"> - An enhanced care booking (“brokerage”) team will relieve pressure of existing staff who are responsible for allocating care home placements based on assessed need. - Brokerage improves the speed and reliability of transfers of care, improving residents’ experience and reducing the risk that placements will fail. - This proposal would offer anyone looking for a care home placement in Edinburgh, a point of contact to review their options, relieving stress at a difficult time. - This proposal will offer more options to people seeking a care home placement out with Council care homes. - This proposal would offer greater choice to new residents seeking a care home placement. - Enables families to have access to better support and information about care home charging and what they can expect to pay longer term, this will be available regardless of funding status. - Information being in one place, being accurate and kept up to date. 	<ul style="list-style-type: none"> - People living in residential care home settings within the target range including older people and people with learning and physical disabilities. - Social work and care home staff.
<p>Negative</p> <ul style="list-style-type: none"> - Potential to move existing residents from their established care home if rates cannot be negotiated. This could lead to poor outcomes if transitions are not well planned or executed. - Access to sensitive data on vulnerable care home residents will be required to undertake the cost of care exercise. A data protection impact assessment is being developed to ensure all data is handled safely, sensitively and legally. - De-skill staff in home from which resident may move. 	

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> - By working with providers that have modern, fit for purpose accommodation we can manage our environmental impact. - Working with a range of providers across the City can reduce the travel impact by offering placements nearer residents’ friends and family. - Working with providers with modern accommodation, we can ensure residents have access to outdoor space. - Reduced travel for staff. 	
<p>Negative None identified.</p>	

Economic	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> - An enhanced care booking team allows for oversight of care home capacity across the City with greater understanding of the requirements of each care home and whether families 	

Economic	Affected populations
<p>can meet these. For example, residents agreeing to top-up with care home fees above the Partnership's maximum rate are not always aware that this is a binding contract. A brokerage team with knowledge of care home pricing systems would be able to provide guidance to families about the consequences of these kinds of third-party commitments.</p> <ul style="list-style-type: none"> - This proposal seeks a more equitable and affordable prices for the purchase of care home beds in the private, third and independent sectors, aligned to the cost of providing care and generating fair and reasonable profits. - Greater collaboration between the Care Booking and Contracts team provides an opportunity to share knowledge and skills. These teams will need to work closely to establish and implement pricing frameworks and to agree clear limits for spot negotiation. - Centralising and standardising prices (for example, through framework agreements) should lead to less stress and more appropriate use of Social Workers' time. They are currently responsible for finding and negotiating placements. Social Workers will benefit from a brokerage team that can provide expert guidance about charging arrangements. - Benefits to care homes as the brokerage team will be a central point of contact for care home managers. Providers will benefit from more clarity and consistency when it comes to demand, prices, and terms & conditions. - More equitable care home fees for Edinburgh residents as there will be greater consistency in prices charged. 	
<p>Negative</p> <ul style="list-style-type: none"> - Renegotiating care home fees affects care home providers' revenues. This might in turn affect staff, with the risk that some homes reduce their staff establishment or working hours where negotiation does not agree a mutually acceptable price and the Partnership begins to withdraw business. However, this proposal targets fees that significantly exceed the reasonable cost of care. A cost of care exercise will be done in partnership with the market to capture real data from providers to understand equitable and reasonable pricing. This evidence-based process will use established, reputable benchmarking tools and methods. It also ensures that the Partnership's future pricing agreements with independent providers are sustainable and secure sufficient care home services in the medium- and long-term. - Providers sometimes use high-price placements to cross-subsidise other residents or to stay profitable. This is more often understood and the subsidy of public-pay residents by self-funded residents. But it also occurs within public contracts in a single home, where higher fees from new residents subsidise older services at lower rates. Analysis will be required to understand the overall financial position of providers and how they are impacted by these proposals and to ensure providers are not disproportionately affected. 	

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?

This is captured in the impact assessment and described 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.

Should this proposal be agreed, a communications plan will be developed to inform staff of changes to existing procedures. This would be developed in collaboration with communications colleagues and would meet all accessibility requirements.

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
Gather evidence on user and carer experience and the potential impact on LGBTQ community	James Cuthbert	31/3/24	July 2024

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

1. Provision for which the Partnership has no alternative and the provider will not renegotiate.
2. The risks to quality of settled residents who move to new care homes due to price, not need.

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

Should the proposal be approved, there will be a project and implementation plan developed with clear project documentation including RAID logs and benefits realisation plan. The impact on these groups will be monitored through project governance.

16. Sign off by Head of Service

Name: Moira Pringle, Chief Finance Officer

Date: 08/03/24

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/