Notice of Meeting and Agenda

Edinburgh Integration Joint Board

9.30am Friday 2 March 2018

Dean of Guild Court Room, City Chambers, Edinburgh

This is a public meeting and members of the public are welcome to attend.

Contacts:

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1. Welcome and Apologies

1.1 Including the order of business and any additional items of business notified to the Chair in advance.

2. Declaration of Interests

2.1. Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

3. Deputations

3.1 If any

4. Minutes and Updates

4.1. Minute of the Edinburgh Integration Joint Board of 26 January 2018 (circulated) submitted for approval as a correct record

4.2. Sub-Group Minutes

4.2.1 Audit and Risk Committee – Minute of 9 February 2017 (circulated) – submitted for noting

4.2.2 Professional Advisory Group – Minute of 6 February 2018 (circulated) – submitted for noting

4.2.3 Performance and Quality Sub-Group – Minute of 31 January 2018 (circulated) – submitted for noting

4.2.4 Strategic Planning Group – Minute of 2 February 2018 (circulated) – submitted for noting

5. Reports

5.1. Rolling Actions Log – March (circulated)

5.2. Data Protection Reform – report by the IJB Interim Chief Officer (circulated)

5.3. IJB Complaints Handling Procedure – report by the IJB Interim Chief Officer (circulated)

5.4. Mainstreaming the Equality Duty and Equality Outcomes Progress Report – report by the IJB Interim Chief Officer (circulated)

5.5. Older People's Inspection Update Report – report by the IJB Interim Chief Officer (circulated)

5.6. Outline Strategic Commissioning Plans – report by the IJB Interim Chief Officer (circulated)

5.7. Financial Performance and Outlook – report by the IJB Interim Chief Officer (circulated)

5.8. Carers (Scotland) Act 2016 – report by the IJB Interim Chief Officer (circulated)

5.9. Whole System Delays – Recent Trends – report by the IJB Interim Chief Officer (circulated)

5.10. IJB Risk Register – report by the IJB Interim Chief Finance Officer (circulated)

5.11. Ministerial Strategic Group Indicators – Performance and Objectives Update – report by the IJB Interim Chief Officer (circulated)

5.12. The General Medical Services Contract in Scotland – report by the IJB Interim Chief Officer (circulated)

5.13. Appointment of Chief Officer – report by the IJB Interim Chief Officer (circulated)

5.14. Appointment of Chief Finance Officer – report by the IJB Interim Chief Officer (circulated)

6. Motions

6.1. If any

Board Members

Voting

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice-Chair), Michael Ash, Martin Hill, Councillor Derek Howie, Alex Joyce, Councillor Melanie Main, Angus McCann, Councillor Alasdair Rankin and Councillor Susan Webber.

Non-Voting

Colin Beck, Carl Bickler, Sandra Blake, Andrew Coull, Lynne Douglas, Wanda Fairgrieve, Christine Farquhar, Alastair Gaw, Kirsten Hey, Ian McKay, Ella Simpson, Michelle Miller, Moira Pringle and Pat Wynne.

Item 4.1 Minutes

Edinburgh Integration Joint Board

9:30 am, Friday 26 January 2018

Dean of Guild Court Room, City Chambers, Edinburgh

Present:

Board Members:

Councillor Ricky Henderson (Chair), Carolyn Hirst (Vice Chair), Michael Ash, Carl Bickler, Colin Briggs, Wanda Fairgrieve, Christine Farquhar, Councillor Derek Howie, Ian McKay, Michelle Miller, Moira Pringle, Councillor Alasdair Rankin, Ella Simpson, Councillor Susan Webber, Richard Williams and Pat Wynne.

Officers: Lesley Birrell, Wendy Dale, Ann Duff, Jamie Macrae.

Apologies: Colin Beck, Sandra Blake, Andrew Coull, Alistair Gaw, Kirsten Hey and Councillor Melanie Main.

1. Dr Richard Williams

The Chair recorded thanks to Dr Richard Williams for his commitment and valuable input and contribution to the work of the Joint Board since its inception and wished him well for the future.

2. Minutes

Decision

To approve the minute of the Joint Board of 15 December 2017 as a correct record.

3. Sub-Group Minutes

Updates were given on Sub-Group and Committee activity.

Decision

1) To note the minute of meeting of the Professional Advisory Group of 28 December 2017.

2) To note the minute of meeting of the Performance and Quality Sub-Group of 29 November 2017.

3) To note the minute of meeting of the Strategic Planning Group of 1 December 2017.

4) To amend item 1, decision 2) of the minute of the meeting of the Strategic Planning Group of 12 January 2018 to clarify that night time payments related to paid carers and not unpaid carers; to otherwise note the minute of meeting.

4. Rolling Actions Log

The Rolling Actions Log for 26 January 2018 was presented.

In response to a question from Councillor Webber regarding an update on the Winter Plan 2017-2018, members were advised that a report detailing full monitoring information on the performance, evaluation and lessons learned would be submitted to a future meeting of the Joint Board.

Decision

1) To agree to close Action 1 – Communications and Engagement Strategy 2016-2019.

2) To agree to close Action 14 – Recruitment of Citizen Members.

3) To otherwise note the remaining outstanding actions.

(Reference – Rolling Actions Log 26 January 2018, submitted)

5. Outline Strategic Commissioning Plans for Learning Disability, Mental Health and Older People

The draft Outline Strategic Commissioning Plans for learning disabilities, mental health and older people were presented. The Plans outlined the headline issues and proposed strategic direction in each area and the key actions to be taken to address these. Covered within all the Plans were prevention, different levels of care for different levels of need, community services and bed-based services. Included were some propositions based on capacity and demand modelling.

The Strategic Planning Group had considered the draft plans at their meeting on 12 January 2018 and, whilst endorsing the content and direction of travel in the plans, requested an opportunity to bring all of the work back for the Joint Board to consider in the round. This would allow for outline financial frameworks to be developed in respect of each of the plans to highlight choices that needed to be made about the use of resources going forward.

Decision

1) To note that the draft outline strategic commissioning plans for learning disabilities, mental health and older people had been considered by the Strategic Planning Group on 12 January 2018.

2) To note that the Strategic Planning Group recognised that good progress had been made in the development of the plans and agreed that these could be used as working documents for sharing with stakeholders. The Strategic Planning Group noted that the drafts were in different formats and that aligning these along with the forthcoming outline strategic commissioning plans for primary care and physical disabilities as well as consideration of the cross-cutting themes was required.

3) To approve the summaries of the outline strategic plans for learning disabilities, mental health and older people as set out in Appendices 1, 2 and 3 as the means of communicating progress to date and action plans for the next 12 months.

4) To agree to use the Joint Board development session scheduled for 27 April 2018 to provide members with the opportunity to consider the draft final outline strategic plans, including cross cutting themes, in detail prior to approval at a future formal meeting of the Joint Board.

5) To agree to extend funding to EVOC and Scottish Care to support the development and implementation of the strategic commissioning plan for older people as set out in paragraph 13 of the report by the IJB Interim Chief Officer.

6) To note the timetable for the ongoing development of the strategic commissioning plans set out in paragraph 14 of the report by the IJB Interim Chief Officer.

(References – Integration Joint Board 17 November 2017 (item 6); report by the IJB Interim Chief Officer, submitted)

Declaration of Interest

Christine Farquhar declared a non-financial interest in the above item as the Chair of Upward Mobility.

6. Financial Position and Budget Forecast

The IJB Interim Chief Finance Officer provided a verbal update on the financial position of the Joint Board and the budget forecast.

There was no material change from the position reported to the Joint Board in December 2017. NHS Lothian and the City of Edinburgh Council were updating financial plans following the draft spending plans announced by the Scottish Government on 14 December 2017.

Additional funding for local authorities had been announced by the Scottish Government as part of the spending plans for 2018/19 for the following key areas – primary care, mental health and social care.

Both organisations recognised the challenges faced by the Joint Board particularly in respect of delayed discharges and the size of waiting lists. Senior management teams were working on savings and recovery programmes to address the significant savings requirements.

Decision

1) To note the update.

2) To agree that a further report would be submitted to the next meeting of the Joint Board on 2 March 2018.

7. Primary Care South East Edinburgh (Outer Area) Strategic Assessment

Approval was sought for the South East Edinburgh (Outer Area) Strategic Assessment. The strategic assessment had been produced in consultation with key stakeholders.

The Strategic Planning Group had considered the strategic assessment at its meeting on 3 November 2017 and had agreed to recommend that the Joint Board approve the strategic assessment for submission to the NHS Lothian Capital Investment Group for consideration as part of the NHS Lothian prioritisation process for capital allocations.

Decision

1) To note that the South East had been identified as a priority area for investment in the Population Growth and Primary Care Premises Assessment 2016-2026 which was supported by the Joint Board on 22 September 2017.

2) To note that a strategic assessment was the first part of the Scottish Capital Investment Manual (SCIM) guidelines with which health boards must comply to inform the Scottish Government of an intended investment proposal.

3) To note the South East Edinburgh (Outer Area) Strategic Assessment set out in Appendix 1 of the report by the IJB Interim Chief Officer had been produced following a workshop with relevant stakeholders.

4) To accept the recommendation of the Strategic Planning Group that the Joint Board submit the South East Edinburgh (Outer Area) Strategic Assessment to the NHS Lothian Capital Investment Group (LCIG) for consideration as part of the NHS Lothian prioritisation process for capital allocations.

(References – Integration Joint Board 17 November 2017 (item 7); report by the IJB Interim Chief Officer, submitted)

8. Outstanding Directions

The Joint Board had previously agreed to ask the Council to roll forward a number of grants due to expire on 31 March 2018 for a further year to 31 March 2019. The Council had also been asked to extend the contract with Edinburgh Voluntary Organisations Council (EVOC) to provide infrastructure support to the third sector for the same period of time.

This would allow time for the various grant programmes to be reviewed in collaboration with stakeholders and allow EVOC to support and facilitate collaboration on the review of grants across the third sector and the development of the market shaping strategy.

Decision

To approve the Directions relating to the roll forward of grants and extension of the contract with EVOC for a further 12 months as set out in appendices 1 and 2 of the report by the IJB Interim Chief Officer.

(References – Integration Joint Board 22 September 2017 (item 11) and 15 December 2017 (item 9); report by the IJB Interim Chief Officer, submitted)

Declaration of Interests

Ella Simpson declared a financial interest in the above item as an employee of Edinburgh Volunteer Organisations Council.

9. Edinburgh Alcohol and Drug Partnership Funding – Review of Service Changes Impact

An update was provided of progress being made in implementing the Edinburgh Alcohol and Drug Partnership's agreed savings plan and the impact in each of the five areas of change.

Decision

1) To note the progress against each action in the savings plan.

2) That a briefing note be prepared for Joint Board members setting out the broader challenges and information on approaches taken by the other Lothian Integration Joint Boards and the impact of service review, redesign and efficiencies in each area of change.

(References – Integration Joint Board 28 April (item 2); report by the IJB Interim Chief Officer, submitted)

10. Recruitment of Service User Members to the Integration Joint Board

The Joint Board had previously agreed to delegate authority to the IJB Interim Chief Officer, in consultation with the Chair and Vice-Chair to review the recruitment pack and selection arrangements and report back to the Joint Board.

A short life working group was established and met to review the role and specification for citizen members of the Board along with the appointments process.

Approval was sought for the revised documentation, advertising and recruitment process.

Decision

1) To agree the proposed role description for service user members of the Joint Board set out on pages 3, 4 and 5 of Appendix 1 of the report by the IJB Interim Chief Officer.

2) To agree the recruitment pack set out in Appendix 1 of the report.

3) To agree that the vacancies should be advertised for a period of six weeks as set out in paragraph 8 of the report.

4) To agree that the interview panel comprise the Vice-Chair of the Joint Board, one non-voting member of the Joint Board and two officers from the Health and Social Care Partnership.

(References – Integration Joint Board 15 December 2017 (item 11); report by the IJB Interim Chief Officer, submitted)

11. Edinburgh Health and Social Care Partnership Communications Action Plan

The Joint Board had approved the Edinburgh Health and Social Care Partnership's communications and engagement plan 2016-19 at its meeting on 13 May 2016. The plan set out the principles and protocols for communication and stakeholder engagement activity.

An action plan had been developed in response to the priorities for the next twelve months including:

- Leadership visibility
- Communicating and engaging with staff
- Engaging the public in key decisions and service development
- Engaging key stakeholders and service providers in key decisions and service development

The Strategic Planning Group had also agreed to consider feedback from the workshop on communications and engagement at their meeting on 9 March 2018.

Decision

1) To agree the Partnership's approach and action plan for the next twelve months.

2) To note that a separate engagement / communication plan for the Joint Board would be presented for consideration and agreement within six months.

(References – Integration Joint Board 13 May 2016 (item 11); report by the IJB Interim Chief Officer, submitted)

12. Whole System Delays – Recent Trends

An overview was provided of performance in managing hospital discharge against Scottish Government targets, trends across the wider system, identified pressures and challenges and improvement activities. It was acknowledged that performance and delays across the whole system continued to be extremely challenging.

The following issues were raised and discussed:

- important to establish a timeframe for bringing together all the work and different dependencies to set out how the Joint Board intended to address issues going forward
- the Joint Board needed to know what transformation would look like and the expectations around a realistic budget
- need to have an understanding of care at home partner providers in terms of the commissioning process and any business cases that have not been successful
- vital to get the strategic commissioning plans in place

Decision

1) To note the ongoing pressures and delays across the system including delayed discharge and people waiting for a package of care.

2) To note the range of actions being taken to address these pressures including securing additional resources in the short term to resolve the current backlog of assessments and people waiting for discharge.

3) To note the introduction of monthly performance scrutiny meetings in each locality to facilitate senior management scrutiny of key performance, finance and equality issues.

4) To note that a further report setting out the underlying longer term strategy, improvement plan, projects and actions would be submitted to a future meeting of the Joint Board.

(References – Integration Joint Board 15 December 2017 (item 7); report by the IJB Interim Chief Officer, submitted)

13. Review of Professional and Clinical Governance in the Health and Social Care Partnership and Membership of the Integration Joint Board

The Edinburgh Health and Social Care Partnership planned to review the locality structure implemented during 2017 to ensure arrangements for effective professional and clinical governance were sufficient and fit for purpose.

It was proposed that the officer appointed to act as the lead allied health professional for the Partnership be invited to become a non-voting member of the Integration Joint Board.

Decision

1) To note the Partnership's intention to carry out a review of the current management structure limited in scope to testing whether professional assurance and clinical oversight of service delivery were sufficiently robust.

2) To agree to the allied health professional lead for the Partnership being invited to sit as a non-voting member on the Integration Joint Board.

(Reference – report by the IJB Interim Chief Officer, submitted)

Minutes

Audit and Risk Committee

10.00 am, Friday 9 February 2018
Mandela Room, City Chambers, Edinburgh

Present:

Mike Ash (Chair), Councillor Alasdair Rankin, Ella Simpson and Councillor Susan Webber.

Officers: Jamie Macrae (Committee Services, CEC), Lesley Newdall (Chief Internal Auditor) and Moira Pringle (Interim Chief Finance Officer).

Apologies: Alex Joyce

1. Appointment of a Chair

Mike Ash was appointed to Chair the meeting.

2. IJB Risk Register

An update was provided on the Integration Joint Board (IJB) risk register and the proposed framework to manage, mitigate and identify risk.

IJB and Health and Social Care Partnership risks were previously maintained in a single register. The latest iteration separated IJB risks from Partnership risks. The draft register identified nine IJB risks to be assessed and mitigated. IJB risks would be strategic, and Partnership risks operational. It was proposed that both IJB and Partnership risks would be held on the Datix Risk Module, which contained signposts to all the relevant materials and guidance for

undertaking risk assessments, determining risk ratings and management action.

During discussion, the following points were made:

- The Risk Register used the NHS risk matrix, which included “current” and “target” risks. More work was required to build in target risks.
- The IJB Risk Register would be owned by the IJB; the Partnership Risk Register would be owned by the City of Edinburgh Council and NHS Lothian, but the IJB would be responsible for monitoring.
- It was anticipated that the IJB Risk Register would be fairly static, whereas the Partnership Risk Register would change more frequently.
- It was proposed that risks should be reordered and clustered into key areas: Strategic Planning/Commissioning; Issuing of Directions; and Management and Role of the IJB.
- The Risk Register would be reported to the Audit and Risk Committee and risks could be escalated to the Joint Board at any time.

Decision

1) To support the decoupling of IJB and Partnership risks and subsequent maintenance of two separate registers.
2) To agree the continued development of the register, including mitigating controls for the IJB identified risks.
3) To agree that the revised IJB Risk Register would be presented to the Committee in June, before being referred to the Joint Board.
4) To agree that a short report, explaining the proposed approach, would be presented to the Joint Board on 2 March 2018.

(References – Audit and Risk Committee, 1 December 2017 (item 5); report by the Interim Chief Finance Officer, submitted.)

3. Urgent Business

Details were provided of a proposal to adopt a more integrated approach by presenting details of the Partnership coverage included in both the Council and NHS Lothian Internal Audit plans and Audit Opinion reports.

Decision

1) To agree, as a pilot, to present details of Partnership coverage included in both the Council and NHS Lothian Internal Audit plans.
2) To agree that details of Partnership operational audits completed by both the Council and NHS Lothian would be submitted alongside the Annual Internal Audit Opinion report.

Minutes

Edinburgh Integration Joint Board
Professional Advisory Group

9.30am Tuesday 6 February 2018

Mandela Room, City Chambers, Edinburgh

Present:

Carl Bickler (Co-Chair), Colin Beck (Co-Chair), Eddie Balfour, Alan Carson, Alison Craig, Ann Duff, Helen Faulding-Bird, Philip Galt, Belinda Hacking, Kirsten Hey, Jamie Macrae, Stephen McBurney, Michelle Miller, Maggie Scrugham.

Apologies:

Kath Anderson, Chris Brannan, Sharon Cameron, Nikki Conway, Wendy Dale, Wanda Fairgrieve, Alasdair FitzGerald, Jen Grundy, Elaine Hamilton, Aileen Kenny, Caroline Lawrie, Murdo MacLean, Catherine Mathieson, Stephen McBurney, John McKnight, Alison Meiklejohn, Graeme Mollon, Kate Pestell, Mike Ryan.

1. Note of the meeting of the Integration Joint Board Professional Advisory Group meeting of 28 November 2017 and Matters Arising

Decision

To approve the minute of the meeting of the Edinburgh Integration Joint Board Professional Advisory Group of 28 November 2017 as a correct record.

2. Note of the meeting of the Edinburgh Integration Joint Board of 15 December 2017 and Matters Arising

Decision

To note the minute of the meeting of the Edinburgh Integration Joint Board of 15 December 2017.

3. Note of the meeting of the Performance and Quality Group of 29 November 2017 and Matters Arising

Decision

To note the minutes of the meeting of the Performance and Quality Group of 29 November 2017.

4. Note of the meeting of the Strategic Planning Group of 1 December 2017 and Matters Arising

Decision

To note the minute of the meeting of the Strategic Planning Group of 1 December 2017.

5. Note of the meeting of the Strategic Planning Group of 12 January 2018 and Matters Arising

Decision

To note the minute of the meeting of the Strategic Planning Group of 12 January 2018.

6. Locality Boundaries – verbal update/discussion

A verbal update was provided on locality boundaries. Concerns had previously been raised by the PAG, in particular by GPs, about a statement at a recent meeting in the South East Locality that locality boundaries would defined by postcode. It was confirmed that this had not been agreed as a blanket definition and that a compromise to suit different services was possible.

Decision

1) To note the verbal update.

2) To agree that the Co-Chairs would liaise with the Interim Chief Officer about arranging a meeting to discuss options for boundaries, with representation from key service areas.

7. Edinburgh Health and Social Care Partnership Communications Action Plan

Details were provided of a Communications Action Plan for the Edinburgh Health and Social Care Partnership (EHSCP), which had been developed in response to the priorities for the next 12 months. It was noted that a separate action plan for the Joint Board would be developed separately.

Decision

To note the update.

8. Review of Professional Clinical Governance Arrangements in the Health and Social Care Partnership and Membership of the Integration Joint Board

An update was provided on the EHSCP's plan to review the locality structure implemented during 2017 to test whether arrangements for effective professional and clinical governance were sufficient and fit for purpose. It was also noted that the Joint Board had agreed to appoint the lead allied health professional (AHP) for the Partnership, Lynne Douglas, as a non-voting member on the Joint Board.

During discussion, the following points were made:

- The appointment of an AHP representative on the Joint Board was very much welcomed.
- It was a key responsibility of the PAG to ensure sufficient professional representation on decision-making groups.
- This was a light review – more of a "sense check".

Decision

1) To note the update.

2) To agree that Lynne Douglas would be invited to become a member of the PAG.

9. Chief Officer Appointment – verbal update

An update was provided on the appointment of a permanent Chief Officer of the Joint Board. Interviews were taking place imminently and the appointment of the recommended candidate would be formally ratified by the Joint Board on 2 March 2018.

Decision

To note the verbal update.

10. Edinburgh Alcohol and Drug Partnership Funding – review of service changes impact

Details were provided on progress made in implementing the savings plan associated with the reduction in the allocation to all Alcohol and Drug Partnerships' budgets by 23%, which resulted in a £1,550,000 reduction in Edinburgh.

Decision

To note the update.

11. The 2018 General Medical Services (GMS) Contract in Scotland

An update was provided on the new GMS Contract, which was due to be implemented in 2018. A key aim of the new contract was to reduce the loss of GPs caused by unsustainable workloads. There were challenges associated with the new contract and it was noted that concerns had been raised from a nursing perspective and also by rural GPs. However, the contract also offered the opportunity for flexibility and it was agreed that it was too early to judge the impact.

Decision

To note the update.

12. Next Meetings

Decision

To agree that the Clerk would confirm with the Convener the date for the next meeting of the PAG.

13. Urgent Business

Decision

To agree that Belinda Hacking would liaise with the Clerk to consider the sequence of meetings and how information should be shared by the PAG, Strategic Planning Group and Performance and Quality Sub-Group.

Item 4.2.3

Note of Meeting
Performance and Quality Sub-Group
31 January 2018
City Chambers, Edinburgh
1:00pm

Present:

Key Stakeholders

Councillor Melanie Main (Chair and IJB Member), Mike Ash (NHS Lothian and IJB Member), Colin Briggs (Interim IJB Chief Performance and Strategy Officer), Ian Brooke (EVOC), Eleanor Cunningham (Strategy and Insight), Wendy Dale (Strategic Planning Manager, Service Re-Design and Innovation), Councillor Derek Howie (IJB Member), Alison Meiklejohn (Professional Advisory Group).

Apologies: Sandra Blake (Carer and IJB Member) and Jennifer Evans (Quality Assurance).

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
1.1	Welcome by Chair	Noted.		
2.1	Declarations of Interest	None.		
3.1	Minute of 29 November 2017	To approve the minute as a correct record.	**Lesley Birrell**	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
3.2	Rolling Actions Log	**Decision** 1) To note the following updates: Action 1 – Rubrics - report on rubrics in relation to long term conditions to be considered at the meeting of this Group on 28 February 2018. Actions 2 & 3 – Carers – noted there were two pieces of work ongoing that were also subject to IJB Directions. Implementation of the Carers Act and the new Carers Strategy would be reported to the Strategic Planning Group on 2 February 2018 and thereafter referred to the Joint Board on 2 March 2018. Work was ongoing around performance indicators which would come back to a future meeting of this Group for consideration. Action 4 – Service User Engagement and Feedback – report to be considered at the March meeting of this Group.	**Lesley Birrell**	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		Action 5 – Overview of the New Planning and Performance Arrangements – noted that a meeting would be held between the Chair and Vice-Chair of the Joint Board, Chairs of this Group and the Strategic Planning Group and relevant lead officers to progress this action. Action 9 – Developing a Performance Framework for the Edinburgh Health and Social Care Partnership - report to be considered at the meeting of this Group on 28 February 2018. 2) To close Action 8 – Annual Performance Report Lessons Learned. 3) To update the rolling actions log and otherwise note the remaining outstanding actions.		
4.1	Performance Overview	Work was underway to develop scrutiny of performance at locality level with the introduction of monthly performance meetings which would focus on performance, finance and quality.		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		The Group noted there was a piece of work being undertaken to set out clearly to the Partnership the expectations of the Joint Board in terms of meeting performance improvement targets and how the Partnership intended to deliver these with a view to setting more realistic targets going forward. Each Direction should have a performance measure built around it with outcomes to be reported back to this Group. Adjustments could thereafter be made to targets if required. The Group felt it was crucial to understand what the issues were but that the strategy, priorities and future vision needed to be clearly articulated. **Decision** 1) To note the significant challenges reflected in performance against the targets set for the MSG Indicators and that recommendations for targets for 2018-2019 were being developed. 2) To note the reductions in the number of people waiting for an assessment and in overdue reviews. 3) To note the continuing pressures on other parts of the care system.		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		4) To note that the aspirational targets had been unrealistic this year and that work was ongoing to address the issues around these. 5) To agree it would be helpful to set out a yearly workplan for this Group (aligned with that of the Strategic Planning Group) to allow proper scrutiny of the Directions and the performance outcomes for each. 6) To note that the review of the Directions would be reported to the Strategic Planning Group on 9 March 2018. 7) To agree that information on indicators including quality outcomes for next year be submitted to the next meeting of this Group. 8) To ask for further information and guidance around the major risks associated with the various performance targets. 9) To note that the Joint Board's risk register would be submitted to the next meeting of the Audit and Risk Committee for consideration.		

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
4.2	New Planning and Performance Framework	**Decision** To note that the Chair of this Group would meet with the Interim IJB Strategic Planning and Performance Manager and the Strategic Planning Manager, Service Re-Design and Innovation to discuss taking forward a workplan for taking forward a new planning and performance framework.	**Colin Briggs Wendy Dale Nickola Paul Chair of Performance and Quality Sub-Group**	
4.3	Proposed Approach to the Development of the Annual Progress Report – report by the Strategic Planning Manager, Service Re-design and Innovation	Each integration authority was required to prepare a performance report for the reporting year (April to March) which must be published within four months of the end of the reporting year (by 31 July). The Group had previously received a presentation on the outcomes from the lessons learned review of the development process for the Joint Board's Annual Performance Report for 2016/17. Information was provided setting out a proposed approach to the development of the Annual Report for 2017/18 building on the outcomes from the lessons learned review. 1) To endorse the proposed approach to the production of the Annual Performance Report for 2017/18 as set out in the report.	**Wendy Dale**	

Agenda Item No	Agenda Title / Subject / Source	Decision	Action Owner Responsibility	For information
		2) To agree that a meeting of this Group be scheduled to be held between March and the end of June 2018 to allow members to comment on the content of the Annual Report prior to its submission to the Joint Board. 3) That a meeting of the Joint Board be scheduled to meet in July 2018 to enable the reporting timelines to be met as required by legislation.		
5	Date of Next Meeting	1) Wednesday 28 February 2018 1pm to 3pm, Room C47, Waverley Court, 4 East Market Street, Edinburgh 2) To review the frequency and timing of future meetings of this Group as part of the overall review of the Joint Board and other Sub-Group governance and meeting arrangements to be undertaken in March 2018.	**Lesley Birrell Wendy Dale Colin Briggs Chair of the Performance and Quality Sub-Group**	

Minutes

Edinburgh Integration Joint Board
Strategic Planning Group

10.00am Friday 2 February 2018
City Chambers, High Street, Edinburgh

Present:

Members: Carolyn Hirst (Chair), Councillor Ricky Henderson (Vice-Chair), Colin Briggs, Ian Brooke (substituting for Ella Simpson), Eleanor Cunningham, Wendy Dale, Christine Farquhar, Mark Grierson, Dermot Gorman, Belinda Hacking, Stephanie-Anne Harris, Graeme Henderson, Fanchea Kelly, Peter McCormick, Moira Pringle and Rene Rigby.

Apologies: Michelle Miller, Michele Mulvaney, Colin Beck, Sandra Blake and Ella Simpson.

In Attendance: Kirsten Adamson (Planning and Commissioning Officer, EHSCP), Madeleine Martin (Carer Co-ordinator, Carers Support Team) and Nickola Paul (Programme Business Manager, NHS Lothian).

1. Minute

The minute of the Edinburgh Integration Joint Board Strategic Planning Group of 12 January 2018 was submitted.

Decision

To approve the minute of the Edinburgh Integration Joint Board Strategic Planning Group of 12 January 2018 as a correct record.

2. Rolling Actions Log

Updates on outstanding actions were presented as follows:

Action 1 – Transforming Services for People with Disabilities

(a) Update on transition plans between children's and adult services to be considered at the March meeting of this Group.

(b) Update on planning for adapted housing requirements to be discussed at the Strategic Housing Group and thereafter brought back to the March meeting of this Group.

(c) To note that EVOC had held a ThinkSpace Event from which Social Work and Children and Families had agreed to take forward some actions.

Action 2 – Economy Strategy – City Deal Workforce Development Steering Group – update on the work of the City Deal Workforce Development Steering Group to be brought back to a future meeting of this Group. Noted that Ella Simpson and Fanchea Kelly had been invited to become members of the Steering Group.

Decision

To update the rolling actions log and note the remaining outstanding actions.

(References – IJB Strategic Planning Group 1 December (item 3); Rolling Actions Log, submitted)

3. Recommendations from the Joint Inspection of Services for Older People

Updates were provided of progress on the three recommendations from the Joint Inspection of Services for Older People for which this Group had oversight. The progress updates included additional actions to be added to the Improvement Plan.

The Interim IJB Chief Officer and Interim Chief Strategy and Performance Manager continued to meet on a monthly basis with the Care Inspectorate to reassure them about progress with the actions set out in the Improvement Plan.

Decision

1) To note that a paper on engagement would be brought to the March meeting of this Group for consideration.

2) To otherwise note the progress update reports.

3) To note that the Joint Board's current Strategic Plan was due to expire in March 2019 and that the work taking place on the outline strategic commissioning plans would inform the development of the new strategic plan..

(Reference – verbal updates by the Strategic Planning Manager, Service Redesign and Innovation and Interim Chief Strategy and Performance Manager)

4. Grants Review

The minute of meetings of the Grants Review Group held on 21 December 2017 and 8 January 2018 were submitted for information.

Meetings with the strategic leads were planned for the following week to ensure they were linking in with strategic commissioning plans and the locality improvement plans.

Decision

1) To agree the importance of emerging priorities being taken into account when considering roll forward grant funding for projects.

2) To note the need to align the grants review with the strategic commissioning plans.

3) To note that geographical information (locality and city wide) would be incorporated into the update report back to this Group on 9 March 2018.

(Reference – minutes of meetings of the Grants Review Group of 21 December 2017 and 8 January 2018, submitted)

5. Directions

A report had been submitted to the Joint Board on 26 January 2018 on outstanding directions relating to grants and short term funding to address some of the key pressures in the system.

The review of the existing Directions and the current IJB Directions policy would be a substantive item at the March meeting of the Strategic Planning Group.

Additional funding to address outstanding assessments and delayed discharge as reported to the IJB in January.

Decision

To note the update.

(Reference – minute of meeting of the Integration Joint Board 26 January 2018)

6. Outline Strategic Commissioning Plans

It was noted that a paper on the first three Outline Strategic Commissioning Plans for older people, mental health and learning disabilities had been considered by the IJB Board on 26 January 2018. The Chair commended the three two-page summaries produced by Nickola Paul which accompanied the Board paper.

The draft Outline Strategic Commissioning Plans for physical disabilities and primary care were presented. The Plans outlined the headline issues and proposed strategic direction in each area and the key actions to be taken to address these.

Covered within both Plans were prevention, different levels of care for different levels of need, community services and bed-based services. Included were some propositions based on capacity and demand modelling.

Issues still requiring to be addressed included how the Plans would be prioritised and resourced financially. It was also recognised there was a real and urgent need to progress housing commissioning to support the Plans.

Physical Disabilities

The principles of supporting disabled people to be as independent as possible were well embedded in the Partnership's strategic plan, however these principles were not defined on how they might be delivered at local level. The biggest challenge would be to understand exactly what was required and how pathways would be built going forward.

The following issues were raised and discussed by the Group:

- There were already some mechanisms in place in terms of a general understanding of what was wanted and what could be provided
- third sector organisations needed help and support from the Joint Board in terms of how they delivered services and became fully functioning partners
- link worker roles were becoming more and more important in signposting people to appropriate information and services
- Important to recognise the opportunities re-provisioning of services could bring – at present there was a lack of shared knowledge and understanding – reprovisioning needed to articulate what services could be provided, how they would be delivered and the different levels of care required
- needs to be a cultural change in terms of specialist services – it should be about seeing the person first – different judgements were made on the basis of where the person sat on the age spectrum
- Issues around accessibility which crossed beyond physical disabilities – need to look at opportunities for increasing this across the city in terms of the new build programme – a strategic push from the city was required which in turn would attract housing grants
- significant design challenge was hugely important and infrastructure needed to include design technology
- Important to recognise that the underpinning themes should start with the individual and be about the principles to be used eg human rights approach
- until the strategy was in place it would be difficult to know what was needed in a community setting – it would be about how the Joint Board did this without creating more "boxes"

Primary Care

It was acknowledged that the requirement to produce a Primary Care Improvement Plan by July 2018 had affected the content of the document circulated, although the improvement plan and outline strategic commissioning plan will need to dovetail with one another. The Primary Care improvement plan would allow the Joint Board to access some of the Scottish Government funding eg link working, nurses, health visitors. The Primary Care plan was slightly different in that it was predominantly an NHS service but was commissioned in the same way the Joint Board commissioned other services.

The following issues were raised and discussed by the Group:

- there were current systemic issues around sharing of data resulting in barriers to communication eg guardianship – GPs all had their own individual IT systems and this contributed to a fundamental block in progress and a barrier to efficient care
- noted that funding had been obtained to provide care homes with access to secure emails to allow the transfer of information electronically rather than having to rely on the postal service– this was the start of a change in culture which would benefit everyone
- important to think about reducing demand on GP services from patients suffering from severe stress and depression – need to think about the skill mix that's needed in terms of support to GPs for people with mental health issues and psychology needed to be part of that
- the monies allocated as part of the new GP contract across Scotland was £110m but not all going to GPs, some would be aligned to ambulance, paramedics, capital and other support services

Decision

1) To endorse the direction of travel set out in the two outline strategic commissioning plans detailed in Appendices 1 and 2 of the report by the Interim Chief Strategy and Performance Officer.

2) To endorse the sharing of the draft plans with stakeholders to allow further development to be undertaken in a co-productive way.

3) To agree that summaries of the outline strategic plans for physical disabilities and primary care be produced and submitted to the Integration Joint Board at its meeting on 2 March 2018.

4) To note that cross cutting themes (workforce planning, transport, carers, housing, ICT, assessment and self-directed support) which were relevant to all the outline strategic commissioning plans would be considered at the March meeting of this Group together with a summary of the next steps.

5) Thereafter, to note that the IJB development session scheduled for 27 April 2018 would be used to provide members with the opportunity to consider and discuss all the draft final outline strategic commissioning plans together with financial resources, savings and efficiencies in detail prior to approval at a formal meeting of the Joint Board.

(References – Strategic Planning Group 1 December 2017 (item 4); report by the Interim Chief Strategy and Performance Officer, submitted)

Declarations of Interest

Ian Brooke declared a financial interest in the above item as an employee of EVOC.

Christine Farquhar declared a non-financial interest in the above item as Chair of Upward Mobility.

Fanchea Kelly declared a financial interest in the above item as Chief Executive of a housing and care provider.

Peter McCormick declared a non-financial interest in the above item as a Director of an independent sector care provider.

Rene Rigby declared a financial interest in the above item as an employee of Scottish Care.

7. Carers (Scotland) Act 2016

An update was provided on the work being undertaken to ensure readiness for the implementation of the Carers (Scotland) Act 2016 on 1 April 2018.

Information was also provided on the pilot currently underway in the North West Locality to test new ways of working across partners, team communication, the proposed eligibility criteria, assessment of young and adult carers, allocation of services and funding.

The report set out the work of the four workstreams established to take forward the implementation of the new legislation:

Workstream 1:	Local eligibility criteria
Workstream 2:	Adult carer assessment/support plans and young carers statements
Workstream 3:	Communication
Workstream 4:	Finance

The work stream leads reported directly to the Strategic Carers Partnership. A readiness toolkit had been produced by the Scottish Government Carers Team and adopted by the Partnership as a means of monitoring progress towards implementation. An implementation risk register had been developed by a working group of relevant officers to support the monitoring process.

The Scottish Government had made available additional funding to cover the additional costs relating to carrying out assessments for both adult and young carers.

The Group noted, however, that no additional funding had been made available for meeting the cost of the additional identified needs that the Health and Social Care Partnership and the Council had a legal duty to meet as required by the new Act.

The following points were raised during discussion:

- Further work ongoing with VOCAL in respect of the use of the GIRFEC approach in relation to the eligibility criteria and the streamlining self-directed support approach
- adult carers support plan doesn't encompass the fact that carers don't go off duty at a certain time – it's an ongoing process its 24/7 and it's the length of time people are caring and lack of support – lots of issues unpaid carers are part of the workforce
- communication and effective interaction between service providers, families and carers was key
- important to understand the whole picture and the demands on carers with large numbers taking on a caring role for older people and children simultaneously

Decision

1) To note the progress made in the implementation of the Carers (Scotland) Act 2016.

2) To endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan.

3) To recommend that the Edinburgh Integration Joint Board endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan as the basis for finalising a set of eligibility criteria for approval by the Board.

4) To submit a further report to this Group detailing the outcomes following completion of the pilot in the North West Locality.

(Reference – report by the Strategic Planning and Commissioning Manager (Carers), submitted)

8. Our Information and Communication Needs Around Integration – Output from Workshop Held on 1 November 2017

A summary was provided of the challenges identified and proposals put forward to address these as discussed at a workshop held on 1 November 2017.

The following four issues/challenges had been identified:

- Fighting the fear around data protection
- establishing a better information network to improve knowledge sharing for members of the IJB and its sub groups, staff and service users
- creating an identity for the IJB and Health and Social Care Partnership and improving our messages and communications
- investing in a service design approach with users at the centre to look at information flows and business process around the provision of treatment, care and support for individuals

A further analysis of the outputs from the workshop would be undertaken and considered at the ICT and Information Governance Steering Group in mid-February.

The Group recognised the importance of having an integrated data sharing service and the need to have a practical interim fix to help new members soon to be appointed to the Joint Board.

Decision

To note that a report on the EU General Data Protection Regulation and a new Data Protection Act was scheduled to be submitted to the next Joint Board meeting on 2 March 2018.

(Reference – paper by the Strategic Planning Manager, Service Re-Design and Innovation, submitted)

9. Any Other Business

Decision

To note there were no additional items of business raised.

10. Papers for Information

Decision

1) To note the briefing paper on the Development of Community Link Network in Edinburgh. The Chair thanked Anne Crandles for producing this helpful briefing paper and noted that it was likely to be referred to as part of the Primary Care Strategic Commissioning Plan.

2) To note the report on the Outstanding Directions which had been approved by the Joint Board at their meeting on 26 January 2018.

3) To note the report on the Recruitment of Service User Members to the Integration Joint Board which had been approved by the Joint Board at their meeting on 26 January 2018.

(Reference – briefing paper, submitted)

11. Dates of Next Meetings

Friday 9 March 2018	10am to 12pm	Dean of Guild Room, City Chambers
Friday 13 April 2018	10am to 12pm	Dean of Guild Room, City Chambers
Friday 11 May 2018	10am to 12pm	Dean of Guild Room, City Chambers
Friday 22 June 2018	10am to 12pm	Dean of Guild Room, City Chambers

Rolling Actions Log
March 2018

Item 5.1

2 March 2018

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	**Programme of Development Sessions and Visits**	24-03-17	To agree to receive a programme of development sessions and visits for 2017/18 at the June 2017 meeting of the Joint Board.	Interim Chief Officer	18 May 2018	
2	**Responsibilities for Data and Information**	16-06-17	To note the intention to report to a future Joint Board meeting on General Data Protection Regulations requirements and responsibilities.	Interim Chief Officer	March 2018	**Recommended for closure – on the agenda for 2 March 2018**
3	**Annual Accounts 2016-17**	22-09-17	To request further information on Workforce Planning once this was available.	Interim Chief Officer	Not specified	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
4	**Financial Update**	22-09-17	1) To agree to receive a detailed action plan, in response to the Financial Update, from the Interim Chief Officer at a future date. 2) That a future Development Session on finance be scheduled.	Interim Chief Officer	Not specified October 2017	 Covered at the October 2017 Development Session.
5	**Older People's Inspection Update**	22-09-17	To note the Partnership's intention to review the action plan associated with the Older People's Inspection and report back on priorities and timescales	Interim Chief Officer	March 2018	**Recommended for closure – on the agenda for 2 March 2018**
6	**Primary Care Population and Premises**	22-09-17	To request that a fuller report outlining a comprehensive primary care strategy, covering both revenue and capital requirements, be brought back to the Joint Board in the first quarter of the 2018 calendar year	Interim Chief Officer	1st quarter 2018	
7	**Locality Improvement Plans**	17-11-17	To agree that community planning would be covered at a future development session.	Interim Chief Officer	Not specified	
8	**Grants Review – Scope, Methodology and Timescales –**	17-11-17	To agree to add information on evaluation and lessons learned to the progress report in March 2018 and the final report in July 2018.	Interim Chief Officer	March/July 2018	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
	referral report from the Strategic Planning Group					
9	**Rolling Actions Log**	17-11-17	To add the IJB Risk Register to the Rolling Actions Log for reporting back as necessary.	Interim Chief Officer	Ongoing	
10	**Business Resilience Arrangements and Planning**	15-12-17	1) To note the intention to create, share and test plans with a view to providing a further update on progress at 18 May 2018 IJB meeting. 2) To include further detail in this report on business resilience arrangements in respect of independent contractors and how these arrangements would be planned to link in with the localities.	Interim Chief Officer	18 May 2018	
11	**Winter Plan 2017-18**	15-12-17	To issue a Direction to implement the Winter Plan in order to achieve the outcomes set out in the Plan with performance, evaluation and lessons learned being monitored and reported back to a future meeting of the Joint Board.	Interim Chief Officer	Not specified	
12	**Joint Board Membership and Appointments to Committee and Sub-Groups**	15-12-17	1) To delegate authority to the IJB Interim Chief Officer, in consultation with the Chair and Vice-Chair, to review the membership of the Audit and Risk Committee and the role description and specification for the Audit and Risk Committee Chair and report back to the Joint Board.	Interim Chief Officer	Not specified	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
			2) To delegate authority to the IJB Interim Chief Officer, in consultation with the Chair and Vice-Chair, to review the membership of the Performance and Quality Sub-Group and the role description and specification for the Performance and Quality Sub-Group Chair and report back to the Joint Board.			
13	**Outline Strategic Commissioning Plans for Learning Disability, Mental Health and Older People**	26-01-18	To agree to use the IJB development session scheduled for 27 April 2018 to provide members with the opportunity to consider the draft final outline strategic plans in detail prior to approval at a formal meeting.	Interim Chief Officer	April 2018	
14	**Edinburgh Alcohol and Drug Partnership Funding**	26-01-18	That a briefing note be sent to Joint Board members setting out the broader challenges and information on approaches taken by the other Lothian IJBs and the impact of service review, redesign and efficiencies in each area of change.	Interim Chief Officer	Not specified	
15	**Edinburgh Health and Social Care Partnership Communications Action Plan**	26-01-18	To note that a separate engagement/communication plan for the IJB will be presented for consideration and agreement within 6 months.	Interim Chief Officer	April 2018	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
16	**Whole System Delays – Recent Trends**	26-01-18	To note that a further report setting out the underlying longer term strategy, improvement plan, projects and actions would be submitted to a future meeting of the Joint Board.	Interim Chief Officer	Not specified	

Report

Data Protection Reform

Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. From 25 May 2018, the existing Data Protection Act 1998 will be replaced by new legislation in the form of the EU General Data Protection Regulation (GDPR), and a new Data Protection Act. This report sets out the main features of the legislation and its likely impact, and details the current approach to ensuring compliance.

Recommendations

2. The Integration Joint Board is asked to:

   i. note legislative developments concerning the introduction of GDPR and a new Data Protection Act, and their significance for integrated services and the Edinburgh Integration Joint Board (IJB)

   ii. note a Memorandum of Understanding has been signed by NHS Lothian and the Council which provides a framework for promoting compliance with data protection legislation

   iii. note the statutory role of Data Protection Officer (DPO)

   iv. to delegate authority to the Interim Chief Officer to appoint a DPO for the IJB.

Background

3. From 25 May 2018, the existing Data Protection Act 1998 will be replaced by new legislation in the form of the GDPR and a new Data Protection Act. Together these measures are referred to as “Data Protection Reform” for the remainder of this report.

4. The overall aim of the legislation is to establish a harmonised data protection framework across the EU, and to update the approach to the processing of

personal data in the digital age. It imposes new obligations on organisations and expands and strengthens the rights of individuals.

5. The UK Government has confirmed that the European Union (Withdrawal) Bill will bring the GDPR onto the UK statute books after the UK has left the EU. The new Data Protection Act sets our further details of how GDPR will apply in the UK.

6. Data Protection Reform makes some significant changes to the rules governing the processing of personal data, for which organisations must plan and prepare. This report highlights the key features of the new legislation and sets out developments (to date) to promote compliance.

Main report

7. A report was presented to the IJB on 16 June 2017 on its statutory responsibilities in relation to information governance. It confirmed that under data protection legislation, the IJB is a joint data controller with the City of Edinburgh Council ("the Council") and NHS Lothian, in relation to the joint processing of personal data for the delivery of delegated functions.

8. To achieve appropriate governance, the report in June 2017 also confirmed that the IJB is a signatory to the Pan-Lothian Information Sharing Protocol, and a Memorandum of Understanding (MoU) was being drafted to ensure that responsibilities in relation to the processing of personal data are set out and understood between the IJB, the Council and NHS Lothian.

9. The MoU will be supplemented by local documentation which will address and set out operational arrangements around information compliance and management. The MoU also introduces the concept of a "Lead Data Controller" to take responsibility in ensuring information governance standards are met and followed. The Lead Data Controller will be the Council or NHS Lothian and generally dependent on whether the function is predominately social care or health focused.

10. The MoU has now been signed off and provides the framework to ensure compliance with Data Protection Reform. The remainder of this report highlights the key features of the new legislation and current issues, which require further consideration.

Transparency

11. Transparency is a central feature of the new legislation. Under the current Data Protection Act, organisations should let people know how their personal data is managed and processed, through a "privacy notice". Under Data Protection Reform, there is a requirement to provide greater transparency through more

details regarding how personal data is used, shared and stored. Privacy notices will need to ensure people are told about processing in sufficient detail, and include several mandatory elements.

Governance and accountability

12. The new legislation includes provisions that promote accountability and governance. These complement the greater transparency requirements. While the principles of accountability and transparency have previously been implicit requirements of data protection law, Data Protection Reform elevate their significance.

13. Organisations are expected to put in place comprehensive but proportionate governance measures, including data protection policies, procedures, training and audits of processing activities. The Council and NHS Lothian have established information governance frameworks and the MoU will help to demonstrate good governance and on-going accountability in these areas.

14. The new legislation makes provision for several good practice tools that are currently not mandatory, but will be legally required in certain circumstances. One such provision is “Privacy by Design”, where organisations must consider privacy and data protection implications when initiating new projects, decisions or information systems that involve the processing of personal data. It will become mandatory to complete a Data Protection Impact Assessment (DPIA) for such projects, to ensure that privacy issues are considered and documented. The Lead Data Controller will take responsibility for the DPIA for integrated services.

15. The legislation also introduces a new statutory duty to report certain types of data breaches to the UK Information Commissioner, and in some cases to the individuals affected. A notifiable breach must be reported within 72 hours of the organisation becoming aware of it. The MoU sets out that the Lead Data Controller will be responsible for monitoring and reporting breaches, as appropriate.

Rights of individuals

16. Data Protection Reform creates some new rights for individuals, as well as strengthening some of the rights that exist under current legislation. New rights include a “Right to be Forgotten” (that is, for an individual to have their personal data destroyed in certain circumstances) and a “Right to Data Portability” (that is, for an individual to have their personal data transferred from one service provider to another).

17. Changes to existing rights include a revised timescale for Subject Access Requests (where an individual requests access to the personal data held about

them), which must be answered within one month (but with the possibility of extending the deadline by a further 2 months), rather than 40 days under existing legislation.

18. Arrangements and practical considerations for upholding the information rights of individuals will be the responsibility of the Lead Data Controller.

Register of processing

19. Organisations need to compile a register of data processing, which documents each process involving personal data – setting out the purpose of processing; condition(s) relied upon to make processing lawful; privacy notices issued to data subject; how data is stored used and how long it is kept; and with whom it is shared. The register must be made available to the public.

20. The Council and NHS Lothian will have their own registers as part of their compliance arrangements. These are likely to capture data processing activities in relation to delegated functions. However, to promote transparency and accountability, it would be helpful if the Edinburgh Health and Social Care Partnership (HSPC) maintained a register that captured all delegated function processing activities. The small amount of processing that the IJB has direct responsibility for (e.g. complaints management) must also be recorded and could form part of this register.

21. The register of processing is an effective way of assessing compliance of each process against the requirements of data protection legislation. Typical actions arising might involve: revising privacy notices; making sure a lawful condition for processing has been identified and documented; ensuring there are agreements in place with other people and organisations to share personal data; and ensuring that there are retention rules in place for all personal data held; and that these rules are routinely implemented.

22. The Lead Data Controller will be responsible for identifying and mitigating risks identified through this process and maintaining a risk-based approach to processing activities.

Data Protection Officer

23. Data Protection Reform introduces a statutory role of Data Protection Officer (DPO), which is mandatory for public authorities. The DPO will be responsible for assuring compliance with data protection legislation, and must have a direct reporting route to senior management.

24. The DPO will be expected to have sufficient professional knowledge to inform and advise the organisation, and to act independently with sufficient authority to identify, report and rectify risks relating to the processing of personal data. The DPO must be in post by 25 May 2018.

25. The DPO function can be a shared role with other public authorities. The IJB should consider approaching its partners to discuss this option. The DPO would be expected to provide regular reports to the IJB and engage with the Edinburgh Health and Social Care Partnership on a regular basis.

Preparing for data protection reform

26. The Information Commissioner's Office (ICO) has stated that GDPR is an evolution in data protection, not a revolution. While organisations need to do more in terms of accountability regarding their use of personal data and respecting the rights of individuals, they do so on foundations already in place for the last 20 years through the current Data Protection Act. For organisations that comply with the Act and have effective information governance arrangements in place, Data Protection Reform is something to plan for rather than fear.

27. In relation to integrated services, services will have to assign and commit resources to implement any improvement actions, and ensure that identified risks are managed. To facilitate this process, a Data Protection Reform readiness questionnaire has been circulated to integrated teams to highlight areas for improvement and associated risks. The Council and NHS Lothian information governance teams will support integrated services and the Operations Manager (Risk, Information, and Compliance) in making any required changes.

Key risks

28. The MoU will provide the framework for governing information compliance arrangements at a strategic and operational level. The MoU was signed-off on 15 February to ensure appropriate levels of compliance.

29. Failure to prepare for Data Protection Reform could have a serious impact on the IJB's ability to meet its statutory obligations under data protection legislation leading to major financial and legal penalties, as well as significant reputational damage for the organisation.

Financial implications

30. Failure to comply with the Data Protection Reform requirements could lead to significant financial penalties.

Implications for Directions

31. None.

Equalities implications

32. There are no equalities issues arising from this report.

Sustainability implications

33. There are no sustainability implications arising from this report.

Involving people

34. Data Protection Reform upholds and strengthens the information rights of individuals and ensures that their personal data is processed appropriately and lawfully.

Impact on plans of other parties

35. The Joint Information Governance Group discuss information governance arrangements and issues to ensure a consistency of approach between NHS Lothian, the Lothian councils, and Lothian Integration Joint Boards.

Background reading/references

Guide to the General Data Protection Regulation – UK Information Commissioner

Draft Data Protection Bill – UK Information Commissioner

EU Working Party Guidelines – Role of the Data Protection Officer

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Appendices

None

Report

IJB Complaints Handling Procedure

Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. The Scottish Public Services Ombudsman (SPSO) has indicated that as public bodies, all integration authorities should have their own complaints handling procedures (CHP) to deal with any complaints made against them.

2. The SPSO has published a template CHP for Integration Joint Boards. This is based on the Scottish Government, Scottish Parliament and Associated Public Authorities model CHP.

3. Our proposed CHP aligns with those of NHS Lothian and the City of Edinburgh Council (the Council), which are also based on SPSO guidance – to ensure a consistent approach to complaints handling across the Health and Social Care Partnership (the Partnership).

4. A draft CHP has been published on the IJB website to comply with SPSO timescale requirements and this publication will be formalised should members agree its content.

Recommendations

5. The Integration Joint Board is asked to:

   i. note that the SPSO has confirmed that the proposed IJB CHP is fully compliant with the requirements of the Scottish Government and Associated Public Authorities Model

   ii. approve the CHP for immediate implementation to deal with complaints about the decisions and activities of the Integration Joint Board

   iii. agree that any minor changes may be incorporated to the procedure with the approval of the Chief Officer; and

iv. agree that the approved procedure be published on the IJB website; the information will make clear the distinction between the Partnership CHP and the IJB CHP.

Background

6. The IJB is required to have its own complaints handling procedure (separate to those of the Council's social work service and NHS Lothian patient care procedures) concerning its decisions, actions and administration.

7. In 2017, the SPSO developed a model complaints handling procedure for Integration Joint Boards. It provides clarity and consistency when people are dissatisfied with the operation of the IJB.

8. Although the model allows for some flexibility to suit local circumstances, the general process, timescales and principles of complaints handling are determined by the SPSO and may not be significantly altered.

Main report

9. In January 2018, the Interim Chief Officer submitted a draft IJB CHP, together with a statement of compliance and self-assessment checklist. The draft CHP and the information/checklist are set out at Appendix 1 and 2 respectively.

10. The SPSO has since assessed the proposed CHP and has confirmed that it is fully compliant with the requirements. The confirmation letter is attached at Appendix 3.

11. To summarise, the CHP covers the following aspects:

- the definition of a complaint and who can make a complaint
- the process for resolution
- the governance, including roles and responsibilities, how a complaint is recorded, reported, how lessons can be learned to improve services, confidentiality, managing unacceptable behaviour, supporting the complaint and the time limit for making complaints; and
- the duties regarding publishing information on complaints performance.

12. The IJB CHP does not replace the complaints processes for NHS Lothian, the Council or the Partnership, which all require to operate complaints procedures for people dissatisfied with service delivery.

13. Examples of complaints that may require the IJB to respond include:

- policies
- decisions on resource allocation or strategic direction decisions

- administrative or decision-making processes

14. In circumstances where the route for a complaint is unclear, the Partnership Chief Officer will make a judgement on which process should take the lead in managing the complaint to a conclusion. It is proposed that the Chief Officer will approve minor suggested changes resulting from feedback or further work undertaken to refine any aspect of the CHP.

Key risks

15. The IJB has a legal requirement to implement the procedure as per Section 16B of the Scottish Public Services Ombudsman Act 2002, as amended by section 119 of the Public Service Reform (Scotland) Act 2010.

16. Failure to comply will result in reputational risk.

Financial implications

17. There could be staff time associated with IJB complaints. However, the early resolution of complaints can help to save money, time and resources.

Implications for Directions

18. An IJB complaint could be made about a strategic direction. The IJB CHP will ensure this is handled fairly, consistently, and wherever possible resolved to the complainant's satisfaction.

Equalities implications

19. The standardised CHP will ensure that all complaints are dealt with in a fair and consistent way for all.

20. Although the CHP is based on a model determined by the Scottish Public Services Ombudsman, the model was not subject to an equality impact assessment (EIA). The SPSO believed that the impact would be different in each area, and therefore should be tailored on the community in that area.

21. On 31 January 2018, the draft IJB CHP was shared with the Edinburgh Equality and Rights Network (EaRN) at their monthly members' meeting, asking for feedback on the document and on the Transform Edinburgh complaint page.

22. Initial feedback was positive for the page's content. It includes a variety of ways for the public to make a complaint. EaRN also recognised that the standardised complaints procedure promotes fairness and equality.

23. A request was made to include a summary 'Easy English' version of the CHP. Work is underway to the complete this for the Chief Officer's approval.

24. EaRn has agreed to share the draft among its wider member list, and to include it on its members various social media platforms. Any additional feedback received will be considered by the Chief Officer.

Involving people

25. This procedure is based on a model determined by the Scottish Public Services Ombudsman and must be approved by them as well as by the IJB.

26. EaRN was consulted on IJB CHP.

Impact on plans of other parties

27. Additional website links to the IJB CHP have been added to the Council's website. A request has also been made for the link to made available on NHS Lothian's complaints webpage.

Background reading/references

28. None.

Report author

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Appendices

Appendix 1	IJB Complaints Handling Procedure
Appendix 2	Chief Officer's statement of compliance and self-assessment checklist
Appendix 3	Complaints Standards Authority compliance letter

Edinburgh Integration Joint Board for Health and Social Care
Complaints Handling Procedure

January 2018

DRAFT

Foreword

The Edinburgh Integration Joint Board for Health and Social Care values complaints as an important part of our quality assurance and continuous improvement activity. Our complaints handling procedure will allow us to provide redress when people are dissatisfied with the operation of the Integration Joint Board, and to make appropriate changes to how we work to avoid difficulties recurring.

This procedure complies with the Scottish Public Services Ombudsman's (SPSO) guidance, which is designed to promote a standardised approach to handling complaints across integration authorities. This procedure aims to help us 'get it right first time'. We want quicker, simpler and more streamlined complaints handling, with local, early resolution.

As far as possible, this procedure aligns with those of NHS Lothian and the City of Edinburgh Council – which are also based on SPSO guidance – to ensure a consistent approach to complaints handling across the Health and Social Care Partnership.

Resolving complaints early creates better customer relations, and learning from them leads to better service delivery. Sorting complaints as close to the point of service delivery as possible means we can deal with them locally and quickly, so they are less likely to escalate to the next stage of the procedure. Complaints that we do not resolve swiftly can add significantly to our workload, diverting resources from service delivery.

This procedure will help us keep the public at the heart of our processes, while enabling us to understand better how to improve our services.

We are committed to valuing complaints. We want to resolve dissatisfaction as close as possible to the point of service delivery and to conduct thorough, impartial and fair investigations of complaints to allow evidence-based decisions on the facts of each case.

Michelle Miller
Interim Chief Officer

Ricky Henderson
Convenor of Edinburgh Integrated Joint Board

How to use this Model Complaints Handling Procedure.... Error! Bookmark not defined.
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What is a complaint?

Edinburgh Integration Joint Board's (IJB) definition of a complaint is:

> 'An expression of dissatisfaction by one or more members of the public about the IJB's action or lack of action, or about the standard of service IJB has provided in fulfilling its responsibilities as set out in the Integration Scheme'.

Issues that are not covered by this definition are likely to be covered by our other CHPs, relating to either our health or social work services.

A complaint may relate to dissatisfaction with:

- Edinburgh's IJB's policies
- Edinburgh IJB's decisions
- the administrative or decision-making processes followed by the IJB in coming to a decision

This list does not cover everything.

A complaint is **not**:

- a first time request made to the IJB
- a request for compensation only
- issues that are in court or have already been heard by a court or a tribunal
- disagreement with a decision where a statutory right of appeal exists
- an attempt to reopen a previously concluded complaint or to have a complaint reconsidered where we have already given our final decision.

We will not treat these issues as complaints, but will instead direct the customer raising them to use the appropriate procedures.

Handling anonymous complaints

We value all complaints. This means we treat all complaints, including anonymous complaints seriously and will consider them further, wherever this is appropriate. Generally, we will consider anonymous complaints if there is enough information in the complaint to enable us to make further enquiries. If, however, an anonymous complaint does not provide enough information to enable us to take further action, we may decide not to pursue it further. Any decision not to pursue an anonymous complaint must be authorised by a senior manager.

If an anonymous complaint makes serious allegations, it will be considered by a senior officer immediately.

If we pursue an anonymous complaint further, we will record the issues as an anonymous complaint on the complaints system. This will help to ensure the completeness of the complaints data we record and allow us to take corrective action where appropriate.

What if the customer does not want to complain?
If a customer has expressed dissatisfaction in line with our definition of a complaint but does not want to complain, we will tell them that we do consider all expressions of dissatisfaction, and that complaints offer us the opportunity to improve services where things have gone wrong. We will encourage them to submit their complaint and allow us to deal with it through the CHP. This will ensure that they are updated on the action taken and receive a response to their complaint.

If, however, the customer insists they do not wish to complain, we will record the issue as an anonymous complaint. This will ensure that their details are not recorded on the complaints database and that they receive no further contact about the matter. It will also help to ensure the completeness of the complaints data recorded and will still allow us to fully consider the matter and take corrective action where appropriate.

Who can make a complaint?
Anyone who is affected by the decisions made by the IJB can make a complaint. This is not restricted to people who receive services through the IJB and their relatives or representatives. Sometimes a customer may be unable or reluctant to make a complaint on their own. We will accept complaints brought by third parties, as long as the customer has given their personal consent.

Complaints involving the Health and Social Care Partnership (HSCP) or more than one organisation

A complaint may relate to a decision that has been made by the IJB, as well as a service or activity provided by the HSCP. Initially, these complaints should all be handled in the same way. They must be logged as a complaint, and the content of the complaint must be considered, to identify which services are involved, which parts of the complaint we can respond to and which parts are appropriate for the HSCP to respond to. A decision must be taken as to who will be contributing and investigating each element of the complaint, and that all parties are clear about this decision. The final response must be a joint response, taking into account the input of all those involved.

Where a complaint relates to a decision made jointly by the IJB and the health board or local authority, the elements relating to the IJB should be handled through this CHP. Where possible, working together with relevant colleagues, a single response addressing all the points raised should be issued.

Should a member of staff who represents the HSCP receive a complaint in relation to the IJB, and if they have the relevant and appropriate information to resolve it, they should attempt to do so. If the staff member feels unable to offer a response, the complaint should be passed to the IJB team as early as possible for them to resolve.

If a customer complains to IJB about services of another agency or public service provider, but the IJB is not involved in the issue, they will be advised to contact the appropriate organisation directly.

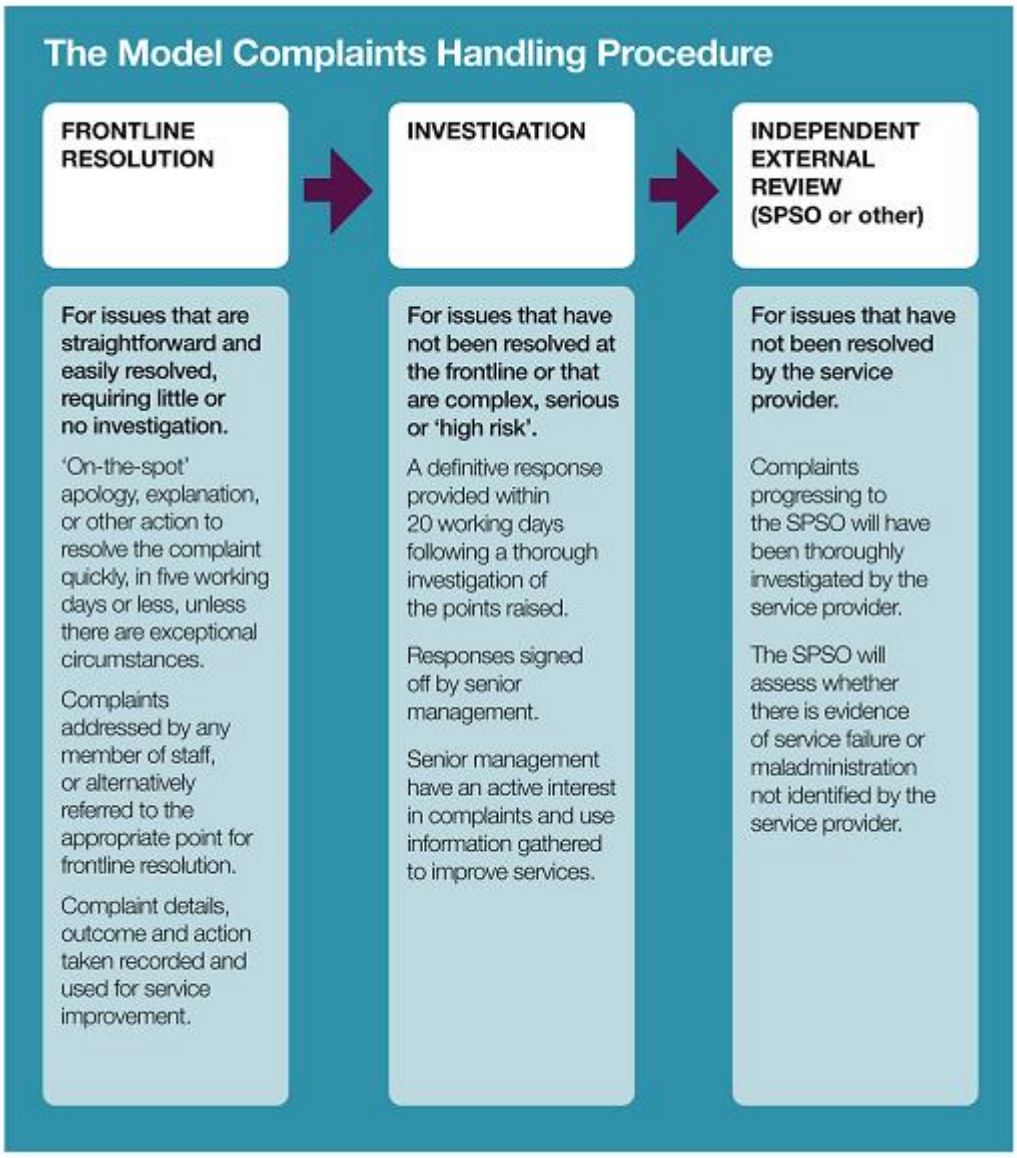
If we need to make enquiries to an outside agency in relation to a complaint, we will always take account of data protection legislation and SPSO guidance on handling our customers' personal information. The Information Commissioner has detailed guidance on data sharing and has issued a data sharing code of practice.

The complaints handling procedure

The complaints handling procedure (CHP) aims to provide a quick, simple and streamlined process for resolving complaints early and locally, by capable, well-trained staff.

Our complaints process provides two opportunities to resolve complaints internally:

- **frontline resolution**, and
- **investigation**.



For clarity, the term 'frontline resolution' refers to the first stage of the complaints process. It does not reflect any job description within the IJB, but means seeking to resolve complaints at the initial point of contact, wherever possible.

Stage one: frontline resolution

Frontline resolution aims to resolve quickly those straightforward customer complaints that require little or no investigation. Any member of staff may deal with complaints at this stage. If the member of staff receiving the complaint is not able to provide a response, it should be referred on to a more appropriate member of staff.

The main principle is to seek early resolution, resolving complaints at the earliest opportunity. This may mean a face-to-face discussion.

Whoever responds to the complaint, it may be settled by providing an on-the-spot apology where appropriate, or explaining why the issue occurred, and where possible, what will be done to stop this happening again. They may also explain that, as an organisation that values complaints, we may use the information given when we review policies and processes in the future.

A customer can make a complaint in writing, in person, by telephone, by email or online, or by having someone complain on their behalf. Frontline resolution will always be considered, regardless of how the complaint has been received.

Phone us: 0131 529 7153

Email us: healthsocialcareintegration@edinburgh.gov.uk

Write to us: Chief Officer
Edinburgh Integration Joint Board
Waverley Court
4 East Market Street
Edinburgh
EH8 8BG

What we will do when we receive a complaint

1 On receiving a complaint, we will first decide whether the issue can indeed be defined as a complaint. The customer may express dissatisfaction about more than one issue. This may mean we treat one element as a complaint, while directing them to pursue another element through an alternative route.

2 If we have received and identified a complaint, we will record the details on our complaints system.

3 Next, we will decide whether the complaint is suitable for frontline resolution. Some complaints will need to be investigated fully before we can give the complainant a suitable response. A senior officer will escalate these complaints immediately to the investigation stage.

4 Where we consider frontline resolution to be appropriate, we will consider four key questions:

- What exactly is the complaint (or complaints)?
- What does the complainant want to achieve by complaining?
- Can I achieve this, or explain why not?
- If I cannot resolve this, who can help with frontline resolution?

What exactly is the complaint (or complaints)? It is important to be clear exactly what the customer is complaining about. Staff may need to ask supplementary questions to get a full picture.
What does the complainant want to achieve by complaining? At the outset, staff will seek to clarify the outcome the complainant wants. Of course, they may not be clear about this, so there may be a need to probe further to find out what they expect and whether they can be satisfied.
Can I achieve this, or explain why not? If staff can achieve the expected outcome by providing an on-the-spot apology or explain why they cannot achieve it, they will do so. If they consider an apology is suitable, they may wish to follow the SPSO's guidance on the subject, which can be found on the SPSO website. The customer may expect more than we can provide. If expectations appear to exceed what the IJB can reasonably provide, the officer will tell the complainant as soon as possible, to manage expectations about possible outcomes. Decisions at this stage may be conveyed face to face, by telephone or by e-mail, in which case, the staff member is not required to write to the customer as well, although may choose to do so. A full and accurate record of the decision reached will be kept, including the information provided to the customer.
If I can't resolve this, who can help with frontline resolution? If the complaint raises issues that cannot be responded to in full because, for example, it relates to a different issue or area of service, the details of the complaint will be passed to more senior staff who will try to resolve it.

Timelines

Frontline resolution must be completed within **five working days** of the IJB receiving the complaint, although in practice we would often expect to resolve the complaint much sooner.

Staff may need to get more information or seek advice to resolve the complaint at this stage. However, they will respond to the complainant within five working days, either resolving the matter or explaining that the IJB will investigate their complaint.

Extension to the timeline

In exceptional circumstances, where there are clear and justifiable reasons for doing so, senior management may agree an extension of no more than five working days with the complainant. This must only happen when an extension will make it more likely that the complaint will be resolved at the frontline resolution stage.

If, however, the issues are so complex that they cannot be resolved in five days, it will be appropriate to escalate the complaint straight to the investigation stage. If the customer does not agree to an extension but it is unavoidable and reasonable, a senior manager can still decide upon an extension. In those circumstances, they will then tell the complainant about the delay and explain the reason for the decision to grant the extension.

Such extensions will not be the norm, and the timeline at the frontline resolution stage will be extended only rarely. All attempts to resolve the complaint at this stage will take no longer than **ten working days** from the date the IJB received the complaint.

The proportion of complaints that exceed the five-day limit will be evident from reported statistics. These statistics will be presented to the IJB on a quarterly basis.

Appendix 1 provides further information on timelines.

Closing the complaint at the frontline resolution stage
When staff have informed the customer of the outcome, they are not obliged to write to the customer, although they may choose to do so. The response to the complaint must address all areas for which the IJB is responsible, and must explain the reasons for the decision. Staff will keep a full and accurate record of the decision reached. The complaint will then be closed and the complaints system updated accordingly. Complaints resolved at the frontline stage will be reported to the IJB on a quarterly basis.

When to escalate to the investigation stage
The IJB will escalate a complaint to the investigation stage when:

- frontline resolution has been attempted but the customer remains dissatisfied and requests an investigation
- the customer refuses to take part in frontline resolution
- the issues raised are complex and require detailed investigation
- the complaint relates to serious, high-risk or high-profile issues.

When a previously closed complaint is escalated from the frontline resolution stage, the complaint should be reopened on the complaints system.

Care will be taken to identify complaints that might be considered serious, high risk or high profile. The SPSO defines potential high-risk or high-profile complaints as those that may:

- involve a death or terminal illness
- involve serious service failure, for example major delays in providing, or repeated failures to provide, a service
- generate significant and ongoing press interest
- pose a serious risk to the organisation's operations
- present issues of a highly sensitive nature, for example concerning:
    - a particularly vulnerable person

- public protection.

Stage two: investigation

Not all complaints are suitable for frontline resolution and not all complaints will be resolved satisfactorily at that stage. Complaints handled at the investigation stage are typically complex or require a detailed examination before a definitive position can be articulated. These complaints may already have been considered at the frontline resolution stage, or they may have been identified from the start as needing immediate investigation.

An investigation aims to establish all the facts relevant to the points made in the complaint and to give the complainant a full, objective and proportionate response, which represents the IJB's final position.

What we will do when we receive a complaint for investigation

It is important to be clear from the start of the investigation stage exactly what is being investigated, and to ensure that all involved – including the customer - understand the investigation's scope. It may be helpful for an investigating officer to discuss and confirm these points with the customer at the outset, to establish why they are dissatisfied and whether the outcome they are looking for appears realistic.

In discussing the complaint with the customer, the investigating officer will consider three key questions:

1. What specifically is the complaint or complaints?
2. What does the complainant want to achieve by complaining?
3. Are the complainant's expectations realistic and achievable?

It may be that the customer expects more than the IJB can provide. If so, staff will make this clear as soon as possible.

Where possible, we will also clarify what additional information we will need to investigate the complaint. The customer may need to provide more evidence to help us reach a decision.

Details of the complaint must be recorded on the complaints system. Where appropriate, this will be done as a continuation of frontline resolution. The details must be updated when the investigation ends.

If the investigation stage follows attempted frontline resolution, staff will ensure that all relevant information will be passed to the officer responsible for the investigation, and record that this has been done.

Timelines

The following deadlines are appropriate to cases at the investigation stage:

- complaints must be acknowledged within **three working days**

- The IJB will provide a full response to the complaint as soon as possible, but not later than **20 working days** from the time the complaint was received.

Extension to the timeline
Not all investigations will meet this deadline. For example, some complaints are so complex that they require careful consideration and detailed investigation beyond the 20-day limit. However, these would be the exception and we will always try to deliver a final response to a complaint within 20 working days.

If there are clear and justifiable reasons for extending the timescale, senior management will set time limits on any extended investigation, subject to the complainant's agreement. They will keep the customer updated on the reason for the delay and give them a revised timescale for completion. If the customer does not agree to an extension but it is unavoidable and reasonable, senior management can consider and confirm the extension. The reasons for an extension might include:

- essential accounts or statements, important to establishing the circumstances of the case, are needed from staff, customers or others, but this is hampered by long-term sickness or leave
- further essential information cannot be obtained within normal timescales
- operations are disrupted by unforeseen or unavoidable operational circumstances, for example industrial action or severe weather conditions
- the customer has agreed to mediation as a potential route for resolution.

These are only a few examples, and senior management will judge the matter in relation to each complaint. However, an extension would be the exception and we will always try to deliver a final response to the complaint within 20 working days.

As with complaints considered at the frontline stage, the proportion of complaints that exceed the 20-day limit will be evident from reported statistics. These statistics will be presented to the IJB on a quarterly basis.

Appendix 1 provides further information on timelines.

Mediation
Some complex complaints, or complaints where customers and other interested parties have become entrenched in their position, may require a different approach to resolving the complaint. Where appropriate, we may consider using services such as mediation or conciliation, using suitably trained and qualified mediators to try to resolve the matter and to reduce the risk of the complaint escalating further.

Mediation will help both parties to understand what has caused the complaint, and so is more likely to lead to mutually satisfactory solutions.

If the IJB and the customer agree to mediation, revised timescales will need to be agreed.

Closing the complaint at the investigation stage

We will inform the customer of the outcome of the investigation, in writing or by their preferred method of contact. This response to the complaint will address all areas that we are responsible for and explain the reasons for the decision. We will record the decision, and details of how it was communicated to the customer, on the system for recording complaints. The complaint will then be closed and the complaints system updated accordingly. The complaints resolved at the investigation stage will be reported to the IJB on a quarterly basis.

In responding to the customer, we will make clear:

- their right to ask SPSO to consider the complaint
- the time limit for doing so, and
- how to contact the SPSO.

Independent external review

Once the investigation stage has been completed, the customer has the right to approach the SPSO if they remain dissatisfied. The SPSO considers complaints from people who remain dissatisfied at the conclusion of the IJB's complaints procedure. The SPSO looks at issues such as service failures and maladministration (administrative fault), as well as the way we have handled the complaint.

We will use the wording below to inform customers of their right to ask SPSO to consider the complaint. The SPSO provides further information for organisations on the Valuing Complaints website. This includes details about how and when to signpost customers to the SPSO.

Information about the SPSO

The Scottish Public Services Ombudsman (SPSO) is the final stage for complaints about public services in Scotland. This includes complaints about the Scottish Government, NDPBs, agencies and other government sponsored organisations. If you remain dissatisfied with an organisation after its complaints process, you can ask the SPSO to consider your complaint. The SPSO cannot normally look at complaints:

- where you have not exhausted all the provisions of the IJB's complaints handling procedure
- more than 12 months after you became aware of the matter you want to complain about, or
- that have been or are being considered in court.

The SPSO's contact details are:

SPSO
4 Melville Street
Edinburgh
EH3 7NS

Freepost SPSO

Freephone: **0800 377 7330**
Online contact **www.spso.org.uk/contact-us**
Website: **www.spso.org.uk**

Governance of the Complaints Handling Procedure

Roles and responsibilities

As per the Public Bodies (Joint Working) Act and as specified within the integration authority's Integration Scheme, the Chief Officer's role is to provide a single senior point of overall strategic and operational advice to the integration authority. In line with this, overall responsibility and accountability for the management of complaints lies with the Chief Officer.

Our final position on a complaint must be signed off by an appropriate senior officer and we will confirm that this is our final response. This ensures that our senior management own and are accountable for the decision. It also reassures the customer that their concerns have been taken seriously.

Chief Officer:

The Chief Executive provides leadership and direction in ways that guide and enable us to perform effectively across all services. This includes ensuring that there is an effective complaints handling procedure, with a robust investigation process that demonstrates how we learn from the complaints we receive. The Chief Officer may take a personal interest in all or some complaints, or may delegate responsibility to appropriate members of the senior management team of the Health and Social Care Partnership. Regular management reports assure the integration authority of the quality of complaints performance.

Members of the Senior Management Team:

Members of the senior management team of the Health and Social Care Partnership are responsible for:

- managing complaints and the way we learn from them
- overseeing the implementation of actions required following a complaint
- investigating complaints
- deputising for the Chief Officer as required.

Members of the senior management team may decide to delegate some elements of complaints handling (such as investigations and the drafting of response letters) to other senior staff. Where this happens, senior management will retain ownership and accountability for the management and reporting of complaints. They may also be responsible for preparing and signing decision letters to customers, so they should be satisfied that the investigation is complete and the response addresses all aspects of the complaint.

Complaints investigator:
The complaints investigator is responsible and accountable for the management of the investigation. They may work in a service delivery team or as part of a centralised customer service team, and will be involved in the investigation and in co-ordinating all aspects of the response to the customer. This may include preparing a comprehensive written report, including details of any procedural changes in service delivery that could result in wider opportunities for learning across the IJB.

All staff:
A complaint may be made to any member of staff in the IJB. All staff must be aware of this CHP and how to handle and record IJB complaints at the frontline stage. They should also be aware of who to refer a complaint to, in case they are not able to personally handle the matter. We encourage all staff to try to resolve complaints early, as close to the point of service delivery as possible, and quickly, to prevent escalation.

Complaints about senior staff
Complaints about senior staff can be difficult to handle, as there may be a conflict of interest for the staff investigating the complaint. When serious complaints are raised against senior staff, it is particularly important that the investigation is conducted by an individual who is independent of the situation. We will ensure we have strong governance arrangements in place that set out clear procedures for handling such complaints, including the handling of complaints about the Chief Officer.

Recording, reporting, learning and publicising
Complaints provide valuable customer feedback. One of the aims of the complaints handling procedure is to identify opportunities to improve services across the IJB. We must record all complaints in a systematic way so that we can use the complaints data for analysis and management reporting. By recording and using complaints information in this way, we can identify and address the causes of complaints and, where appropriate, identify opportunities for improvements.

Recording complaints
To collect suitable data, it is essential to record all complaints in line with SPSO minimum requirements, as follows:

- the complainant's name and address
- the date the complaint was received
- the nature of the complaint
- how the complaint was received
- the date the complaint was closed at the frontline resolution stage (where appropriate)
- the date the complaint was escalated to the investigation stage (where appropriate)
- action taken at the investigation stage (where appropriate)
- the date the complaint was closed at the investigation stage (where appropriate)
- the outcome of the complaint at each stage
- the underlying cause of the complaint and any remedial action taken.

We have structured systems for recording complaints, their outcomes and any resulting action.

Reporting of complaints

Complaints details are analysed for trend information to ensure we identify procedural failures and take appropriate action. Regularly reporting the analysis of complaints information helps to inform improvement actions.

We publish the outcome of complaints and the actions we have taken in response on a quarterly basis. This demonstrates the improvements resulting from complaints and shows that complaints can influence our processes. It also helps ensure transparency in our complaints handling service and will help the public to see that we value their complaints.

We must:

- publicise complaints outcomes, trends and actions taken on a quarterly basis
- where and when possible, use case studies and examples to demonstrate how complaints have led to improvements.

This information should be reported regularly (and at least quarterly) to the IJB.

Learning from complaints

At the earliest opportunity after the closure of the complaint, officers involved in handling the complaint will make sure that the customer and relevant staff in the integration authority understand the findings of the investigation and any recommendations made.

Senior management will review the information gathered from complaints regularly and consider whether processes could be improved or internal policies and procedures updated.

As a minimum, we must:

- use complaints data to identify the root cause of complaints
- take action to reduce the risk of recurrence
- record the details of corrective action in the complaints file, and
- systematically review complaints performance reports to improve processes.

Where we have identified the need for improvement:

- the action needed to improve services must be agreed by the IJB
- senior management will designate the 'owner' of the issue, with responsibility for ensuring the action is taken
- a target date must be set for the action to be taken
- the designated individual must follow up to ensure that the action is taken within the agreed timescale
- where appropriate, performance should be monitored to ensure that the issue has been resolved
- we must ensure that the IJB learns from complaints.

Publicising complaints performance information
We also report on our performance in handling complaints annually in line with SPSO requirements. This includes performance statistics showing the volumes and types of complaints and key performance details, for example on the time taken and the stage at which complaints were resolved.

Maintaining confidentiality
Confidentiality is important in complaints handling. It includes maintaining the complainant's confidentiality and explaining to them the importance of confidentiality generally. We must always bear in mind legal requirements, for example, data protection legislation, as well as internal policies on confidentiality and the use of customer's information.

Managing unacceptable behaviour
People may act out of character in times of trouble or distress. The circumstances leading to a complaint may result in the complainant acting in an unacceptable way. Customers who have a history of challenging or inappropriate behaviour, or have difficulty expressing themselves, may still have a legitimate grievance.

A customer's reasons for complaining may contribute to the way in which they present their complaint. Regardless of this, we must treat all complaints seriously and assess them effectively. However, the actions of customers who are angry, demanding or persistent may result in unreasonable demands on time and resources or unacceptable behaviour towards our staff. We will, therefore, work with the NHS Lothian and the City of Edinburgh Council to apply the relevant organisational policies and procedures to protect staff from unacceptable behaviour, such as unreasonable persistence, threats or offensive behaviour. Where a decision is made to restrict access to a customer under the terms of an unacceptable actions policy, the relevant procedure will be followed to communicate that decision, notify the customer of a right of appeal, and review any decision to restrict contact with us. This will allow the customer to demonstrate a more reasonable approach later.

Getting help to make your complaint
All members of the community have the right to equal access to our complaints handling procedure. Customers who do not have English as a first language may need help with interpretation and translation services, and other customers may have specific needs that we will seek to address to ensure easy access to the complaints handling procedure.

We must always take into account our commitment and responsibilities to equality. This includes making reasonable adjustments to our processes to help the customer where appropriate.

Several support and advocacy groups are available to support individuals in pursuing a complaint and customers should be signposted to these as appropriate.

Time limit for making complaints

This complaints handling procedure sets a time limit of six months from when the customer first knew of the problem, within which time they may ask us to consider the complaint, unless there are special circumstances for considering complaints beyond this time.

We will apply this time limit with discretion. In decision making, we will take account of the Scottish Public Services Ombudsman Act 2002 (Section 10(1)), which sets out the time limit within which a member of the public can normally ask the SPSO to consider complaints. The limit is one year from when the person first knew of the problem they are complaining about, unless there are special circumstances for considering complaints beyond this time.

If it is clear that a decision not to investigate a complaint will lead to a request for external review of the matter, we may decide that this satisfies the special circumstances criterion. This will enable us to consider the complaint and try to resolve it.

Appendix 1 - Timelines

General

Reference to timelines throughout the complaints handling procedure relates to working days. When measuring performance against the required timelines, we do not count non-working days, for example weekends, public holidays and days of industrial action, where the service has been interrupted.

Timelines at frontline resolution

We aim to achieve frontline resolution within five working days. The day the Chief Officer receives the complaint is day 1. Where it is received on a non-working day, for example at the weekend or on a public holiday, day 1 will be the next working day.

Day 1:
Day IJB receives the complaint, or next working day if date of receipt is a non-working day.

Day 5:
Frontline resolution achieved or complaint escalated to the investigation stage.

Extension to the five-day timeline

If the IJB has extended the timeline at the frontline resolution stage in line with the procedure, the revised timetable for the response will take no longer than 10 working days from the date of receiving the complaint.

Day 1:
Day the IJB receives the complaint, or next working day if date of receipt is a non-working day.

In a few cases where it is clearly essential to achieve early resolution, the IJB may authorise an extension within five working days from when the complaint was received. The frontline resolution stage must be concluded 10 working days from the date of receipt, either by resolving the complaint or by escalating it to the investigation stage.

Day 10:
Frontline resolution achieved or complaint escalated to the investigation stage.

Transferring cases from frontline resolution to investigation

If it is clear that frontline resolution has not resolved the matter, and the complainant wants to escalate the complaint to the investigation stage, the case must be passed for investigation without delay. In practice, this will mean on the same day that the complainant is told this will happen.

Timelines at investigation

The IJB may consider a complaint at the investigation stage either:

- after attempted frontline resolution, or
- immediately on receipt, if they believe the matter to be sufficiently complex, serious or appropriate to merit a full investigation from the outset.

Acknowledgement

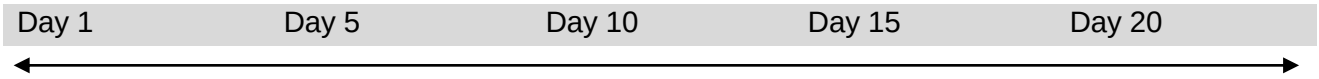
All complaints considered at the investigation stage must be acknowledged within **three working days** of receipt. The date of receipt is:

- the day the case is transferred from the frontline stage to the investigation stage, where it is clear that the case requires investigation, or
- the day the complainant asks for an investigation after a decision at the frontline resolution stage; it is important to note that a complainant may not ask for an investigation immediately after attempts at frontline resolution, or
- the date the IJB receives the complaint, if it is sufficiently complex, serious or appropriate to merit a full investigation from the outset.

Investigation

The IJB will respond in full to the complaint within **20 working days** of receiving it at the investigation stage.

The 20-working day limit allows time for a thorough, proportionate and consistent investigation to arrive at a decision that is objective, evidence-based and fair. We have 20 working days to investigate the complaint, regardless of any time taken to consider it at the frontline resolution stage.



Day 1:
Day complaint received at investigation stage, or next working day if date of receipt is a non-working day. Acknowledgement issued within three working days.

Day 20:
The decision issued to complainant or agreement reached with them to extend deadline

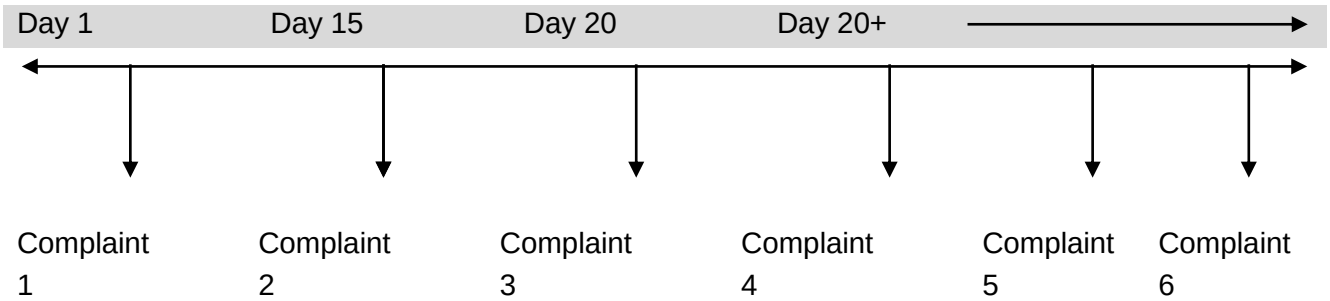
Exceptionally the 20-day limit may need to be extended in order to provide a full response. If so, the Chief Officer will explain the reasons to the complainant, and agree with them a revised timescale.

Day 1:
Day complaint received at investigation stage, or next working day if date of receipt is a non-working day. Acknowledgement issued within three working days.

By Day 20:
With the agreement of the complainant where possible, decide a revised timescale for bringing the investigation to a conclusion.

By agreed date:
Issue our final decision on the complaint

Timeline examples
The following illustration provides examples of the point at which the IJB concludes its consideration of a complaint. It is intended to show the different stages and times at which a complaint may be resolved.



The circumstances of each complaint are explained below:

Complaint 1
Complaint 1 is a straightforward issue that may be resolved by an on-the-spot explanation and, where appropriate, an apology. Such a complaint can be resolved on day 1.

Complaint 2
Complaint 2 is also a straightforward matter requiring little or no investigation. In this example, resolution is reached at day three of the frontline resolution stage.

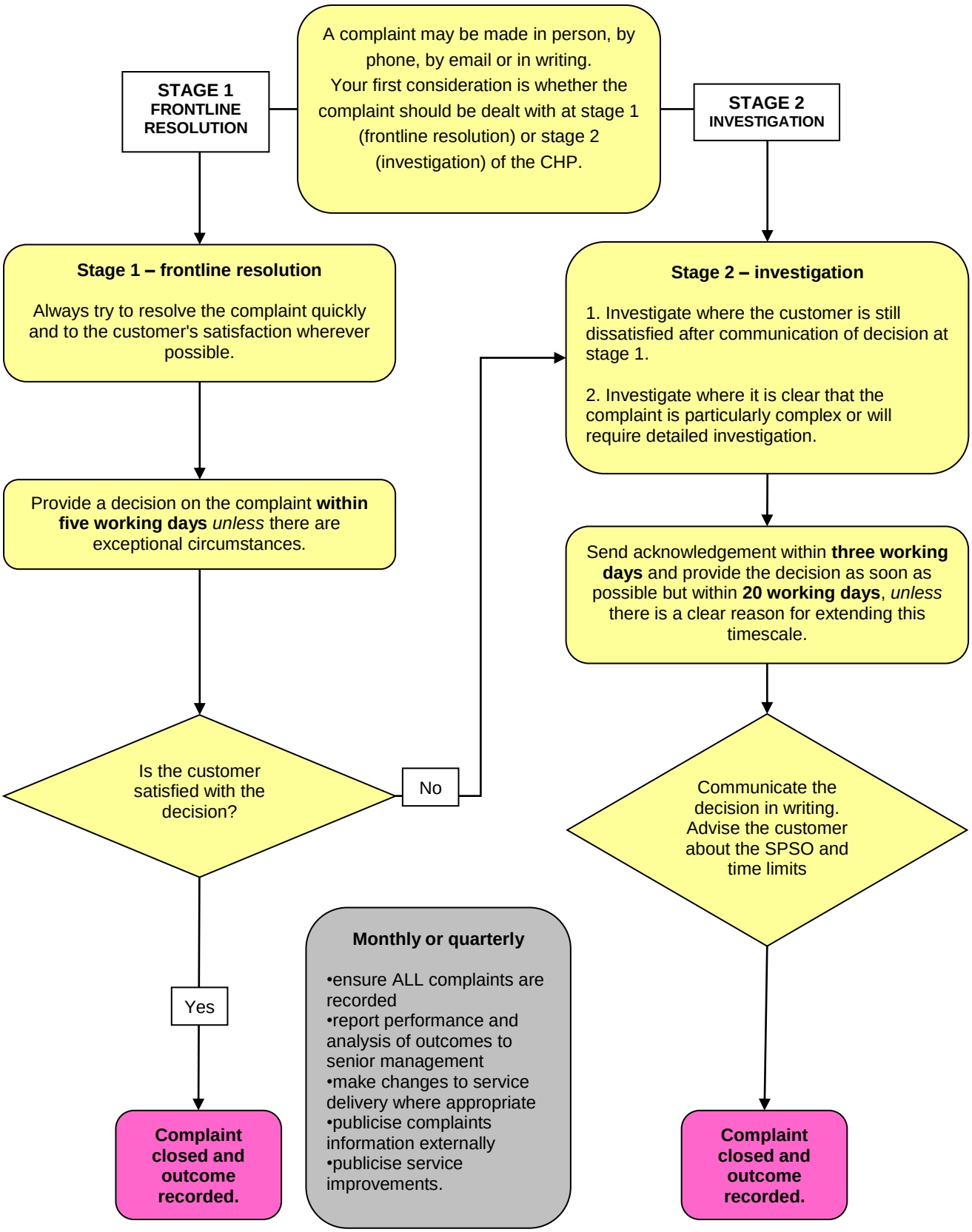
Complaint 3
Complaint 3 refers to a complaint that was considered appropriate for frontline resolution, but was not concluded in the required timeline of five working days. An extension was authorised on a clear and demonstrable expectation that the complaint would be satisfactorily resolved within a further five days. The complaint was resolved at the frontline resolution stage in a total of eight days.

Complaint 4
Complaint 4 was suitably complex or serious enough to pass to the investigation stage from the outset. Frontline resolution was not tried; rather the case was investigated immediately. A final decision to the complainant was issued within the 20-day limit.

Complaint 5
This was considered at the frontline resolution stage, where an extension of five days was authorised. At the end of the frontline stage, the complainant was still dissatisfied. At their request, an investigation was conducted and a final response was issued within 20 working days. Although the end-to-end timeline was 30 working days, the combined time targets for frontline resolution and investigation were met.

Complaint 6
Complaint 6 was considered at both the frontline resolution stage and the investigation stage. The investigation was not concluded within the 20-day limit, so a revised timescale for concluding the investigation beyond the 20-day limit was agreed with the customer.

Appendix 2 - The complaints handling procedure



Integration Joint Board Compliance Statement and Self-assessment

Edinburgh Integration Joint Board

Michelle Miller – Interim Chief Officer
Edinburgh Health and Social Care Partnership/Integration Joint Board
Waverley Court
4 East Market Street
Edinburgh
EH8 8BG

The information on this pro-forma must be provided to the Scottish Public Services Ombudsman's Complaints Standards Authority (CSA) as soon as the organisation adopts the model CHP, or by **3 July 2017** at the latest. Please send the completed form and an electronic copy of the CHP in Word format, to CSA@spso.org.uk.

Please provide, **at Section 1**, confirmation that the organisation has adopted the CHP and has provided suitable information on the internet, or that the organisation will do so by 3 July 2017 at the latest.

At Section 2, please complete a self–assessment of your organisation's CHP, or draft CHP for implementation by 3 July 2017, against the requirements of the SPSO model CHP.

The CSA will assess the information provided by the organisation, and respond to indicate compliance or otherwise with the Scottish Government and Associated Public Bodies Model Complaints Handling Procedure.

SECTION 1 - Statement from Chief Officer of Edinburgh Integrated Joint Board.

	Please √
The Edinburgh Integrated Joint Board has already adopted or will adopt the IJB's CHP from 3 July 2017, accompanied by appropriate customer information available on the internet.	√

Please confirm the name of the Chief Officer**:**

…….
Michelle Miller – Interim Chief Officer

SECTION 2 – Edinburgh Integrated Joint Board - Self-assessment of compliance

Requirement of CHP	Met Yes/No	Comment
Does the CHP adopt the text and layout of the published model CHP, subject to necessary amendments, to reflect, for example, the organisational structure, operational processes and corporate style?	Yes	
Does the complainant facing CHP adopt the text and layout of the published model complainant facing CHP, subject to necessary amendments?	Yes	
Does the CHP include an appropriate foreword from the organisation's Chief Officer?	Yes	From Interim Chief Officer and IJB Convenor
Does the CHP provide an appropriate definition of a complaint?	Yes	Page 2
Does the CHP explain the types of issues which may be considered as a complaint?	Yes	Page 2
Does the CHP explain the types of issues which may not be considered through the CHP (for example, appeals, requests for service etc)?	Yes	Page 2
Does the CHP include appropriate guidance on handling anonymous complaints?	Yes	Page 2
Does the CHP clarify who can make a complaint?	Yes	Page 3
Does the CHP cover complaints involving HSCP services?	Yes	Page 3
Does the CHP cover complaints involving other organisations or contractors who provide a service on behalf of the organisation?	Yes	Page 4
Does the CHP explain how a complainant may make a complaint?	Yes	Page 6
Does the CHP explain the issues to be considered on the receipt of a complaint?	Yes	Page 6

Requirement of CHP	Met Yes/No	Comment
Does the CHP include the correct timeline at frontline resolution?	Yes	Page 7
Does the CHP explain the basis for an extension to the timeline at Frontline Resolution?	Yes	Page 7-8
Does the CHP explain the action to take in closing the complaint at the frontline resolution stage?	Yes	Page 8
Does the CHP explain when to escalate a complaint to the investigation stage?	Yes	Page 9
Does the CHP explain what to do when a complaint is received at the investigation stage?	Yes	Page 9
Does the CHP explain the requirement to acknowledge complaints within three working days at the investigation stage?	Yes	Page 10
Does the CHP explain the requirement to provide a full response to complaints within 20 working days at the investigation stage?	Yes	Page 10
Does the CHP explain the basis for an extension to the timeline at the investigation stage?	Yes	Page 10
Does the CHP explain the required action when closing the complaint at the investigation stage?	Yes	Page 11
Does the CHP explain the requirement to provide information about the SPSO at the conclusion of the investigation?	Yes	Page 11
Does the CHP explain the roles and responsibilities of all staff involved in complaints handling?	Yes	Page 12
Does the CHP cover complaints about senior staff?	Yes	Page 13
Does the CHP include the requirement to record all appropriate details in relation to the complaint?	Yes	Page 13-14

Requirement of CHP	Met Yes/No	Comment
Does the CHP commit to publishing complaints outcomes, trends and actions taken on a quarterly basis and reporting information on complaints to senior management regularly (and at least quarterly)?	Yes	Page 14
Does the CHP include the requirement to learn from complaints?	Yes	Page 14
Does the CHP include the requirement to report performance in handling complaints annually?	Yes	Page 15
Does the CHP refer to legal requirements in relation to confidentiality issues?	Yes	Page 15
Does the CHP refer to managing unacceptable behaviour?	Yes	Page 15
Does the CHP refer to support for the complainant?	Yes	Page 15
Does the CHP set a time limit of six months to consider the complaint, unless there are special circumstances for considering complaints beyond this time?	Yes	Page 16

SPSO Scottish Public Services Ombudsman

4 Melville Street
Edinburgh
EH3 7NS
Tel 0800 377 7330
Fax 0800 377 7331
Web www.spso.org.uk

26 January 2018

CONFIDENTIAL
Michelle Miller
Interim Chief Officer
Edinburgh HSCP
Business Centre2:6
Waverley Court
4 East Market Street
Edinburgh
EH8 8BG

Dear Ms Miller

Compliance with the Scottish Government and Associated Public Authorities Model Complaints Handling Procedure

Thank you for providing me with your Integration Joint Board (IJB) Complaints Handling Procedure (CHP), together with your statement of compliance and self-assessment of compliance.

I have assessed your CHP against the requirements of the Scottish Government and Associated Public Authorities Model CHP. The IJB template CHP was developed from this Model CHP, and both have been used as the standard on which to base our assessment. Edinburgh IJB has been assessed as:

Fully compliant with the requirements of the Scottish Government and Associated Public Authorities Model CHP.

Ongoing compliance will be monitored by the SPSO, in conjunction with existing reporting mechanisms.

Yours sincerely

John Stevenson
Head of Complaints Standards Authority

Item 5.4

Report

Mainstreaming the Equality Duty and Equality Outcomes Progress Report Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. In April 2016, the Integration Joint Board approved and published its Mainstreaming Equality and Outcomes Report in accordance with the Equality Act 2010 and associated regulations. To continue to meet the obligations of the Act, the Integration Joint Board must publish by 30 April 2018, a report setting out the progress made in mainstreaming the equality duty and the progress made in achieving its equality outcomes.

2. The attached draft "Mainstreaming the Equality Duty and Equality Outcomes Progress Report" sets out how the IJB is addressing its responsibilities under the Act and summarises the progress made in mainstreaming equality and achieving equality outcomes over the last 2 years.

Recommendations

3. The Integration Joint Board is asked to:

   i. note the requirements of the Equality Act 2010 outlined below

   ii. consider and approve for publication, the draft Mainstreaming the Equality Duty and Equality Outcomes Progress Report attached at Appendix 1

   iii. agree the proposal to review equality outcomes as part of the process of producing the Strategic Plan.

Background

4. The Public Sector Equality Duty requires public bodies in the exercise of their functions to have due regard to the need to:

   - eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
   - advance equality of opportunity between people who share a relevant protected characteristic and those who do not

- foster good relations between people who share a protected characteristic and those who do not

5. The table below sets out the specific duties of the act in relation to the IJB.

Duty	Equality Act reference	Summary of requirements	Frequency	Last published
Report on mainstreaming the equality duty	Section 3	Publish a report on the progress made to make the general equality duty integral to the exercise of functions	At least every 2 years	Report attached at Appendix 1, April 2018
Equality outcomes	Section 4(1) and (2)	Publish a set of equality outcomes having involved protected characteristic groups/ individuals and used available evidence	At least every 4 years	April 2016
Progress against equality outcomes	Section 4(4) and (5)	Publish a report on the progress made to achieve the equality outcomes	At least every 2 years	Report attached at Appendix 1, April 2018
Equality Impact Assessments	Section 5	Conduct IIAs for new/revised policies and publish these	Ongoing	Ongoing on website
Gather and use employee information	Section 6	Not required	N/A	N/A
Gender pay gap information	Section 7	Not required	N/A	N/A
Statement on equal pay policy and occupational segregation	Section 8	Not required	N/A	N/A

Main report

6. The 5 Equality Outcomes identified in the Mainstreaming Equality and Outcomes Report were developed in tandem with the development of the Strategic Plan and are as follows:

Equality Outcome 1 – Effective and Visible Leadership is in place to ensure all health and social care policies, plans and decisions take account of the diversity of needs and characteristics of the community.

Equality Outcome 2 – People with protected characteristics are directly able to influence the way in which health and social care services are planned and delivered at both local and city-wide level.

Equality Outcome 3 – All health and social care services are accessible, appropriate and inclusive to the needs of all with no barriers that can limit access for those with protected characteristics.

Equality Outcome 4 – Awareness and understanding of the challenges and needs faced by those with protected characteristics are raised.

Equality Outcome 5 – Prevention measures and activities to reduce inequalities are inclusive to all.

7. A set of actions, drawn from the actions contained in the strategic plan and the associated Integrated Impact Assessment action plan, were identified to enable delivery of these outcomes.

8. The attached report outlines some of the actions that have taken place over the last 2 years to achieve the outcomes and outlines progress made in mainstreaming the equality duty.

9. The report demonstrates that good progress has been made towards achieving the outcomes and towards mainstreaming equality.

10. The Partnership has now identified a nominated officer to champion the equality responsibilities of the IJB and Partnership, and monitor compliance with legislative requirements to improve performance.

11. There is a legal requirement to publish a set of equality outcomes at least every 4 years. Given that the main way in which the IJB carries out its equality duties is through the Strategic Plan, it is recommended that the equality outcomes are developed as part of the process of developing the Strategic Plan. The next IJB Strategic Plan is due to be published by 31 March 2019 and will cover the period 2019-2022.

Key risks

12. Failure to publish the Equality mainstreaming and outcome progress report will mean that the Integration Joint Board is not meeting its obligations under the Equality Act 2010.

Financial implications

13. There are no direct financial implications resulting from this report.

Implications for Directions

14. There are no changes to current directions arising from this report.

Equalities implications

15. The attached report outlines how the IJB contributes to the delivery of the 3 Public Sector Equality Duties and complies with the requirements of the Equality Act 2010.

Sustainability implications

16. Social sustainability is an essential element of a sustainable city. The attached report outlines how the IJB contributes to a sustainable Edinburgh by impacting positively on the personal wellbeing of residents, promoting community capacity and inclusion within communities, helping create equal opportunities and helping meet the diverse needs of communities.

Involving people

17. The use of co-production in the development of services is standard within the Partnership and the projects identified in the attached appendix have used a coproduction approach to service design and development.

Impact on plans of other parties

18. There is no known impact arising from this report on the plans of other parties.

Background reading/references

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

Equality and Human Rights Commission Non-statutory guidance for Scottish public authorities

Edinburgh Integration Joint Board Equalities and Mainstreaming Report 2016

Report author

Michelle Miller

Interim Chief Officer, Edinburgh Health and Social Care Partnership

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E-mail: sarah.bryson@edinburgh.gov.uk | Tel: 0131 469 3887

Appendices

Appendix 1	Draft Mainstreaming Equality and Equality Outcomes Progress Report

Edinburgh Integration Joint Board

Equality and Mainstreaming

Progress Report 2016-2018

March 2018

Working together for a caring, healthier, safer Edinburgh

NHS Lothian · EDINBVRGH · THE CITY OF EDINBURGH COUNCIL

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Introduction

In April 2016, the Edinburgh Integration Joint Board (EIJB) published its Mainstreaming Equality and Outcomes Report. This stated how the EIJB proposed to meet the equality duty as set out in the Equality Act 2010 and set out its equality outcomes.

This progress report now summarises the actions the EIJB has taken towards integrating the general equality duty into the day-to-day working of the EIJB and summarises progress towards achieving the equality outcomes.

Background - The General Equality Duty

The Equality Act 2010 requires all public bodies to report every 2 years on progress in making the general equality duty integral to delivering services and shaping policies. (Appendix 1) This report summaries how the EIJB has contributed to:

- eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by the Equality Act
- advancing equality of opportunity among all people
- fostering good relations between different people when carrying out their activities

As the EIJB does not directly employ any staff, it is not required to meet the various employee reporting regulations.

Mainstreaming Equality

Mainstreaming equality simply means integrating equality into the day-to-day working of the Health and Social Care Partnership. The steps which the Partnership has taken to do this are outlined below.

The role of the EIJB

The Edinburgh Integration Joint Board is responsible for the strategic planning, operational oversight and performance management of the health and social care functions which it has been delegated. The Board has a legal duty to produce a strategic plan every three years and implements the plan by issuing Directions to the City of Edinburgh Council and NHS Lothian detailing how services should be delivered. The Edinburgh Health and Social Care Partnership (EHSCP) is a partnership of the City of Edinburgh Council and NHS Lothian, responsible for the delivery of services in accordance with the strategic plan under the management of a single Chief Officer. The IJB meets its equality duties both through its own actions and those of the EHSCP.

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Board Membership and Structure

The Public Bodies (Joint Working) (Act) 2014 sets out minimum requirements for membership of integration joint boards including. Responsibility for chairing the Edinburgh Board rotates every 2 years between the Council and NHS Lothian. Under the Equality Act, the EIJB is not a relevant listed authority and is not required to publish information on Board members to help ensure that they better reflect the diversity of the Scottish population. The current membership of the board consists of 9 voting members (6 male and 3 female) and 13 non-voting members (6 male and 7 female). There are currently 2 vacancies for citizens who use adult health and social care services. These members help ensure that the perspective of people who use adult health and social care services is heard in the deliberations of the Integration Joint Board. A small working group has been established to review the role description and specification for these. The role will be advertised widely and applicants from all walks of life will be encouraged to apply.

The current Board membership is set out in Appendix 2.

The Board meets every month with one meeting each quarter being a development session which is closed to the public. People with lived experience have helped plan, deliver and participate in some of the development sessions for example those around Mental Health and Substance Misuse. The Board particularly appreciated this opportunity to engage directly with people with lived experience. All EIJB papers are available on-line. Deputations are permitted and the process aims to encourage greater public participation in the democratic process and allow the opportunity for groups and organisations to put their view directly to decision makers and influence the issues that matter to them.

The IJB has a governance framework which includes the locality health and wellbeing forums and strategic planning forums for: mental health and wellbeing; older people; people with disabilities and substance misuse. The framework also includes two cross-cutting forums focused on housing and tackling inequalities. Members of the locality and strategic planning forums include representatives of key stakeholder groups and act as a wider constituency for members of the Strategic Planning Group, providing them with access to a diverse range of opinion. The structure is set out in Appendix 3.

Partnership Working

The EIJB is a formal member of the Edinburgh Community Planning Partnership (EP). This Partnership brings together partners from Education, the City of Edinburgh Council, Fire and Rescue Service, the Health Board and Police to work

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together to make Edinburgh a thriving, successful and sustainable capital city in which all forms of deprivation and inequality are reduced.

Locality Working

To empower communities and work more closely with local people and existing groups, all members of the Edinburgh Partnership have agreed to focus service planning and delivery in Edinburgh in 4 localities.

Locality Improvement Plans (LIPs) have been produced through partnership working and meaningful engagement with residents and communities. The plans aim to achieve better outcomes for those individuals and communities experiencing the greatest inequality by building on a local understanding of their needs, circumstances, and aspirations. The plans set out the priorities for improving outcomes over a five-year period (2017-22). Health and wellbeing/social care is a priority in each plan. The plans are high level and will be underpinned by detailed action plans and performance measures.

The development of the plans was supported by an Integrated Impact Assessment (IIA). Several positive impacts were identified, including the use of community intelligence and locality profiles to promote participation of individuals who are less likely to get involved. The IIA also made recommendations including a review of the engagement process to identify all population groups which were not engaged and identify routes into better engagement. Whilst this impact assessment focused on the process, further assessments will be carried out on the individual plans' outcomes and actions. The LIPs were formally endorsed by the IJB in November 2017.

Leadership

The EIJB sets out its core values to "respect the principles of equality, human rights, independent living and to treat people fairly" in its Strategic Plan.

Councillors have a key leadership role in driving forward the equality agenda. A briefing session for all councillors, including those who are voting members of the IJB, was recently held which reinforced their remit to deliver equality, with regards to scrutiny, leadership and engagement. It is proposed that a similar session will be held for all IJB members, once all members are appointed.

Senior managers have been encouraged to give clear and consistent messages to their staff regarding the importance of the public sector equality duty and to ensure that it is given due consideration. To assist in this, a handy guide for managers has been prepared which reinforces the ways in which managers should embed equality in their day to day working and help ensure compliance with the Equality Act 2010. (Appendix 4)

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Quarterly development sessions for the Partnership's Extended Leadership Team are now in place and it is proposed that a future session will incorporate equality issues which will further reinforce these messages.

Staff Training Awareness and Understanding

The EIJB recognises the importance of building the capacity of all staff to ensure that they recognise the relevance and importance of considering and promoting equality and diversity when carrying out their own roles. Mandatory equality and diversity training is provided for all staff which provides a general awareness of the issues. A wide range of additional, more specific training courses are run and promoted to all staff. These cover a variety of equality topics such as: Transgender Awareness, Sexual Health for Adults and Vulnerable groups, Suicide Intervention Skills, Promoting Health with People with a Learning Disability, Dementia Awareness, Men having sex with Men, amongst others. Staff can discuss training opportunities with their managers at any time and are encouraged to participate in and plan relevant training at their annual performance meeting.

Integrated Impact Assessment (IIA)

The undertaking of Integrated Impact Assessments is one of the main ways in which the EIJB seeks to ensure equality is mainstreamed across the organisation.

The IIA framework and guidance was developed in collaboration with the four Local authorities and NHS Lothian through the IIA Steering Group which continues to meet regularly and on which the Health and Social Care Partnership/IJB is represented. The Integrated Impact Assessment (IIA) helps ensure that partners consider equality, human rights, sustainability and the environment during development of proposals. As well as taking account of the impact which the proposal will have on those with protected characteristics, the IIA also takes into account potential impacts on those in poverty or at risk of falling into poverty. The assessment process helps identify actions which can be taken to mitigate any negative outcomes and enhance any positive outcomes.

The IJB report template has recently been updated to ensure that reference to the IIA is included in all reports and any equality impacts are considered during the decision making process.

IIA Implementation

The IIA Steering Group, which is made up of members of the 4 council authorities, the 4 IJBs and the NHS Health Board, runs regular training sessions to enable individuals to become IIA facilitators. All service areas should have identified at least one person who can facilitate an IIA. A network of Equality Champions, who have a

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remit to support their service area colleagues to undertake IIAs, is currently being established. The Steering Group also runs a series of workshops which provide an opportunity to discuss IIAs, learn from practical examples and share best practice.

This collaborative working and shared training has helped maximise opportunities to access appropriate training for all staff and helped in the uptake of IIAs.

The IIA template, guidance notes, supporting information, checklist, evidence table and top tips are available on-line to all staff.

IIA Actions and Publication

A register of IIAs is held by the IJB and checks against implementation of actions are carried out regularly. Improvements to the process are currently being considered and the use of an on-line system is currently being investigated.

Completed IIAs are published on the IJB website – Transform Edinburgh.

IJB Reports and Decisions

The EIJB report template has now been updated to include sections on equality and sustainability. These sections report on any positive or negative impacts which the proposal may have and outline steps to mitigate any negative impacts or enhance any positive impacts. Sufficient information is provided to allow board members to make informed decisions. Any impacts that cannot be mitigated are highlighted to members of the board. Equality information is also relayed to decision makers via emails, one to one briefings or general briefing notes in advance of the board meeting, if appropriate.

Procurement

Procurement is undertaken on behalf of the EIJB by either the City of Edinburgh Council (CEC) or NHS Lothian. NHS Lothian now have a specific Equality & Diversity Procurement policy for procurement officers to refer to when letting contracts. This policy helps ensure that any supplier of goods or services chosen to supply NHS Lothian meet the same values of Equality and Diversity held by NHS Lothian.

In addition to compliance with Equality and diversity regulations, the CEC expects contractors to take a positive approach to fair work practices and now reflect this in contract documents, which includes the expectation that contractors commit to (amongst others):

- a fair and equal pay policy that includes a commitment to supporting the Living Wage, including, for example being a Living Wage Accredited Employer;

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- promoting equality of opportunity and developing a workforce which reflects the population of Scotland in terms of characteristics such as age, gender, religion or belief, race, sexual orientation and disability;
- flexible working (including for example practices such as flexi-time and career breaks) and support for family friendly working and wider work life balance;
- support progressive workforce engagement, for example Trade Union recognition and representation where possible, otherwise alternative arrangements to give staff an effective voice.

Communication and Engagement

The EIJB has developed a Communication and Engagement Strategy 2016 to 2019. This high-level plan sets out the principles and protocols for the IJB's communication and stakeholder engagement activity. A series of more detailed communication action plans will be/have been created for individual projects, campaigns and activities. These will include behaviour changing campaigns such as educating service users on visiting their GP and National Awareness days and activities such as Suicide Prevention Week.

The communication strategy is set against several communication protocols which give consideration to equality and diversity and include, amongst others:

- use of venues, where possible, preferred by service users and carers which are fully accessible
- recognise that large events may not encourage people to speak out and a range of opportunities to do so will be provided including focus groups, surveys and written communication amongst others
- Language will be accessible, jargon-free and easy to read. Easy read versions of relevant print materials will be commissioned and the Interpretation and Translation Service can provide large print and translations if needed.
- Checks will be carried out to ensure the right language is being used to speak to the audience. This is particularly relevant for those with low literacy, learning disabilities, older people and where English is not someone's first language. It is also a key to success for behavior changing campaigns.

The EIJB has also adopted an icon-based look and feel for its documents, tested with target audiences. All leaflets will carry the "Happy to Translate" information and be available in large print and different languages.

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The Edinburgh Partnership has endorsed the ten National Standards for Community Engagement. They set out best practice principles for the way that government agencies, councils, health boards, police and other public bodies engage with communities. A community engagement strategy is currently being developed through a sub-group of the IJB.

Partnership Working

EARN

The IJB is a board member of EARN (Equality and Rights Network). EARN is a member-led organisation, set up with the aim of enabling individuals, groups, organisations and communities of interest to work in partnership with public services to advance equality, promote human rights and tackle poverty and inequality. EARN work with the IJB to assist in; raising awareness about equality and rights; community engagement and reaching target audiences; researching key equality and rights issues and; dialogue to help ensure voices are heard by the right people.

Equality, Diversity and Rights Project Team

The EIJB is a member of the Equality Diversity and Rights Project Team which was set up to help shape the approach to equality in Edinburgh and promote synergy amongst partners. The team consists of representatives from the IJB, NHS, VCE, EARN and a range of CEC departments. It has an overview of Equality and Rights and shares best practice and resources.

Integrated Impact Assessment (IIA) Steering Group

The EIJB is a member of the IIA Steering Group (which has members from the 4 local authorities and IJBs) which provides an opportunity to continue joint working and share resources on aspects such as training of IIA facilitators, reviewing and adapting the IIA template and guidance documents; shared on-line equality and awareness tools, promotion of the IIAs, quality monitoring of IIAs and actions to increase compliance of IIAs.

Research and Evidence

Consultation on Edinburgh's first Joint Strategic Needs Assessment (2015) identified the health and care needs of people from minority ethnic groups in Edinburgh as a topic which needed further exploration.

This further work was carried out by a working group of staff from the City of Edinburgh Council, Edinburgh Voluntary Organisations' Council (EVOC) and NHS Lothian's Public Health. It has been undertaken in two phases. The aim of the first phase was to produce a draft report, using existing evidence, to give an overview of:

- The size and age profile of the minority ethnic community in Edinburgh
- What is already known about the health needs of people in different groups

- People's experiences of barriers to health and to getting the help they need
- Current supports for people from minority ethnic communities in Edinburgh

The draft report was used as the basis of the second phase of this work, which involved engaging with Third Sector organisations and users of their services to reach an agreed statement of the current health needs and the barriers to addressing these, and to make recommendations about how these can be addressed.

The final report, which will take account of the feedback received, is being finalised, and is expected to be ready for circulation by mid-January 2018.

Equality Outcomes

The EIJB's 2016 Mainstreaming Equality and Outcomes Report identified 5 Equality Outcomes:

Equality Outcome 1 – Effective and visible Leadership is in place to ensure all health and social care policies, plans and decisions take account of the diversity of needs and characteristics of the community

Equality Outcome 2 – People with protected characteristics are directly able to influence the way in which Health and Social Care services are planned and delivered at both local and citywide level.

Equality Outcome 3 – All health and social care services are accessible, appropriate and inclusive to the needs of all with no barriers which can limit access for those with protected characteristics.

Equality Outcome 4 – Awareness and understanding of the challenges and needs faced by those with protected characteristics is raised

Equality Outcome 5 – Prevention measures and activities to reduce inequalities are inclusive to all.

Progress Towards Achieving Outcomes

The table below provides a 2-year progress report on actions which will help achieve these outcomes. While this is not an exhaustive list of examples of what the IJB does, it provides information on a range of different areas of activity.

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Key Activities/Outputs	Progress
Equality Outcome 1 Effective and Visible Leadership is in place to ensure all health and social care policies, plans and decisions take account of the diversity of needs and characteristics of the community	
Adequate staff are identified to carry out the Equality Act 2010 legal duties.	The undertaking of Integrated Impact Assessments is one of the main ways in which the EIJB carries out the duties of the Equality Act 2010. The HSCP is working towards ensuring each team across the range of IJB functions has a trained facilitator who can lead the IIAs for their team and offer advice on equality issues. The IJB also has a nominated officer to hold the IIA register, champion the equality responsibilities of the Board, ensure IIAs are published on-line and prepare reports as required.
Ensure that the emphasis on equality and rights is connected from the strategic level through to the operational level.	This mainstreaming report sets out how equality and rights considerations are incorporated into the day to day working of the EIJB. Strategically, equality and rights are incorporated into the EIJB's Strategic Plan. Going forward, high level plans are being developed for Mental Health, Older People, Primary Care and Disabilities. From those, more detailed action plans will be developed. The actions and operations stemming from these will continue to recognise equality and rights and IIAs will be carried out as appropriate.
Managers give clear and consistent messages about the importance of the public sector equality duty.	Managers are aware of the importance of the public sector equality duties and are encouraged to relay this message to their staff. A recent equality briefing session was held for Edinburgh councillors and, given the recent changes in staffing and structure of the EIJB, a further development session for mangers and EIJB members is currently being arranged. Managers are also encouraged to discuss and promote equality training opportunities with their staff.

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Key Activities/Outputs	Progress
Equality training is included in the Leadership Development Programme. Training to include competency around all aspects of equality and diversity and the use of tools such as “teach back” to support staff in the delivery of high quality person centred care.	The Leadership Development Programme is currently being reviewed and will take a new approach which will allow managers and leaders to take ownership of their own leaning. Equality will be promoted amongst a suite of e-learning and incorporated into the essential learning. Equality and Diversity training is mandatory for all staff and is included in the CEC’s “Essential Learning handbook”. This must be read annually to ensure up to date knowledge of key policies and procedures. As well as the core equality training, a wide range of other equality learning, which is more specific to the job role, is also available and promoted to staff. Training is discussed with managers and employees as part of staffs’ performance management framework conversations. “Teach Back” continues to be mandatory training for all NHS staff and is a highly effective, simple way of checking patient’s understanding.
Equality and rights will be an integral part of corporate reporting, communication plans, corporate plans and target setting.	A section on equality has now been added to the EIJB report template. This will ensure that all proposals consider any potential impacts on equality and that these impacts are considered as part of the decision-making process.
A communication and engagement strategy for the Partnership for 2016/17 will be developed.	The EIJB has developed a Communication and Engagement Strategy 2016 to 2019. This high-level plan sets out the principles and protocols for the IJB’s communication and stakeholder engagement activity and considers equality and diversity. A series of more detailed communication action plans will be/have been created for individual projects, campaigns, and activities.
Procurement and monitoring procedures should ensure that partner organisations and suppliers operate in a way that is	Procurement is carried out on behalf of the EIJB through both CEC and NHS Lothian who are responsible for ensuring that existing and new suppliers of goods and services are aware of the

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Key Activities/Outputs	Progress
consistent with the IJB's approach to the promotion of equality and rights.	requirements of Equality Act 2010 regarding the duties on public authorities. During the procurement process, consideration is given to whether the award criteria should include equality considerations. In addition, CEC expect contractors/providers to take a positive approach to fair work practices as part of a fair and equitable employment and reward package and now reflect this in their contract documents.
Develop an integrated workforce strategy which will pay due regard to equality and rights.	The HSCP is currently developing its integrated workforce strategy to deliver the IJB Strategic Plan; equality and rights has been contained within the scope of this work.
Equality Outcome 2: People with protected characteristics are directly able to influence the way in which Health and Social Care services are planned and delivered at both local and citywide level	
Continue to develop the Joint Strategic Needs Assessment to improve understanding of emerging needs and strengths, such as the needs of asylum seekers and refugees.	The JSNA has been further developed through the exploration of the health and care needs of people from minority ethnic groups in Edinburgh. This further work was carried out by a working group of staff from the City of Edinburgh Council, EVOC and NHS Lothian's Public Health. This has been informed by a JSNA Stakeholder Group that meets quarterly and members include representatives from CEC, Independent Care Sector, EVOC, Edinburgh Housing Partners, Lesbian and Gay community, NHS Public Health and Scottish Government Information and Statistics Division. It has been undertaken in two phases. The aim of the first phase was to produce a draft report, using existing evidence, to give an overview of: • The size and age profile of the minority ethnic community in Edinburgh • What's already known about the health needs of people in different groups • People's experiences of barriers to health and to getting the help they need

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Key Activities/Outputs	Progress
	• Current supports for people from minority ethnic communities in Edinburgh The draft report was used as the basis of the second phase of this work, which involved engaging with Third Sector organisations and users of their services to reach an agreed statement of the current health needs and the barriers to addressing these, and to make recommendations about how these can be addressed. The final report, which will take account of the feedback received, is being finalised, and is expected to be ready for circulation by mid-January 2018.
Utilise the knowledge, experience and information held by all partners, including local people and those with protected characteristics, to ensure that all people are able to fully participate in service delivery planning, co-production and locality level partnerships on an equal footing and without discrimination.	Several forums meet regularly to help ensure that service planners and providers are kept abreast of the issues which service users face and allow discussion to take place about how these issues can best be addressed. For example, the Edinburgh Plan Advisory Group (EPAG) meet every 2 months. EPAG is a forum which meets to consider the Edinburgh Learning Disability Plan and issues which people with a learning difficulty face. When developing proposals to allow for the implementation of the Carers Act, consultation was carried out with groups of both adult and young carers in partnership with colleagues in the third sector. Use was also made of the consultation hub to disseminate an on-line survey. The IJB is working jointly with its Edinburgh Community Planning Partners to host consultation and engagement events with BSL users to help develop British Sign Language (BSL) local plans for Edinburgh, as required by the British Sign Language (Scotland) Act 2015, including consultation with BSL users. In August 2016 the EIJB agreed to implement a Public Social Partnership for Mental Health and

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Key Activities/Outputs	Progress
	Wellbeing Services. The PSP built on good practice and established relationships to co-produce, test and develop innovative approaches for service delivery to improve collaboration and maximise locality resources. The PSP brought together people with lived experience; carers; and staff from a wide range of third sector agencies and statutory services to promote a spirit of collaboration and cooperation to focus on how best to use resources to improve outcomes for people's mental health and wellbeing. In addition to the regular forums, the EIJB works with EARN, (Equality and Rights Network). EARN was established in Edinburgh with the aim of enabling individuals, groups, organisations and communities of interest to work in partnership with public services to advance equality, promote human rights and tackle poverty and inequality.
Use locality level forums to assist organisations, including those which represent people with protected characteristics, to come together	The HSCP is currently in the process of moving to locality level working. Within the 4 localities, sub-groups for each priority area within the local plan, including health and wellbeing/social care, meet to discuss issues, planning and progress. These sub-groups provide the opportunity for local residents, organisations and stakeholders, including those who represent people with protected characteristics, to raise any issues and contribute to the development of services in the area. The HSCP has also set up more specific local forums, for example the four locality mental health and wellbeing partnership. These use the assets of the locality to provide a range of meaningful activities and psychosocial and psychological support for people who are experiencing or have experienced mental health problems. An integrated mental health and substance misuse team has also been established in each locality.

Key Activities/Outputs	Progress
Equality Outcome 3: All health and social care services are accessible, appropriate and inclusive to the needs of all, with no barriers which can limit access for those with protected characteristics	
Increased person-centred care which will take account of individuals' specific needs and circumstances.	The Directions issued to the City of Edinburgh Council and NHS Lothian to give effect to the Strategic Plan include the need to take a person-centred approach to care and helps provide clarity about the changes that need to take place in the design and delivery of services delegated to the IJB. Various projects have been implemented which focus on a person-centred approach. For example, at the heart of Headroom is the relationship between the patient and the health professional and the opportunities this creates to deliver person-centred care. Johns Campaign is another initiative which promotes a person-centred approach to care. The Campaign recognises that a collaboration between the patients and all connected with them is crucial to their health and their well-being. Carers are therefore not just allowed to visit but are welcomed. Support for adopting the values of Johns Campaign is currently being sought for those with disorders that are grouped under the umbrella of dementia. A programme of training to GP practices on anticipatory care planning and the development of key information summaries has been rolled out. The summaries contain information based on the person's wishes, including preferred place of care, and are prepared through having good conversations with the person to find out what matters to them. Work to manage their condition will then take place in partnership with them.
Continue to support the 17 Headroom practices to explore new ways of working with	The Headroom initiative aimed to reduce health inequalities and improve outcomes for people in areas with concentrated economic disadvantage

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Key Activities/Outputs	Progress
economically disadvantaged communities and to test arrangements which can inform the 2017 GP contract.	by enabling General Practitioners (GPs) and their teams to meet to design and implement new ways of working. The health professional is often able to suggest "social prescribing" or "community referral" interventions. Overall, the initiative showed good results and demonstrated positive outcomes for general practice and for individuals. This way of working is now continuing through the Community Link Worker project. This project will support link workers based in 19 GP Practices in the most deprived areas of the city. The link worker will offer non- clinical support to people, enabling them to set goals and overcome barriers, in order that they can take greater control of their health and well-being. Funding of the Community Link Workers project will continue to March 2021.
Understand better the issues for minority ethnic communities through the development of the JSNA and as part of service delivery plans	The second JSNA will be finalised by Spring 2018. This will identify the current health needs for minority ethnic groups and the barriers to addressing these. This report will be widely circulated and used to help improve service appropriateness, availability and accessibility. The 4, high-level Strategic Plans for Mental Health Older People Primary Care and Disabilities and the 4 locality plans are now being developed. These will be underpinned by a set of core principles being developed with stakeholders and include the need to take a human rights approach. Full consultation and engagement and the second JSNA will inform the development of follow-on action plans.
Monitor the impact of redesigned services on different sections of the population through the new performance framework	The Annual Performance Report of the Edinburgh Integration Joint Board (EIJB) provided a review of the progress made during 2016/17, the first year of operation of the Edinburgh Integration Joint Board and Health and Social Care Partnership. As part of the review, the report considers performance in relation to

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Key Activities/Outputs	Progress
	the progress made in relation to tackling health inequalities and notes several priorities for 2016/17. A Statement of Intent was approved by the IJB in November 2017 and sets out the immediate priorities for the IJB which includes the development of a performance framework. Project specific monitoring also takes place. For example, the Scottish Government, COSLA and Social Work Scotland have developed a new return by to monitor the impact of the implementation of the Carers Scotland Act 2016. The initial return will provide a baseline for returns in future years. It will include information regarding the key protected characteristics and will help Monitor the impact of redesigned services on different sections of the population.
Maintain and strengthen links with Community Planning, Neighbourhood Partnerships and other service delivery partnerships.	The IJB continues to be a member of the Edinburgh Community Planning Partnership who have worked together to develop the local plans. The IJB Locality Managers are members of the Locality Leadership Teams and work with other community planning partners to co-ordinate the efforts of statutory, public, independent and third sector services within each locality to address common goals and concerns. During 2016/17 the IJB has worked with community planning partners at a locality level to engage the local community, including those in areas experiencing high levels of deprivation, in the development of Locality Improvement Plans. Forums have been established within each locality, bringing together representatives of public and third sector organisations and the local community to discuss and respond to local issues.
Develop improved pathways for people with autism, physical disabilities, diabetes, alcohol related brain injury and mental health problems and dementia,	Improved pathways have been developed for a range of people. For example, an improved, integrated care pathway for diagnosis and support for people who may have autism has been developed. In conjunction with this, a

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Key Activities/Outputs	Progress
from assessment, diagnosis and post-diagnostic support to ensure individuals get the specialist support they require in a timely way.	network of autism champions has been established and training provided to front line staff to improve understanding of autism and the local services available. A pathway/network promoting existing services and developing new services for the social support of people with acquired hearing loss continues to be developed and aims to help reduce isolation. The IJB continues to work with partner Edinburgh Leisure, to provide the Steady Steps' programme which supports older people who have already had a fall, as part of the Falls and Fracture Prevention Pathway. Dementia post-diagnostic support (PDS) has been provided through a contract with Alzheimer Scotland since 2014 with a further 5 years of funding recently approved by the Integration Joint Board. The 6 PDS link workers provide a locality based service to around 300 people newly diagnosed with dementia at any one time. PDS is also provided by community mental health staff. The Edinburgh PDS Service has been developed on co-production partnership basis. It is an unregistered, preventative service intended to develop person-centred support to: understand and self-manage the condition; access peer support; maintain links with local community/ activities, make future plans such as Power of Attorney; develop a person-centred support plan. Further pathways development work is planned as outlined in Action 23 of the Strategic Plan. The East GP cluster within the north-east Edinburgh locality has been selected as one of the three national innovation sites to test dementia post diagnostic support in primary care. The work is linked to Scotland's National Dementia Strategy 2017-2020 and is being developed on a coproduction partnership basis. The learning will help inform continued development of post-diagnostic support in Edinburgh and nationally.
Equality Outcome 4	

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Key Activities/Outputs	Progress
Awareness and understanding of the challenges and needs faced by those with protected characteristics is raised	
Raise awareness and provide training on key initiatives identified in the Strategic Plan such as autism, mental health, dementia, LGBT and older people services.	There are many awareness raising and training plans now in place across the IJB. The Autism Champion programme continues to: – build knowledge, understanding and skills to work effectively with people with autism – contribute to the development of good autism practice in the city – promote autism awareness, influence and interest throughout partner agencies. The Integrated Carer Team have established a series of Carer Awareness Training Opportunities for 2018. The aim of this training is to establish Carer Champions within a wide range of hospital and community settings. The training will empower Champions to support, refer and signpost carers to dedicated source of support and enable them to cascade information to their colleagues. The Learning Disability Festival made use of media and social media to highlight prevention and early intervention topics. This year, it is planned to use the increased media focus on autism resulting from World Autism Awareness Day to run a series of events highlighting the work happening to support people with autism in Edinburgh, and to give citizens a greater understanding of autism and what they can do to help. Staff will also be encouraged to complete the autism e-learning module on Cecil. The events will be a combination of talks, information stations, and autism friendly music and culture events. Sensory awareness training continues to be delivered to key staff groups across the city, e.g. non-clinical healthcare support workers, hospital discharge support team, etc.

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Key Activities/Outputs	Progress
	Applied Suicide Intervention Skills Training (ASIST), an interactive workshop in suicide first aid, is widely promoted to professionals working with those most at risk. ASIST teaches participants to recognise when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. There is a wide range of training and awareness opportunities in relation to dementia, for example – a multi-agency approach is being taken to delivering "Promoting Excellence in Dementia Care" training in locality venues across care homes, home care, Day Services, Supported Housing, the Community Alarm Team, and Edinburgh Leisure to improve the quality of care for people living with dementia; – access to "dementia boxes" is provided in local libraries as part of dementia awareness raising training so that people can learn more about how it feels to have dementia – Palliative Care in Dementia training – Dementia Awareness Study Days are run for Nursing/AHP staff in NHS Lothian, Council and Social Work Practice teams involved all in direct care giving roles with people/patients with Dementia. (non RMN) – Dementia Awareness Training for frontline staff working in all social care services is run through ELCP. – The Dementia Champions training course for Health and Social Care staff is ongoing – awareness events, such as the dementia café events to highlight World Alzheimer's were held in September 2017 and the "6 Little Things" campaign.

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Key Activities/Outputs	Progress
Raise awareness of and provide training in the use of tools developed by projects such as Edinburgh LGBT Age.	A variety of training is run in conjunction with partners such as Edinburgh LGBT and Scottish Trans Alliance and includes for example; Men Having Sex with Men Masterclass and Transgender Awareness.
Continue to develop the award-winning Dementia Friendly Edinburgh Programme	The Dementia Friendly Edinburgh awareness campaign continues and is now in phase 3 (phases 1 and included: communication and engagement strategy; 5 Dementia Friendly Edinburgh community developments; work to reduce the stigma of dementia; launch of the Post Diagnostic Support Service; stimulation of City-wide awareness toward dementia friendly developments at Edinburgh Festival Theatres, Royal Botanical Gardens, National Museum of Scotland, National Library of Scotland and National Galleries of Scotland; challenging the stigma of dementia and "6 Little Things" leaflet) Work is continuing on; implementing Dementia friendly design and environmental adaptations across in patient and hospital sites; a new network of neighbourhoods is established, working together to develop new opportunities; café style events have been held where people can sit in a relaxed environment, have a cup of tea and a chat with experts in dementia and find out about resources, groups or services that may be helpful to them; and linking up with city opportunities (police, fire service, parks, shops, transport, leisure and arts venues) The next steps of the campaign include the development of a public facing Power of Attorney campaign, Potential for dementia friendly developments within Locality Planning and opportunities through National Funding Opportunities for Dementia Friendly Developments. The Dementia Friendly Edinburgh awareness campaign was launched in 2014 with phase 1: communication and engagement strategy;

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Key Activities/Outputs	Progress
	phase 2 challenging the stigma. This has included stimulating development of 5 Dementia Friendly Edinburgh community developments; work to reduce the stigma of dementia linked to the launch of the Post Diagnostic Support Service; stimulation of City-wide awareness toward dementia friendly developments at Edinburgh Festival Theatres, Royal Botanical Gardens, National Museum of Scotland, National Library of Scotland and National Galleries of Scotland; challenging the stigma of dementia and "6 Little Things" leaflet) Work is continuing on; Dementia friendly design and environmental adaptations across in patient and hospital sites; a new network of neighbourhoods is established, working together to develop new opportunities; café style events have been held where people can sit in a relaxed environment, have a cup of tea and a chat with experts in dementia and find out about resources, groups or services that may be helpful to them; and linking up with city opportunities (police, fire service, parks, shops, transport, leisure and arts venues) The next steps of the campaign include the development of a public facing Power of Attorney campaign, Potential for dementia friendly developments within Locality Planning and opportunities through National Funding Opportunities for Dementia Friendly Developments.
Work with housing providers to support the development of dementia friendly, accessible and affordable housing.	Through the Housing Contribution Statement, which forms part of the EIJBs Strategic Plan for 2016 – 2019, housing partners have committed to invest up to £300 million of the housing investment programme to build around 3,000 affordable homes, integrated with health and social care services, to meet the needs of older people and people with complex physical and health needs. Progress on this commitment is monitored through the Housing, Health and

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Key Activities/Outputs	Progress
	Social Care Forum, part of the governance structure within the Health and Social Care Partnership. A joint seminar for housing, health and social care partners was held in September 2017 to discuss the 3,000 homes commitment in more detail. This covered topics such as older people's housing, housing with care, technology and design, complex needs (including homelessness), and disabilities and mental health. A follow up event to look in more detail at options is currently being planned. The Edinburgh Integrated Carer Support Team and the Long Term Conditions Team are jointly hosting an event which will target frontline NHS Lothian, Health & Social Care & Housing staff, Team Leaders & Managers. The aim of the Event will be to enhance networking and communication between Edinburgh Health & Social Care Partnership and Edinburgh Housing partners and explore ideas on how Edinburgh housing partners can work collaboratively with the Long Term Conditions programme to identify people and their carers who have multi-morbidities and or at risk of falls and how best to support these individuals to remain living independently at home. The event will help establish 'what works' and the potential savings that can be achieved through interventions.
Deliver a programme of activity using the Scottish Government's sensory awareness training tools.	Sensory awareness training continues to be delivered to key staff groups across the city, e.g. non-clinical healthcare support workers, hospital discharge support team, etc.
Work with partners to support people with a range of needs such as young adult carers, people with learning disabilities and people with autism, and people with mental health	Several initiatives have been set up through the Partnership to help individuals with greater needs access work, training or volunteering: A multi-disciplinary team from Health and Social Care; Economic Development, Criminal Justice and Edinburgh Alcohol and Drug Partnership,

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Key Activities/Outputs	Progress
problems to be able to access work, training or volunteering.	have drawn together EnCompass which aims to support those with complex needs – including those who may suffer from severe and enduring mental health issues – to access services, education, training and guidance to work towards securing employment. During their first 6 months they have supported over 180 people to take the first steps towards a positive destination. Project SEARCH brings together a partnership of the HSCP, Edinburgh College and a supported employment specialist (Intowork) to work with 12 young people aged 16-24 on the autistic spectrum who want to move into employment. The young people gains skills and confidence through internships with the Partnership and classroom learning and on-going support (including a broad range of autistic spectrum focused support) is also available. The outcome results are very high with 60-100% of young people moving into paid positions. The HSCP work with VOCAL who run "Think WORKING Carer" sessions aimed at managers to help them identify and support employees who have a caring role and to highlight the benefits for organisations & managers who support carers to remain in work. An Edinburgh-wide Volunteering and Active Citizenship Strategy Delivery Group has recently been established which will develop a Volunteering Action Plan; the scope will cover those with most needs and support requirements to get into volunteering.
Outcome 5: Prevention Measures and activities to reduce inequalities are inclusive to all	
Build on the experience of the Headroom practices and other initiatives to develop the benefits and applications of social prescribing.	The learning experience and evaluations of the Headroom project, which aimed to reduce health inequalities by designing and implementing new ways of working for General Practitioners (GPs)

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Key Activities/Outputs	Progress
	and their teams, have been used to progress the Community Link Working project. This project will support community link workers (CLW) based in 19 GP Practices in the most deprived areas of the city who will offer non-clinical support to people, enabling them to set goals and overcome barriers, in order that they can take greater control of their health and well-being. Using 'good conversations' a CLW supports people to identify problems and issues they are experiencing and to talk about what really matters to them. They support people to achieve their goals by enabling them to identify and access relevant resources or services in their community. A CLW also maps local services, engaging with and developing productive relationships with these services. They will keep practice teams informed of the status of existing and new services and identify any local service gaps. In addition, Administrative and Clerical staff in all practices will be offered 'signposting' training to supplement the broader social prescribing picture. In practices with a CLW this approach will be regularly encouraged and reinforced. Funding of the Community Link Workers project will continue to March 2021.
Support initiatives such as Inclusive Edinburgh, the Patient experience and Anticipatory Care Team (PACT) and the Health Inequalities and Learning Disability Group to address health inequalities.	The "Inclusive Edinburgh" initiative is ongoing and several projects have been implemented, for example; **Inclusive Edinburgh Case Coordinator** - working in a relationship-focused way with homeless people who struggle to engage effectively with services. The co-ordinator will act as the 'bridge' into more effective engagement with services. **Inclusive Homelessness** - The IJB has identified the need to generate more effective outcomes by having closer integration of services under one roof and management

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Key Activities/Outputs	Progress
	structure and has agreed to the co-location & integration of the statutory social work, housing & NHS services. **Complex Needs Employability** a multi-disciplinary team from Health & Social Care; Criminal Justice Social Work; the Edinburgh Alcohol and Drug Partnership; Economic Development, Capital City Partnership & the council Procurement team have drawn together a contract. Employment is a key factor in reducing offending & in maintaining recovery from alcohol & drug issues. Supported employment can also be a key factor for those labelled with a personality disorder and/or are homeless in promoting stability & keeping the person out of homelessness. PACT has rolled out a programme of training to GP practices on anticipatory care planning and the development of key information summaries, ensuring these contain information based on the person's wishes, including preferred place of care. To date training has been delivered in over 90% of practices in the city and four care homes in North East Edinburgh Locality. The next step is to implement this approach within the other localities in Edinburgh and six further care homes. EPAG, a forum which meets to consider the Edinburgh Learning Disability Plan, continues to be supported and regularly meets to discuss issues which people with a learning difficulty face.
Develop coproduced and fully inclusive innovative solutions to build community capacity, tackle social isolation and promote healthy lifestyles.	Several grant programmes which aim to reduce health inequalities, tackle social isolation, build community resilience and promote healthy lifestyles have been developed through co-production and these include, amongst others, the Health Inequalities Grant Programme, the PSPs Mental Health and Wellbeing Initiative and the Prevention Investment Fund.

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Key Activities/Outputs	Progress
	The Programmes focus on the underlying causes of poor health and inequalities. Poor health is not simply due to diet, smoking or other life style choices, but also the result of other factors such as people's aspirations, sense of control and cultural factors. The programmes not only provide services which encourage healthy diet, increased physical activity and maximisation of individual's income for example but also increases social capital and help build community capacity. The IJB is reviewing the existing grant programmes during 2018/19 to provide a greater focus on prevention, early intervention and tackling inequalities.
Build on the development of the LOOPS (Local Opportunities for Older People) initiative to enhance the opportunities for older people to retain socially connected and independent lives within the localities where they live and continue to raise awareness across the public, staff and volunteers of opportunities locally.	The LOOPs (Local Opportunities for Older People) project has continued to develop over the period: **The phoneline** continues to provide information, support, sign posting and information on things to do in any local neighbourhood. **The Community navigators now operate in all 4 localities of the city and provide:** **An information station** which provides a regular presence within the community, in the places older people are likely to be, and which is able to provide on the spot or researched signposting advice to people who may approach. **LOOPs Networks quarterly meetings** are delivered within each of the localities and are an opportunity for colleagues from all sectors to come to come together to learn and network, communicate and share best practice. At each meeting several speakers attend to discuss new projects, relevant local issues and/or current policy changes. **LOOPs newsletters and Awareness Raising and Community Engagement** are also undertaken.

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Appendix 1 - Meeting the specific duties of the Equality Act

Duty	Equality Act reference	Summary of requirements	Frequency	Last published
Mainstreaming progress	Section 3	Publish a report on the progress made to make the equality duty integral to the exercise of functions	At least every 2 years	This report, April 2018
Equality outcomes	Section 4(1)&(2)	Publish a set of equality outcomes having involved protected characteristic groups/ individuals and used available evidence	At least every 4 years	April 2016
Progress against equality outcomes	Section 4(4)&(5)	Publish a report on the progress made to achieve the equality outcomes	At least every 2 years	This report April 2018
Equality Impact Assessments	Section 5	Conduct IIAs for new/revised policies and publish these	Ongoing	Ongoing on website
Gather and use employee information	Section 6	Not required	N/A	N/A
Gender pay gap information	Section 7	Not required	N/A	N/A
Statement on equal pay policy and occupational segregation	Section 8	Not required	N/A	N/A

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Appendix 2 – Edinburgh Integration Joint Board Members

Voting Members (10)	
CEC Elected Members Councillor Ricky Henderson (Chair) Councillor Derek Howie Councillor Melanie Main Councillor Alasdair Rankin Councillor Susan Webber	NHS Board Members Carolyn Hirst (Vice-Chair) Michael Ash Martin Hill Alex Joyce Angus McCann
Non-Voting Members (13 plus 2 vacancies)	
Michelle Miller (Interim IJB Chief Officer) Moira Pringle (Chief Finance Officer) Pat Wynne (Chief nurse) Ian McKay (Medical Director) Alastair Gaw (Interim Chief Social Work Officer) Ella Simpson (Third Sector representative) Sandra Blake (Unpaid Carer) Christine Farquhar (Unpaid Carer)	Kirsten Hay (Staff Representative) Colin Beck (Professional Advisory Group) Carl Bickler (Professional Advisory Group) Andrew Coull (Clinical Director Acute Medicine) Wanda Fairgrieve (Staff Representative) There are currently 2 vacancies for citizens who use adult health and social care services

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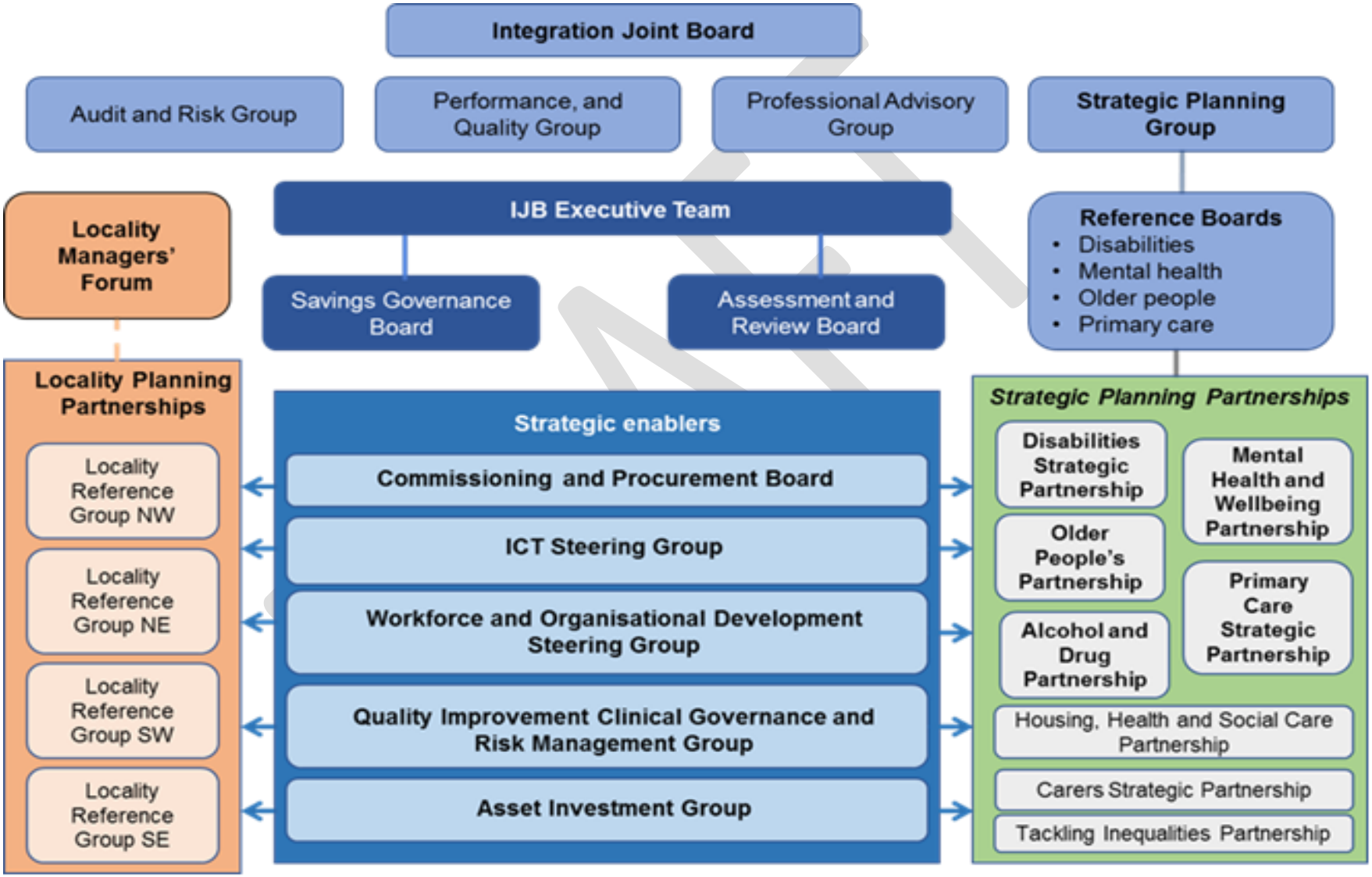
Appendix 3 – EIJB Structure



Appendix 4 - Guide for Managers to help ensure compliance with the Equality Act 2010

A Handy guide to help ensure compliance with the Equality Act and help deliver on the Statement of Intent.

The Partnership Statement of Intent Report was approved at the IJB on 17 November 2017. It was noted in the report that an action plan is under development to deliver the commitments made in the Statement.

The table below sets out some of the steps which managers can take to help ensure compliance with the Equality Act 2010 and help deliver on the Statement of Intent.

Statement of Intent Theme	**Equality Action**
Section 1 – Doing the basics well	
Defining the values, behaviours and standards we expect from our team members	The Strategic Plan sets out its core value to "respect the principles of equality, human rights, independent livening and will treat people fairly". Senior managers should give out clear and consistent messages about the importance of the public sector equality duty and ensure that it is given an appropriate profile and emphasis. Equality and rights should become embedded in day-to-day activities of all staff
Ensure Team Members have a development plan:	**IIA Facilitator Opportunity** All team managers within the IJB should have at least one team member nominated to be a facilitator for IIAs. This is an excellent development opportunity - training and support is provided and the role is interesting and worthwhile. It is a chance for staff to broaden their knowledge base and build skills, experience and confidence. **Training** Training is an important part of team members' development plans. There are several training courses which staff should ensure that they complete, some of which are mandatory; • Raising Awareness of Equality – on-line module (CECiL) • Equality Awareness Training - NHS • IIA Training Module (LearnPro) (developed by East and Mid)

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Statement of Intent Theme	Equality Action
	• The IIA Steering Group runs regular training sessions to enable individuals to become IIA facilitators • A series of workshops to discuss IIA, learn from practical examples and share best practice is run by CEC staff • Further training courses aimed at raising awareness and addressing inequalities are provided by the Health Promotion Service http://www.nhslothianhpstraining.com/Welcome.aspx
Clarifying for all team members the respective roles and responsibilities of the IJB.	Senior staff members should be familiar with the obligations under the Equality Act and with the IJB's Mainstreaming Report and Equality Outcomes. Senior staff should share an understanding of this with their staff as appropriate.
Section 2 – Developing a performance framework	
Focusing on performance, or on accountability for that performance	**Performance** The actions set in the Mainstreaming Report and Equality Outcomes are closely linked to the Strategic Plan. All managers should be aware of the report and ensure that they are in a position to provide updates on progress and performance for the actions which they are responsible. A progress report on this is legally required every 2 years (next report must be published April 2018) and the outcomes must be updated every 4 years (next due for updating 2020) **Integrated Impact Assessments** All proposals must undergo an Integrated Impact Assessment which should be signed off by Head of Service and must be published online. It is the responsibility of the manager of the proposal to ensure that an IIA is completed. Guidance is available on-line or contact Sarah Bryson, Strategic Planning, and Commissioning, should you wish to discuss. Sarah now holds the IJB spreadsheet of IIAs and will arrange for the IIAs to be published. Sarah should be advised of all proposed and completed IIAs. **IIA Action Plans** Each completed IIA will have an associated action plan and project managers should ensure that the actions in

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Statement of Intent Theme	Equality Action
	this are completed timeously. Updates on these should be provided to Sarah Bryson to allow the IIA spreadsheet to be updated. **Key Performance Indicators** The need for equality and diversity monitoring should be considered and included in key performance indicators as appropriate.
Section 3 – Establishing a financial framework	
Even with the most efficient processes and revised delivery models, it is likely that the current resource availability is insufficient to meet need.	**Community Benefit Clauses** When procuring contracts, consideration should be given to the potential of the community benefit clause to maximise positive impact on equality. Staff members of the procurement team will be able to assist in this.
Section 4 – Ensuring quality	
Successful action against the 17 recommendations in the inspection report will impact positively on all service user groups, and are a priority for the Partnership.	Equality must be considered whilst developing and implementing the recommendations of the Inspection of Older People's Services – Revised Improvement Plan. Equality must become part of any new process implemented under the improvement plan and should be integral to the new quality assurance programme. IIAs must be carried out as appropriate.
Section 5 – Developing strategies	
The Partnership will, by Christmas 2017, deliver outline strategies for priority areas, setting out demand and capacity, investment choices, and the risks associated with each.	**Strategies/IIAs** All strategies for priority areas must be subject to an IIA to ensure they meet relevant legal duties on equality, human rights, sustainability and the environment and to identify impacts on the wider determinants of ill health, poverty and social inequality. The individual leading the project development is responsible for ensuring IIAs are completed, but they may identify a suitable colleague to facilitate the assessment
Section 6 – Clarifying and simplifying governance arrangements	
Clarify the differing roles of the EIJB and the Partnership, including the breadth of their	**EARN** The Equality and Rights Network (EaRN) has been set up to help the statutory bodies in Edinburgh work in partnership with individuals, groups, organisations and

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Statement of Intent Theme	Equality Action
activities, and their relationship to parent bodies, to the 3rd and independent sectors and to other IJBs/Partnerships	communities of interest. When developing projects, managers should liaise with EARN to determine how EARN can assist in the engagement process.
Review the internal governance of the Partnership, including the number and type of meetings – with associated behaviours and responsibilities, the terms of reference of work streams, and how decisions are made in the Partnership structure	**IJB Reporting** The IJB report template has been updated to include sections on Equality and Sustainability. These sections should report on any impacts on equality and sustainability which have been identified through the IIA and outline steps to mitigate any negative impacts. Sufficient information must be provided to allow board members to make informed decisions. Any impacts that cannot be mitigated must be highlighted to members of the board. IIA information can also be relayed to decision makers via emails, one to one briefings or general briefing notes in advance of the board meeting, if appropriate. **IJB Members' Training** Equality training will be included in the next briefing for IJB members. The briefing will outline their role and responsibility with regards to equality. It will emphasise their legal requirement to fully consider any potential impact on equality before they make a decision.

Please contact Sarah Bryson on 0131 469 3887 or on sarah.bryson@edinburgh.gov.uk if you require any advice, information or assistance.

DRAFT

Item 5.5

Report

Older People's Inspection Update Report

Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. This report updates the Integration Joint Board (IJB) on the Health and Social Care Partnership's (the Partnership) progress against the Older People's Inspection action plan. The report sets out progress made to date and the next steps required against each of the 17 Care Inspectorate recommendations.

Recommendations

2. The Integration Joint Board is asked to consider and comment on:

    - progress to date
    - the risks associated with the plan.

Background

3. In May 2017, the Care Inspectorate and Healthcare Improvement Scotland published their joint inspection findings on older people's services provided by the Partnership on behalf of the IJB.

4. The report made 17 recommendations. In October 2017, the Interim Chief Officer reviewed and recast the Partnership's improvement plan to ensure it focused more effectively on addressing the 17 recommendations and appointed a lead officer for each one.

Recommendation	Lead Officer
1. Engagement	Strategic Planning Group chair
2. Early intervention/Prevention	Strategic Lead for Older People and Locality Manager
3. Exiting interim arrangements	Strategic Lead for Older People
4. Interim care arrangements	Strategic Lead for Older People

5. Intermediate care arrangements	Planning and Commissioning Officer
6. Dementia diagnosis and support	Strategic Lead for Older People
7. Falls pathway	AHP Director and Locality Manager
8. Joint quality assurance framework	Quality Manager – Partnership and Council
9. Market facilitation	Strategic Planning Group chair
10. Joint strategic commissioning	Strategic Planning Group chair
11. Financial recovery	Interim Chief Finance Officer
12. Accessing services	Locality Manager
13. Key processes	Locality Manager
14. Risk assessments	Senior Manager Quality, Governance and Regulation (Council)
15. Self-directed support	Strategic Planning, Service Re-Design and Innovation Manager
16. Joint workforce development	Chief Nurse
17. Volunteers	Strategic Planning, Service Re-Design and Innovation Manager

5. The Quality Assurance and Compliance Manager (Council) was tasked with co-ordinating progress-reporting. A schedule of monthly meetings with recommendation leads was established.

6. Critical challenge meetings with senior Partnership managers and recommendation leads are being held over the course of February: to ensure that progress is well understood; to support additional problem-solving; and to ensure that collaborative opportunities across the recommendations are identified and acted on.

Main report

Recommendation 1

7. *The Partnership should improve its approach to engagement and consultation with stakeholders in relation to:*
   - *its vision*
   - *service redesign*
   - *key stages of its transformational programme, and*
   - *its objectives in respect of market facilitation.*

8. The Integration Joint Board approved the Partnership's Statement of Intent in November 2017. The content of this statement has been shared with staff and partners and is being used as a means of bringing together all improvement activity and informing stakeholders of progress.

9. The IJB has established a Reference Board to oversee the development of each of the strategic commissioning plans. Chairs have been identified and discussions are now taking place with the chairs to agree the membership of these Boards to ensure wide engagement.

10. The Community Engagement Sub-group of the Strategic Planning Group met for the second time in December 2017 and began mapping out the community engagement and participation landscape in Edinburgh, including the opportunities for linking with community planning. This group will meet regularly to oversee community engagement.

11. The first meeting of the Workforce Development Steering Group took place in January 2018. This was a scoping meeting and included identification of stakeholders who should be represented in the membership.

12. The market facilitation strategy will be produced in tandem with the detailed strategic commissioning plans by September 2018. These developments will begin to map out how the concepts of 'realistic care' will become a reality. These ideas require engagement with the public, staff, and all stakeholders.

13. Staff engagement sessions are scheduled regularly.

Recommendation 2

14. *The Partnership should further develop and implement approaches to early intervention and prevention services to support older people to remain in their own homes and help avoid hospital admissions.*

15. The grant funding of voluntary organisations continues to provide for a level of prevention and early intervention across the Partnership. A range of initiatives across the localities complement this, however, in the short-term, the Partnership has had to prioritise the reduction of delays in people leaving hospital and this has detracted from significant progress in preventative services.

16. The Care Inspectorate recommended that a greater 'strategic' approach to prevention and early-intervention. By the end of March 2018, the Partnership will produce a plan to reduce need and demand through transformation. This will have a strong preventative emphasis, including:
   - adoption of strength-based assessments

- family group decision-making
- reablement (including the expectation that reablement will characterise commissioned services)
- the promotion of realistic care
- the roll-out to all staff 'good conversations' training, currently being piloted in North East
- developing a robust review processes to promote individual independence and resilience

17. The plan will be presented to the IJB in May 2018.

18. In September 2017, the IJB approved a business case for the expansion of telecare as a preventative service. Telecare is the use of technology to support an individual's independence. Fall detectors, bed sensors, motion sensors and GPS sensors can all be used to support an individual's independence and provide discrete assurances of his/her wellbeing. This work has its own project manager, as well as communication and implementation plans. The impact of Telecare expansion will be reviewed in March 2018.

19. Third sector partner EVOC is scoping the preventative services operating in Edinburgh for older people. This will provide valuable information on availability and identify gaps.

Recommendation 3

20. *The Partnership should develop exit strategies and plans from existing 'interim' care arrangements to help support the delivery of community-based services that help older people and their carers to receive quality support within their own homes or a setting of their choice.*

21. Liberton Hospital will close this year. A manager has been identified to coordinate the transfer and service redesign. The Jardine Clinic at the Royal Edinburgh Hospital is the site identified for this purpose.

22. Oaklands care home will close by December 2018, and work is underway to ensure the safe and effective transfer of residents to alternative placements. Residents and their relatives will be kept fully informed of developments and involved in decisions regarding their care.

23. Work is ongoing to develop an intermediate/rehabilitative care model to replace Gylemuir care home. The Partnership is in discussion with the Care Inspectorate regarding the possible extension of the registration of Gylemuir beyond the current end date of June 2018, to allow for longer term plans to be agreed and implemented. This will also require the negotiation of an extension to the current lease of the building. has been provided an extension of its interim registration by the Care Inspectorate until June 2018.

Recommendation 4

24. *The Partnership should engage with stakeholders to further develop intermediate care services, including bed-based provision, to help prevent hospital admission and to support timely discharge.*

25. Intermediate care is needed when an individual requires further assessment, yet they are medically well and able to leave hospital.

26. In addition to the work outlined under Recommendation 3, discussions are underway with representatives from Edinburgh's universities, voluntary sector providers, NHS Lothian, the City of Edinburgh Council and the Scottish Government regarding the possible development of a research-based care development. This work is at an early stage.

Recommendation 5

27. *The Partnership should work in collaboration with carers and carers' organisations to improve how carers' needs are identified, assessed and met. This should be done as part of updating the Carers' Strategy.*

28. The Partnership is preparing for new statutory obligations that will come into effect on 1 April 2018. This work is at an advanced stage, with four work streams established. All work streams are on target, except for the finance group, as there is no data yet from the Scottish Government regarding the financial support to be attached to this new legislation.

29. A 3-week pilot is underway in the North West locality. This will assess the impact of the legislation – testing new processes, paperwork and measurement tools, prior to the 1 April 2018. A monitoring group, with representation from the Partnership, the third sector, the Council, NHS Lothian and unpaid carers, meets monthly to oversee progress.

30. The young carers' statement, the adult carer support plan and the assessment tools have all been co-produced with carers. The Partnership is considering ways of adapting these tools for general assessments, given their simplicity and popularity.

31. Financial modelling of the system is still to be finalised from the pilot results. The intention is to develop a more streamlined payment for services, to ensure that carers receive support as near to the completion of the assessment as possible.

32. The testing of the processes and guidance is scheduled for March 2018, a month ahead of the legislation going 'live'.

Recommendation 6

33. *The Partnership should ensure that people with dementia receive a timely diagnosis and that diagnostic support for them and their carers is available.*

34. The Partnership has developed a new service specification to meet the needs of people requiring post-diagnostic dementia support.

35. Alzheimer Scotland – Action on Dementia has been approved to provide a Post Diagnostic Support Service on behalf of the Partnership for people newly diagnosed with dementia for an initial 3-year period, with the option to extend for a further 2 years.

36. This is an exciting new development. The service provides support for people newly diagnosed at an early stage of dementia. This is based on Alzheimer Scotland's 5 Pillars Model of Support. The service is locality-based and provides one-to-one support for up to 1 year for around 300 people.

37. A national test site has been identified in the North-East Locality (East GP Cluster). This will involve a Dementia Support facilitator based in the GP surgery. The test will last until April 2019.

38. The Partnership is developing Post Diagnosis Support training using NHS Education for Scotland's Promoting Excellence resource. This training is being piloted in Liberton Hospital.

Recommendation 7

39. *The Partnership should streamline and improve the falls pathway to ensure that older people's needs are better met.*

40. The Partnership has employed two falls co-ordinators to focus on prevention and early intervention – addressing the vicious cycle of minor falls impacting upon an individual's confidence leading to a gradual withdrawal from an active lifestyle.

41. As part of the improvement activity, the falls co-ordinators have engaged in a host of events aimed at raising awareness of the falls pathway, which includes:
    - fracture clinic trauma practitioners and acute falls coordinators to explore opportunities to signpost people to falls prevention and management resources at their first contact with a health professional
    - training sessions with musculoskeletal physiotherapists
    - better use of capacity to identify and engage earlier to prevent falls and inactivity created from minor falls
    - localities: identified falls training needs and training sessions delivered
    - localities: developed links with voluntary sector– explored ideas for assessment, provided training to LOOPS community navigators
    - collaborating with Steady Steps programme (Edinburgh Leisure)
    - collaborating with pharmacists to improve pathway awareness and knowledge of falls service
    - engagement with partners and public for the 'Move and Improve' campaign
    - exploring the development of a 'hotspot' falls map – using locality boundaries – to prioritise training and assessments
    - planning of an extensive series of further publicity events.

Recommendation 8

42. *The Partnership should develop joint approaches to ensure robust quality assurance systems are embedded in practice.*

43. Much work has been done to establish joint quality assurance systems across the Partnership. Quality Improvement Teams, with Lead Officers have been established and charged with improving the quality of service delivery. A quality dashboard has been introduced to assist the locality Quality Improvement Teams to identify possible areas for additional focus across the Partnership's services, and to report to the Quality Assurance Improvement Group, a new governance group established, which in turn will report to the Partnership's senior management team.

44. Hosted services deliver quality improvement through agreed programmes of work connected to annual Quality Improvement Plans. As part of the expansion of joint quality assurance systems, a trial is underway using Datix (NHS database) to report Significant Adverse Events, with a view to rolling this out across all Partnership care homes.

45. The Partnership now has an integrated complaints process – Datix hosted – measuring weekly performance against agreed targets. The next stage is to establish a system of learning and improvements from complaints and feedback, and to introduce a requirement that all upheld complaints have an improvement plan, which is monitored locally, with outcomes reported to the Quality Assurance Improvement Group to share learning across all services.

46. A Partnership Risk Register is under development.13 key 'joint' risks identified have been identified. Datix will be used to record and manage the Risk Register. A programme of training in the identification and management of risk is to be rolled out to locality teams. A business continuity group has been established.

47. The Partnership's Clinical Director is leading on an extensive programme of improvement across primary care. A Quality Improvement Officer has been appointed to support the cluster quality leads (GPs) in this work.

48. With the support of the NHS Lothian's Quality Academy, key Partnership staff are being trained in quality improvement. This will provide the foundation of the Partnership's 'joint' quality assurance services. The longer term intention is that a Partnership-led quality academy will be established. A programme steering group has been established to take forward the development of a partnership Quality Hub.

49. A quality improvement programme, focusing on key processes is underway in localities. This work complements the existing multi-agency quality assurance meetings for care at home and care homes.

50. The Partnership has established a Health and Safety group to monitor awareness and compliance.

51. Further work is required in this area to:
    - improve the level of self-evaluation across the Partnership
    - improve line management scrutiny of case files
    - embed a consistent mechanism for the monitoring of all quality improvement activity by the Quality Assurance and Improvement Group
    - develop a Partnership quality assurance framework

Recommendation 9

52. *The Partnership should work the local community and with other stakeholders to develop and implement a cross sector market facilitation strategy. This should include a risk assessment and set out contingency plans.*

53. Work on updating the market-shaping strategy has yet to begin. This will be done in tandem with the development of the comprehensive strategic commissioning plans for older people, mental health, learning and physical disabilities and primary care. The strategy will reflect the transformation plan to be presented to the IJB in May 2018.

Recommendation 10

54. *The Partnership should produce a revised and updated joint strategic commissioning plan with detail on:*
    - *how priorities are to be resourced*
    - *how joint organisational development planning to support this is to be taken forward*
    - *how consultation, engagement and involvement are to be maintained*
    - *fully costed action plans, including plans for investment and disinvestment based on identified future needs*
    - *expected measurable outcomes.*

55. Outline strategic commissioning plans for older people, learning disabilities, mental health and primary care have been completed, consistent with the Statement of Intent produced by

the Partnership in October 2017. These will be developed into comprehensive commissioning plans during 2018. A member of the IJB will chair the Reference Board, established to oversee this work.

Recommendation 11

56. *The Partnership should develop and implement detailed financial recovery plans to ensure that a sustainable financial position is achieved by the Integration Joint Board.*

57. The Partnership faces a very challenging financial situation, which has been reported extensively to the IJB. Many initiatives and controls have been established to ensure efficiencies and realise savings. Budget holder training has taken place in two localities and is planned for the remaining two. Financial self-assessment checklists have been sent to all Partnership senior and middle managers. The self-assessments are broken down by key activity and graded using the traffic light system. Each area is expected to be 'green' by April 2018.

58. A Savings Governance Board has been established, chaired by the Chief Finance Officer for the IJB.

Recommendation 12

59. *The Partnership should ensure that:*
    - *there are clear pathways to accessing services*
    - *eligibility criteria are developed and applied consistently*
    - *pathways and criteria are clearly communicated to all stakeholders, and*
    - *waiting lists are managed effectively to enable the timely allocation of services.*

60. Guidance on eligibility criteria for social work and hospital-based occupational therapists has been re-issued to all staff. Locality hubs have new standard operating procedures, which are intended to improve screening and allocation. The hubs are refining their multi-disciplinary screening/triaging of individuals in need of care and support.

61. A review of access to all Partnership services is underway, which will include consideration of whether a single point for the whole city is both effective and consistent with the move to localities. Options to explore include localities acting as the gateway to all services in their area.

62. A 6-month test of change began in February, which involves alternative matching arrangements for people assessed as requiring care at home or residential/nursing care. For the test period, this will be limited to people assessed as medically fit for discharge from the Royal Infirmary of Edinburgh. If successful, the model could be rolled out across the city for everyone waiting for support.

63. Information on available services and access to these is being updated, as is communication regarding 'realistic care' to begin a conversation with stakeholders on how the impact of public services can be maximised and complemented by private, family and community contributions.

64. An assessment and review project has been established to deal with the waiting list issues affecting social work services. A senior Partnership officer is managing the project, which will operate to a 7-month timescale for reducing the wait for assessment to agreed standards.

Recommendation 13

65. *The Partnership should ensure that:*
    - *people who use services have a comprehensive, up to date assessment and review of their needs which reflects their views and the views of the professionals involved*
    - *people who use services have a comprehensive care plan, which includes anticipatory planning where relevant*
    - *relevant records should contain a chronology, and*
    - *allocation of work following referral, assessment, care planning and review are all completed within agreed timescales.*

66. The assessment and review project, together with the revision of associated tools to reflect self-directed support and personalisation, and the planned roll-out of training for all assessing staff will address the backlog of assessments and reduce the risk of waits increasing again, post intervention.

67. The intention is to create a hierarchy of assessment both to speed up response times and to protect professional assessment time for complex, higher risk cases. A simplified and streamlined assessment, proportionate to the level of need being assessed is required to support the capacity of assessment teams and meet the needs of those requiring varied levels of support.

68. The Partnership is developing the use of an Indicator of Relative Need (IoRN). This is a streamlined and easy-to-use tool for assessors, which provides a summary of a person's functional needs and/or the degree of their dependence/independence. It delivers key information for frontline practice and allows effective and accurate targeting of limited resources.

Recommendation 14

69. *The Partnership should ensure that risk assessments and management plans are recorded appropriately and are informed by relevant agencies. This will help ensure that older people are protected from harm and their health and wellbeing maintained.*

70. Much work has been done to improve the decision making around adult protection. Multi-agency Inter-agency Referral Discussions (IRDs) are now recorded via a digital document, known as an 'e-IRD', which allows partners to share and access information effectively. Decisions are scrutinised by a multi-agency review group to ensure vulnerable people are safe from harm, and that there is a consistency of practice across the city.

71. The review group has been tested and its remit and membership revised. It is chaired by a non-Partnership senior manager and co-chaired by a Police Scotland representative. A formal evaluation of the changes is underway. The e-IRD system has been amended to simplify recording of abuse type and client category, and all IRD reporting is now based on information extracted from the e-IRD.

72. As well as scrutinising adult protection decision-making and risk management, training and information events have been held. 5 locality-based adult support and protection workshops have been run for managers and senior social workers, focusing on practice standards, barriers to improved performance, support and expectations, thresholds, screening decisions and the need for accurate record-keeping. Direct support and input have been offered to colleagues from previous NHS Lothian roles who are now involved in overseeing adult support and protection work and participating in IRDs.

73. Monthly adult support and protection performance reports have been made available to HUB/Cluster managers and senior social workers since December 2017. This reporting will foster a closer correlation between individual practice and areas of performance. Adult protection data is now reported at the monthly locality performance board, which examines both city-wide and locality figures.

74. Two adult protection senior practitioners have been appointed and are leading the recast and re-design of the adult support and protection officer programme, to be delivered in localities. The stage 2 training will prioritise senior social workers new to the Partnership, new in post, or who need refresher training.

75. Staff responsible for adult support and protection work have all been referred to the minimum standards paper, internal guidance, and the Care Inspectorates (2016) revised guidance on chronologies. An extensive plan of continued training for all Partnership staff is being planned and will be rolled out throughout 2018.

Recommendation 15

76. *The Partnership should ensure that self-directed support is used to promote greater choice and control for older people. Staff and multi-agency training should be undertaken to support increased confidence in staff in all settings so that they can discuss the options of self-directed support with people using care services.*

77. Despite intensive work to develop self-directed support when the Scottish Government launched its strategy, the Partnership did not promote its use during 2016 and 2017, nor finalise the necessary processes to allow it to grow as intended. This work is now being refreshed. The Thistle Foundation has been commissioned to provide staff training as part of a test of change in the North East locality; assessment tools are being redesigned to ensure they reflect the required strength-based approach and the engaging conversations needed for people to take full advantage of personalisation. In addition, the Partnership is considering ways to transform traditional models of service to free resources to provide people with the means to make genuine choices regarding how their support is designed and provided. This work will be reflected in the Partnership's development of strategic commissioning plans and in its market shaping strategy.

78. The North East locality test of change is being monitored by an implementation board. Three work streams are underway. These will develop an operating model for brokerage; design a revised budget allocation system; create a quality assurance framework; and develop the required assessment tools.

79. The opportunity to deliver more choice and control through reviews is being taken forward through a dedicated review team and by engaging service providers in the development of provider-led reviews.

80. Opportunities for early adoption and roll-out of the Thistle Foundation training are being explored to accelerate the Partnership's move to a more comprehensive implementation of self-directed support.

Recommendation 16

81. *The Partnership should develop and implement a joint comprehensive workforce development strategy, involving the third and independent sectors. This will help to support sustainable recruitment and retention of staff, build sufficient capacity and ensure a suitable skill mix that delivers high quality services for older people and their carers.*

82. The Partnership has established a strategic workforce planning group, led by the Chief Nurse. This work of the group is being tackled through 4 work streams, focused on ensuring the Partnership has the skilled workforce it needs to deliver its services; that there is sufficient succession planning; and that there is an emphasis on how the Partnership's workforce adapts to future demands. The first part of this work is focused on gathering baseline data on the Partnership's workforce (positions, skills, qualifications, etc.).

83. A short-life Agency Control Group was set up in June 2017 to address the immediate spend on agency staffing in the Partnership's care homes. The group has established checks and controls on the requirement, authorisation, and use of agency staff to supplement care home staffing. The group is tasked with considering additional mechanisms for reducing the use of agency staff and proposing alternatives to address the challenge of recruitment and absence management.

Recommendation 17

84. *The Partnership should work with community groups to support a sustainable volunteer recruitment, retention and training model.*

85. The Chief Executive of Volunteer Edinburgh is leading the work to address this recommendation. This work will be taken forward through the development of a revised volunteering strategy for the city, focused on volunteering and active citizenship.
86. Expansion of the use of the Volunteernet software (currently used to provide support for carers) has been identified as an opportunity to be explored to link volunteers and citizens requiring assistance quickly and easily.

87. A delivery group has been established to take forward the development and implementation of the Volunteering and Active Citizenship Strategy. The group first met in December 2017. The group is developing a project plan, with timescales, for consideration by the Partnership, to produce the revised strategy, and to explore existing contractual arrangements for Volunteernet software.

Key risks

89. There are risks attached to all 17 recommendations. The inspection report highlights the challenges ahead for the Partnership in its development of a financially viable, responsive range of services for Edinburgh's citizens. The overarching risk is in the scale of improvement activity required against a backdrop of significant financial pressure and high levels of unmet need.

Financial implications

90. There are significant financial implications across the 17 recommendations. Existing improvement activity is being contained within existing budgets.

Implications for Directions

91. There are no implications for Directions arising from this report.

Equalities implications

92. There are no equalities implications arising from this report. However, Integrated Impact Assessments will be undertaken in the work streams, where appropriate.

Sustainability implications

93. There are no sustainability implications arising from this report. However, Integrated Impact Assessments will be undertaken in the work streams, where appropriate.

Involving people

94. Stakeholders are involved in the development of the inspection improvement plan. Further engagement and collaboration with stakeholders, staff, and partners, including people who use health and social care services and unpaid carers will continue to be central to ensuring that the recommendations are met in full.

Impact on plans of other parties

95. There is no direct impact on the plans of other parties arising from this report. Any implications arising from the Improvement Plan for Older People will be discussed with the relevant partner organisations

Report author

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Item 5.6

Report

Outline Strategic Commissioning Plans

Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. In the Statement of Intent presented to the Edinburgh Integration Joint Board (IJB) in November 2017, the senior management team of the Health and Social Care Partnership committed to producing five outline strategic commissioning plans (one each for disabilities, mental health, older people and primary care). This report provides an update on the progress in developing these plans.

Recommendations

2. The Integration Joint Board is asked to:

   a) note that the draft outline strategic commissioning plans for physical disabilities and primary care were considered by the Strategic Planning Group on 2 February 2018

   b) note that the Strategic Planning Group recognised the good progress that had been made in the development of the plans and was happy with the content of the plans, but believed further work was required before they were presented to the Integration Joint Board and became public documents

   c) approve the summaries of the outline strategic plans for physical disabilities and primary care attached as Appendices 1 and 2 as the means of communicating progress to date and action plans for the next 12 months

   d) agree to use the IJB development session scheduled for 27 April 2018 to consider the draft final outline strategic plans in detail prior to approval at a formal meeting

   e) note the timetable for the ongoing development of the strategic commissioning plans set out in paragraph 13

Background

3. In November 2017, the senior management team of the Edinburgh Health and Social Care Partnership presented a Statement of Intent to the Integration Board which gave commitments regarding actions to be taken in seven key areas one of which was developing strategies.

4. It became clear that the production of outline strategic commissioning plan for primary care should take account of the details of the new GP contract; and that separate plans should be produced for learning and physical disabilities, rather than combining them into a single plan. It was therefore agreed that the outline strategic commissioning plans for physical disabilities and primary care should be presented to the Strategic Planning Group on 2 February 2018.

5. The draft outline strategic commissioning plans for physical disabilities and primary care were discussed by the Strategic Planning Group when it met on 2 February 2018.

Main report

6. The Strategic Planning Group recognised that good progress had been made in respect of the content of each of the outline strategic commissioning plans for physical disabilities and primary care. However, as with the previous outline strategic commissioning plans, the Group wanted the plans to include more consideration of cross-cutting issues, such as housing. The Strategic Planning Group had a short discussion to begin to list these themes, and will discuss them in more detail at the next meeting of the Group in March. The Strategic Planning Group endorsed the content and direction of travel set out in the outline strategic commissioning plans, and noted further work was required before final drafts were presented to the IJB. This would also provide the opportunity for outline financial frameworks to be developed in respect of each of the plans, which will begin to highlight choices that need to be made about the use of resources going forward.

7. Following the discussion at the Strategic Planning Group, officers agreed to produce two page summaries of each of the draft outline strategic commissioning plans, setting out the context, current position, aspirations, priorities and an overview of the action plan for the next 12 months. The summaries are attached as Appendices 1 and 2.

8. It is proposed that discussion of the final drafts of all five outline plans takes place at the Integration Joint Board development session on 27 April 2018, prior to presentation at a formal meeting of the Board for approval.

9. Chairs have now been identified for all four Reference Boards, which will oversee the development of the outline strategic commissioning plans into full strategic commissioning plans. The first meeting of the Reference Boards for learning disabilities, mental health and older people will take place in February 2018, with the others commencing in March. The table below provides details of the chairs of the Reference Boards and the officers leading on the development of the plans:

Strategic Commissioning Plan	Reference Board Chair	Lead Officers
Learning and physical disabilities	Angus McCann and Ella Simpson	Mark Grierson mark.grierson@edinburgh.gov.uk Bruce Dickie Bruce.dickie@nhslothian.scot.nhs.uk
Mental health	Mike Ash	Colin Beck Colin.beck@edinburgh.gov.uk Linda Irvine Linda.irvine@nhslothian.scot.nhs.uk
Older people	Derek Howie	Katie McWilliam Katie.mcwilliam@nhslothian.scot.nhs.uk Bruce Dickie Bruce.dickie@nhslothian.scot.nhs.uk
Primary care	Melanie Main	David White David.white@nhslothian.scot.nhs.uk

10. In parallel to the production of the final outline strategic commissioning plans for presentation to the Integration Joint Board, it is proposed that the existing draft plans be shared informally with stakeholders. This will allow the draft documents to form the basis for work to continue on both the development of the final plans and implementation of the action plans, as set out in the attached appendices.

11. EVOC, on behalf of the Third Sector Strategy Group, has proposed a set of principles that should underpin the development of the outline strategic commissioning plans. Other members of the Strategic Planning Group have agreed to work with EVOC to develop principles that are acceptable to all stakeholders. These will be presented to the Integration Joint Board for approval, along with the final drafts of the outline strategic commissioning plans.

12. Whilst there is absolute commitment that the final strategic commissioning plans should be produced with the full collaboration of stakeholders, the extent to which stakeholders have been involved in the production of the outline plans has varied across the two plans.

13. The table sets out the next steps and timescales in respect of the five outline strategic commissioning plans.

Month	Milestones	Outcomes
February 2018	2 February – OSCPs for Physical Disability and Primary Care presented to IJB Strategic Planning Group First meeting of Reference Boards for Mental Health, Older People, and Learning Disabilities (6-weekly thereafter)	Approval to move onto next stage – presentation to IJB.
March 2018	2 March progress report on outline strategic commissioning plans to IJB 9 March – consideration of report on cross-cutting themes by Strategic Planning Group First meeting of Reference Boards for Physical Disabilities and Primary Care	Approval for proposed approach to develop draft final outline plans with outline financial frameworks Clarity regarding approach to cross cutting themes
April 2018	27 April 14. discussion of draft final outline strategic commissioning plans for learning disabilities, mental health, older people, physical disabilities and primary care at IJB development session 15. IJB approval of five outline strategic commissioning plans at formal meeting	Approval to move onto next stage – development of Strategic Commissioning Plans Draft Directions to NHS Lothian and City of Edinburgh
November 2018	Informal circulation of Strategic Commissioning Plans	
December 2018	Presentation of Strategic Commissioning Plans for Older People, Mental Health, and	

	Learning Disabilities to Strategic Planning Group	

Key risks

16. The outline strategic commissioning plans need to provide a clear vision of the direction of travel and priorities of the Integration Joint Board in respect of major areas of health and social care services, with action plans for delivery. There is a risk that publishing a set of documents that do not have common look and feel will be perceived as indicating a lack of a coherent and joined up approach.

17. Lack of financial detail in previous plans has resulted in them being seen as not fit for purpose. Publishing documents without a level of financial detail will not meet the recommendations of the joint inspectorates.

Financial implications

18. The proposals contained in this report require the commitment of £132k from the Integrated Care Fund for a further year to 31 March 2019. Monies for this are available within the budget for 2018/19.

Implications for Directions

19. Whilst there are no Directions arising directly from this report the action plans set out in Appendices 1 to 2 will help to deliver a number of existing Directions. Existing Directions will be reviewed prior to the presentation of the draft final outline strategic commissioning plans to the Integration Joint Board to identify any existing Directions that have been completed or need to be withdrawn or amended. Any new Directions required in relation to the outline strategic commissioning plans will be presented to the Board in due course.

Equalities implications

20. There are no equalities implications arising directly from this report. However, Integrated Impact Assessments will be undertaken on the proposals in the final outline strategic commissioning plans, where appropriate.

Sustainability implications

21. There are no sustainability implications arising directly from this report. However, Integrated Impact Assessments will be undertaken on the proposals in the final outline strategic commissioning plans, where appropriate.

Involving people

22. A number of stakeholders have been involved in the development of the draft outline strategic commissioning plans. Engagement with stakeholders and partners, including people who use health and social care services and unpaid carers, as part of the process of developing the outline plans into final strategic commissioning plans.

Impact on plans of other parties

23. There are no direct impacts on the plans of other parties arising from this report. Any implications arising from the specific outline strategic commissioning plans will be discussed with the relevant partner organisations.

Background reading/references

Report to Edinburgh Integration Joint Board – Statement of Intent – November 2017

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Appendices

Appendix 1	Physical Disabilities Outline Strategic Commissioning Plan
Appendix 2	Primary Care Outline Strategic Commissioning Plan

Appendix 1 – Physical Disabilities Outline Strategic Commissioning Plan

Context

Physical disability is a term used when a person has a physical impairment that affects their ability to do normal daily living tasks. The impairment can be from birth, it can arise suddenly though injury, or it can develop through illness. People's needs may be short term and/or long term; they may experience some level of recovery, or their condition may continue to progress.

Some people will have complex needs; these might include sensory impairment, Multiple Sclerosis, Spina Bifida, Huntington's, Stroke, Head Injury or Spinal Cord Injury. The list of conditions is extensive; however, they will be severe and likely to cause a combination of impairments, both physical/psychological and cognitive. In Edinburgh, stroke is the condition that is the most prevalent in the population, with an increase in people under 65; this is followed by Multiple Sclerosis.

The Edinburgh Health and Social Care Partnership knows of 25,510 people with a physical disability in the city, 1,494 of whom are in receipt of services from the Partnership. The population of adults with a physical disability is predicted to increase by 1.4% each year.

Current Position

Current pathways for treatment for medical interventions with specific conditions include services from the Royal Infirmary, Astley Ainslie and Western General Hospitals. The Astley Ainslie Hospital is in need of replacement and NHS Lothian is taking forward a business case for this, with the intent to re-provide services on the Royal Edinburgh Hospital campus. There are opportunities in the change programme for the Astley Ainslie to consider how some services could be provided in the community. This will help achieve the Partnership's aim of delivering more care and support in local communities.

NHS Lothian is a provider of highly specialised neurological services and so is in a different position to some other Health Board areas, but there is work to be done to improve the community elements, which fall under the remit of the Integration Joint Boards. There is a commitment to establish a collaboration partnership to work on delivering the pathway from hospital or acute rehabilitation to people's home in the community.

Aspirations

Housing that meets the needs of people with a physical disability needs to be a key element of the strategic commissioning plan. Properties need to be fully accessible, with embedded e-health and assistive technology. Core and cluster would offer a model of care based on shared support. There is a sustained demand for properties for individuals aged under 65 years of age, that are fully accessible; this should include capacity for tracking hoists, wet room shower and be suitable for people with bariatric conditions.

Plans are underway for a Smart house to be constructed in the Longstone hub as part of Edinburgh's Technology Enabled Care Expansion Project (February 2018). The purpose is to engage practitioners actively through demonstration in using and prescribing technologies that can support safe and independent living. This is in partnership with Blackwood Housing who have developed smart housing in other cities in Scotland. Citizens and their families will benefit from the opportunity to see and try this equipment to enable their independence to flourish.

Priorities for the future:

- The move from the Astley Ainslie Hospital to the redesigned Royal Edinburgh Hospital will offer opportunities to review current bed use and outpatient services.
- Strengthening services that can support people to be more independent in their community.

- Identification of a range of housing and support options for people with physical disability, with a particular focus on core and cluster services.

- Reducing the cost of night care by developing a night support service, with the option of on-call responders.

- Reviewing the number of community navigators.

Action Plan

Delivery timescale	Design	Implementation
Q1 (Jan – Mar'18)	• Support the redesign of the Astley Ainsley to move from hospital care to community care • Develop Commissioning Plan for people with a learning disability • Build adapted tenancies that can meet the needs of a range of conditions • Develop the overnight strategy • Provide 21st homes a definitive number for properties	• Convene the partnership meetings • Convene SCP reference group, chaired by IJB member
Q2 (Apr – Jun'18)	• Develop Communication plan that meets all citizens covered by term physical disability • Create day support for end of life care • Commission under 65 residential care	• Build 9 tenancies for complex care • Commission tenancies for forensic support
Q3 (Jul – Sept'18)	• Work with providers and third sector to deliver option 2 in new models of support	• Carry forward above actions as required
Q4 (Oct – Dec'18)	• Draft of Strategic Commissioning Plan presented at IJB	• Draft of Strategic Commissioning Plan produced
Ongoing (throughout 2018 and further)	• Continue work on the 2019 Strategic Commissioning Plan	• Carry forward above actions as required

Appendix 2 – Primary Care Outline Strategic Commissioning Plan

Context

The production of a Primary Care Improvement Plan by 1 July 2018 is a Scottish Government requirement for all IJBs, and is focused on how to stabilise and transform General Medical Services over the next four years. The plan therefore has a narrow focus on the workforce required to both relieve the current and future pressure on Primary Care (GMS) and to accommodate inevitable population growth. The plan does not address key supporting areas such as premises, IT and the wider primary care team such as midwives, district nurses and community mental health staff. These elements will be picked up by the Edinburgh Primary Care Strategic Commissioning Plan later in 2018.

Since 2014 many practices have become clinically/financially unstable and required additional support. A series of ad hoc arrangements were fused into 'The Primary Care Transformation and Stability Programme' in 2017; aimed at injecting 10% more clinical capacity into Primary Care in Edinburgh and adjusting reliance on the medical manpower required to respond to increased population size. National pressures are magnified in Edinburgh by list growth. In 2007, 500,000 patients were registered and by 2017 this has grown to 550,000. Each year 5000/6000 more people move to Edinburgh or register with a local GP practice. The rate of city growth is established as consistent with the Edinburgh Local Development Plan. This runs to 2026 and will bring the GP registered population up to 600,000.

Current Position

A 'Primary Care Support Team' has been created by the Edinburgh Health and Social Care Partnership (EHSCP), bringing together responsibility for strategy development, contract and transformation implementation, premises development and prescribing.

In 2016, EHSCP formed four localities as the basis of its operating structure. Each locality has two health and social care cluster teams based around a cluster of GP practices. The population of the constituent GP practices were used to define the population served by the cluster teams, thus facilitating common focus and working relationships in the engine rooms of the EHSCP.

In the first 6 months of the Edinburgh Primary Care and Transformation Programme over 50 of the city's 72 practices were aided by either an 'injection' of new staff capacity, or additional workload related technology. Both staff and technology injections have been funded on a 50% basis with the practices meeting the other 50% of the cost (excepting Scottish Government Linkworker which is funded 100%).

Aspirations

The new GP contract supports the continuation of this approach as the decision making and project support are already largely established. A build up of non medical capacity is envisaged for Edinburgh over the next three years. An additional 51 whole time equivalent staff will build up to approximately 182 giving an estimated additional capacity equivalent to 487 weekly medical sessions.

Priorities for the future:

Edinburgh Primary Care Improvement Plan

- The main focus of the plan will be how the new contract outline model can best be implemented at locality/cluster/practice level to stabilise and transform the Primary Care workforce.

- In Edinburgh, we have already implemented a Linkworker Network supporting 20 practices in areas of high deprivation as classified using the Scottish Index of Multiple Deprivation (SMID). The relevance and associated resource of Linkworker to a population not classified as deprived is being tested both through 17C funding in NW Edinburgh and by Transformation and Stability injections.

Action Plan

- Following successful 'tests of change' Edinburgh GPs are keen to see rapid expansion of Advanced Nurse Practitioners, pharmacists and CPNs in particular.

- Current tests of change with physiotherapy and clinical admin support are likely to create further demand. (The potential of psychology has not yet been tested).

- 2018/19 will see the first collaborative cluster wide bids for additional capacity.

- 2019/20 is anticipated to see the development of the first cluster services as proposed and funded by the new contract arrangements.

Delivery timescale	Design	Implementation
Q1 (Jan – 65yMar'18)	• Develop agreed infrastructure projects in 2018/19 • Work with NHS Lothian to ensure prioritisation of Primary Care investments commensurate with the challenge of population increase and the changing nature of premise procurement and management under the new contract arrangements • Develop a number of key strategic assessments across the city to complement the picture established and presented to the IJB in September 2018 • Support and develop the role of GP clusters to influence integration, cluster and localities	• Continue to lead Scotland on clinically effective and economic prescribing • Continue to work with CEC to establish the principles of 'developer contributions' towards additional primary care premises required as a result of population increase • Continue to develop communication and influence networks to ensure Primary Care is well understood and appropriately supported
Q2 (Apr – Jun'18)	• Develop the insight functions to support primary care and reduce unforeseen risk • Use insight functions to develop understanding of where acute admissions can be avoided as primary care stabilises • Support full implementation of social prescribing across all practices • Support implementation of Linkworking across 20 practices	• Reach realistic settlement on the prescribing allocation for Edinburgh in 2018/19 • Confirm funding available for 2018/19 and recruit additional staff in accordance
Q3 (Jul – Sept'18)	• Produce and consult over the Edinburgh Primary Care Improvement Plan before submission on 1st July 2018	• Ensure effective governance over the resources available through the Improvement Plan • Build a Linkworker network to ensure that Primary Care plays a full role in tackling inequalities
Q4 (Oct – Dec'18)	• Support implementation of individual capacity 'injections' across 20 practices • Support implementation of technology injections across 30 practices • Support development and implementation of further non-recurring actions to adjust workload e.g. test of change to support NW Hub, possible automation of registration/deregistration process in NE	• Recruit and place all initial tranche (51.0WTE) of additional staff • Develop governance to support evaluation of impact of programme
Ongoing (throughout 2018 and further)	• Restructure the Primary Care Support Team as part of the EHSCP and ensure integral working with localities. Establish the Primary Care Strategic reference Group • Develop a Primary Care Workforce Plan for wider primary care	• Undertake further work on how to continue to absorb more population into existing practices and avoid 'closed' GP lists

Item 5.7

Report

Financial Performance and Outlook

Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. The purpose of this report is to provide the Integration Joint Board (IJB) with an overview of the financial position for the first 9 months of 2017/18 and the forecast year end position. It also gives an update on the ongoing discussions with NHS Lothian and the City of Edinburgh Council (the Council) and the consequent impact on the 2018/19 IJB financial plan.

Recommendations

2. The Integration Joint Board is asked to:

   a) note that delegated services are reporting an overspend of £3.7m for the period to the end of December 2017, and that this is projected to rise to £5.8m by the end of the financial year

   b) acknowledge that ongoing actions are being progressed to reduce the predicted in-year deficit to achieve a year end balanced position, however, only limited assurance can be given of the achievement of break even at this time

   c) note the progress made with discussions on the financial plan for 2018/19, including the planning assumption that both NHS Lothian and the Council are exploring options to increase the delegated budget to reflect demand led pressures

   d) note that neither the Council nor NHS Lothian's financial planning processes for have concluded in advance of this report being prepared; and

   e) agree to receive an update at the meeting in May 2018.

Background

3. At its meeting in November and December 2017, the IJB considered the in-year, financial position for 2017/18 and delivery of a break-even position was dependent on reaching an agreement with NHS Lothian.

4. It was also acknowledged that significant and long-standing pressures were impacting on the ability of both NHS Lothian and the Council to meet financial targets, deliver approved savings programmes and operate within established budgets. These pressures are evident in the current financial position of delegated services and the financial outlook shared with members at the board development session in October and the update considered at the meeting in December 2017. Consequently, the Board recognised that returning to a balanced position requires major redesign of services, radical changes in thinking and approach, and the involvement of all partners and stakeholders.

Main report

Overview of 17/18 financial position

5. Between April and December 2017, the Council and NHS Lothian overspent against the budgets delegated by the IJB by £9.1m. The equivalent year-end forecast is an overspend position of £12.9m, a reduction of £1.5m over the previous estimate. This will be offset by the Council commitment to meet, on a non-recurring basis, the anticipated shortfall of up to £7.1m in the delegated services it runs. This contribution brings the net position to a projected £3.8m. A summary is presented in table 1 below with further detail included in Appendix 1 (NHS Lothian) and Appendix 2 (Council).

	Position to end December 2017			Year end forecast Variance £k
	Budget £k	Actual £k	Variance £k	
NHS services				
Core services	198,232	200,870	(2,638)	(3,767)
Hosted services	61,081	59,998	1,084	731
Set aside services	71,447	73,655	(2,208)	(2,747)
Sub total NHS services	**330,760**	**334,523**	**(3,763)**	**(5,783)**
CEC services	**138,488**	**143,813**	**(5,325)**	**(7,100)**
Gross position	**469,248**	**478,336**	**(9,088)**	**(12,883)**
Non recurring contribution (CEC)	**5,325**		**5,325**	**7,100**
Net position	**474,573**	**478,336**	**(3,763)**	**(5,783)**

Table 1: summary financial position for IJB delegated budgets to December 2017

6. Delegated health services are reporting an overspend of £3.8m for the first 9 months of the year, with a year-end projection of £5.8m. The drivers of this position remain largely unchanged and can be articulated as prescribing, nursing, supplies costs, unachieved efficiencies and junior medical staffing.

7. Based on data to December, NHS Lothian is now able to provide significant assurance on the achievement of financial balance by the year end. A break-even position for the IJB is dependent on the outcome of the ongoing discussions between the 4 Lothian IJBs and NHS Lothian. A paper setting out the options for addressing the IJB in-year deficits will be considered at the next Finance and Resources Committee on 21 March 2018.

8. Despite the in-year forecast of break-even for the delegated services run by the Council, demand-led pressures and non-delivery of savings are key factors in the financial position. The anticipated shortfall of up to £7.1m will be met by the Council on a non-recurring basis in 2017/18. Work is continuing to identify further opportunities to reduce the level of projected overspend.

Scottish budget

9. The Scottish Government's draft budget for 2018/19 was announced on 14 December 2017, key headlines from the budget included:

- uplift of 1.5% for all territorial health boards plus a share of £30m for those below NRAC parity (this equates to £29.0m for NHS Lothian)
- additional revenue funding in 5 core areas:
    a) **transformational change** – establishment of a £126m fund to support regional delivery plans
    b) **mental health** – a further £17m, which will go towards the commitment to increase the workforce by an extra 800 workers over the next 5 years; and for transformation in CAMHS – this funding is provided on the basis that it is in addition to a real-terms increase in existing 2017/18 spending levels by NHS Boards and Integration Authorities
    c) **primary care** – investment in the primary care fund will rise to £110m to support transformation by enabling the expansion of multi-disciplinary teams for improved patient care, and a strengthened and clarified role for GPs as expert medical generalists and clinical leaders in the community
    d) **social care** – £66m (provided as part of the settlement for local government) to recognise a range of pressures, including implementation of the Carers (Scotland) Act 2016, continued payment of the living wage and increases in personal and nursing care payments; and
    e) **alcohol and drug partnerships** – a renewed focus on alcohol and drugs backed by additional investment of £20m for treatment and support services.
- An ostensibly "flat cash" funding package for local authorities, which reflects baselining of the £130m of revenue resources initially provided on a one-off

basis as part of the revised Local Government Finance Settlement in February 2017, as well as the £66m for social care referenced above.

10. As part of the Stage 1 Budget Bill Debate on 31 January, the Cabinet Secretary introduced several amendments. These revised budget proposals were approved and now move onto the next stage in the legislative process ahead of a final parliamentary vote on 21 February. These changes include an increase of £170m in the Local Government Finance Settlement for 2018/19 (comprising £159.5m of support to be allocated across councils in accordance with shares of overall assessed expenditure need and £10.5m specifically in respect of funding support for inter-island ferries for Orkney and Shetland Islands Councils).

11. The likely settlement for Edinburgh is a cash reduction of 0.4%, equivalent to c£3m. This equates to a favourable movement of £27.1m over the planning assumptions in the revenue budget framework.

Council and NHS Lothian financial plans

12. The draft budget and subsequent amendments, combined with the Scottish Government public sector pay policy impact on the financial plans for both partner organisations. This in turn influences their ability to delegate resource to the IJB.

13. Neither NHS Lothian nor the Council has yet finalised financial plans for 18/19 and therefore neither can yet propose a delegated budget. That said, positive discussions have taken place with both parties, each of which recognises that underlying pressures in health and social care require to be addressed on a sustainable basis to ensure a stable longer term financial position. To this effect, each partner is exploring the options for increasing its allocation to the IJB by an additional £4m (i.e. £8m in total).

14. The Council Finance and Resources Committee considered a progress update on the revenue budget framework at its meeting on 2 February 2018 and full Council will debate the budget on 22 February. NHS Lothian is in the same position as the previous 2 years and is currently unable to provide assurance on its ability to deliver a balanced financial position in 2018/19. The version of the plan presented to the NHS Lothian Finance and Resources Committee on 23 January 2018 highlighted an in-year deficit of £27.8m.

IJB outline financial plan

15. The Council's financial strategy for 2018/19 assumes an increase in the budget delegated to the IJB of £12.6m, of which £5.6m is the share of the £66m available nationally and referenced in paragraph 9. Similarly, NHS Lothian is planning on the basis of a £13.3m increase. These planning assumptions are subject to change as the respective financial plans are finalised.

16. Funding from the Council and NHS Lothian is supplemented by the Social Care Fund, the majority of which has now been allocated to base budgets. There are 2 exceptions to this, provisions to: implement the new model of care for older people (£1.5m); and mental health community accommodation (£1.0m), where

the supporting strategic plans are not yet fully developed. It is recommended that these provisions are revisited when the outline strategic commissioning plans are finalised.

17. The final element of the IJB financial position is the balance of the Integrated Care Fund (ICF). Members previously agreed the distribution of these monies and established a £2.3m innovation fund from the remaining balance. In 2017/18, this was allocated to the budget agreed to support the work of the improvement team focusing on reducing the number of outstanding assessments. Whilst it is recognised that there are currently no firm plans for this money, it is also the case that, except for the provisions referenced at paragraph 16 above, this is the one remaining source of funds to encourage innovation and pump prime change.

18. The combination of the funding discussed in paragraphs 15 to 17 would give an opening IJB delegated budget of £649m for 2018/19, as demonstrated in table 2 below:

	£k
City of Edinburgh Council	197,750
NHS Lothian	446,677
Social care fund - balance	2,550
Integrated care fund - balance	2,300
Total delegated resources	**649,277**

Table 2: projected IJB delegated budget 2018/19

19. Planning assumptions have been used to model the associated costs. This requires further refinement as additional information from NHS Lothian and the Council becomes available. It does, however, give an indication of the quantum of the challenge facing the IJB. Table 3 below shows a gross shortfall of £23.5m, which reduces to £12.4m assuming savings of £11.1m are delivered in full (further detail of the proposed saving and recovery programme is included in Appendix 3).

	£k
Opening cost base	625,123
Projected increase in costs	47,673
Total projected costs	**672,796**
Projected income	**649,277**
Projected shortfall	**(23,519)**
Savings and recovery programme	11,121
Balance	**(12,398)**

Table 3: Edinburgh IJB projected shortfall 2018/19

20. There are 2 components to the remaining balance of £12.4m: a share of the NHS Lothian financial plan deficit (£10.1m); and a shortfall in funding to offset the costs of additional community capacity (£2.3m). The IJB has several options to bridge this gap, including: limiting investments to support demographic growth; reducing the provision to support the additional capacity for older people waiting for

community services; identification of additional savings; and the reprioritisation of social and integrated care funds. The option of requesting that either NHS Lothian and/or the Council increase the value of the delegated resource has been ruled out on the basis this would be undeliverable. Rather than agree any of these options at this point, it is recommended that the position is revisited when the year-end reserves position is clearer.

21. This underpinning analysis is based on the following assumptions:

- pay awards in line with Scottish Government public sector pay policy
- provision for contract inflation, including the national care home contract
- NHS non- pay inflation of 2%
- increases in prescribing of 5% to 6% pa
- the full year impact of 2017/18 purchasing growth is £2m
- demographic growth in older people and learning disabilities services will increase costs by £4.5m in 2018/19
- a £6.5m provision for unmet need has been factored in, any costs in excess of this will be met within existing financial constraints by changing models of service provision (i.e. the requirements for savings will increase); and
- the implications of Scottish Government policies, including the Carers' Act, the living wage, the new GP contract and free personal care are deliverable within the funding available.

22. It is clear that, like many other public sector bodies, the IJB faces significant financial challenges for the foreseeable future. The system is some way from recurring financial balance and the indicative budgets delegated by the Council and NHS Lothian will not be sufficient to deliver services without the requirement to make further savings.

Key risks

23. The key risk to the IJB is on the ability to deliver fully on the strategic plan in the context of the prevailing financial position.

Financial implications

24. Outlined elsewhere in this report.

Implications for directions

25. There is no direct impact of this report on directions.

Equalities implications

26. While there is no direct additional impact of the report's contents, budget proposals will be assessed through the existing Council and NHS Lothian arrangements.

Sustainability implications

27. There is no direct additional impact of the report's contents.

Involving people

28. As above.

Impact on plans of other parties

29. As above.

Background reading/references

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Appendices

Appendix 1	Financial position of delegated services provided by NHS Lothian 2017/18
Appendix 2	Financial position of delegated services provided by City of Edinburgh Council 2017/18
Appendix 3	Projected savings and recovery programme 2018/19

APPENDIX 1

FINANCIAL POSITION OF DELEGATED SERVICES PROVIDED BY NHS LOTHIAN 2017/18

	Position to end December 2017			Year end forecast
	Budget £k	Actual £k	Variance £k	Variance £k
Core services				
Community AHPs	5,070	4,942	128	120
Community Hospitals	8,357	8,498	(141)	(222)
District Nursing	7,945	7,935	10	(99)
GMS	54,492	55,104	(613)	(548)
Mental Health	7,554	7,370	184	193
Other	36,684	37,719	(1,034)	(1,023)
Prescribing	60,077	61,251	(1,174)	(2,186)
Resource Transfer	18,052	18,051	1	(1)
Sub total core	**198,232**	**200,870**	**(2,638)**	**(3,767)**
Hosted services				
AHPs	4,883	4,719	164	81
Complex Care	1,249	1,468	(219)	28
GMS	4,349	4,444	(95)	(80)
Learning Disabilities	6,142	6,332	(190)	(432)
Lothian Unscheduled Care Service	4,128	4,128	0	14
Mental Health	18,583	18,074	510	593
Oral Health Services	6,871	6,622	248	293
Other	(603)	(707)	104	37
Palliative Care	1,748	1,759	(11)	(0)
Psychology Service	3,049	3,004	46	(23)
Rehabilitation Medicine	2,414	2,234	180	130
Sexual Health	2,311	2,344	(33)	(7)
Substance Misuse	3,372	3,471	(98)	(323)
UNPAC	2,586	2,107	479	421
Sub total hosted	**61,081**	**59,998**	**1,084**	**731**
Set aside services				
A & E	4,664	4,824	(160)	(6)
Cardiology	12,017	12,122	(105)	35
Diabetes	798	915	(117)	(119)
Gastroenterology	2,681	3,310	(629)	(558)
General medicine	17,825	18,049	(224)	(654)
Geriatric medicine	9,932	9,803	129	133
Infectious disease	5,491	5,434	56	29
Junior medical	9,297	10,211	(914)	(1,178)
Management	1,227	1,361	(134)	(163)
Other	1,249	1,304	(55)	(124)
Rehabilitation medicine	1,527	1,631	(103)	(88)
Therapies	4,740	4,691	49	(56)
Sub total set aside	**71,447**	**73,655**	**(2,208)**	**(2,747)**
Grand total	**330,760**	**334,523**	**(3,763)**	**(5,783)**

APPENDIX 2

FINANCIAL POSITION OF DELEGATED SERVICES PROVIDED BY CITY OF EDINBURGH COUNCIL 2017/18

	Position to end December 2017			Year end forecast
	Budget £k	Actual £k	Variance £k	Variance £k
Employee costs				
Council Paid Employees	**62,458**	**61,708**	**750**	**1,000**
Non pay costs				
Premises	967	967	0	0
Third Party Payments	133,474	139,286	(5,813)	(7,750)
Supplies & Services	6,621	6,921	(300)	(400)
Transfer Payments	581	731	(150)	(200)
Transport	1,319	1,507	(188)	(250)
Other	337	337	0	0
Sub total	**143,299**	**149,749**	**(6,450)**	**(8,600)**
Gross expenditure	**205,756**	**211,456**	**(5,700)**	**(7,600)**
Income	**(67,268)**	**(67,643)**	**375**	**500**
Balance	**138,488**	**143,813**	**(5,325)**	**(7,100)**
Non recurring CEC contribution	**5,325**	**0**	**5,325**	**7,100**
Net position	**143,813**	**143,813**	**0**	**0**

APPENDIX 3

EDINBURGH INTEGRATION JOINT BOARD INDICITIVE SAVINGS AND RECOVERY PROGRAMME 2018/19

	£k	Accountable Officer
Telecare and support planning/brokerage	4,000	Angela Lindsay/Katie McWilliam
Disability services (interim review)	700	Mark Grierson
Disability services review	500	Mark Grierson
Legal services	200	Colin Beck
Discretionary spend	200	Pat Wynne
Review of sleepover and night-time services	400	Mark Grierson
Review of transport	200	Sylvia Latona
Review of charges	400	Wendy Dale
Review of grants	400	Wendy Dale
Workforce management (including agency costs)	1,700	Pat Wynne
Homecare and reablement (efficiency and productivity)	1,000	Mike Massaro-Mallinson
Prescribing (locality quality initiatives)	243	Locality Managers
Other schemes (including hosted and set aside)	1,178	Various
Total	**11,121**	

Item 5.8

Report

Carers (Scotland) Act 2016

Edinburgh Integration Joint Board

2 March 2018

Terms of referral

1. When it met on 2 February 2018, the Strategic Planning Group considered the attached report, which provides an update on the progress made in implementing the requirements of the Carers (Scotland) Act 2016. The act will come into effect on 1 April 2018. The key changes introduced by the Act are:

    - a change in the **definition of carer** so that it encompasses a greater number of carers
    - placing a duty on integration authorities to agree a set of **eligibility criteria** in respect of services for carers, which requires a change to be made to integration schemes
    - placing a **duty** on local authorities to prepare an adult carer support plan (ACSP) or young carer statement (YCS) for anyone they identify as a carer, or for any carer who requests one
    - giving local authorities a **duty to provide support** to carers who meet local eligibility criteria
    - requiring local authorities and NHS boards to involve carers in carers' services
    - giving local authorities a **duty** to prepare a carers' strategy for their area
    - requiring local authorities to establish and maintain advice and information services for carers.

2. The report details the work of the four work streams established to take forward the implementation of the new legislation:

    - Workstream 1: Local eligibility criteria
    - Workstream 2: Adult carer assessment/support plans and young carers statements
    - Workstream 3: Communication

- Workstream 4: Finance

3. The work streams report to the Strategic Carers' Partnership, which meets monthly and is chaired by the Strategic Planning Manager. Other members include the two unpaid carer members of the Edinburgh Integration Joint Board, third sector organisations working with adult and young carers and officers from NHS Lothian, the City of Edinburgh Council and the Health and Social Care Partnership.

4. Details of progress in implementing the legislation are provided in the form of a completed copy of the Readiness Toolkit issued by the Scottish Government, attached as Appendix 1 to the report. Copies of the paperwork associated with the eligibility criteria and the Adult Carers Support Plan are attached as Appendices 2 and 3 to the report. The risk register for the implementation programme is attached as Appendix 4.

5. Work to refine the eligibility criteria is ongoing with carers' organisations. The Integration Joint Board will be asked to approve the criteria once these have been finalised and the necessary changes made to the integration scheme to delegate this function.

6. The report also provides details of a pilot to test the draft eligibility criteria, adult carers' support plan and new ways of working across partners, which has just commenced in the North West locality. This has involved the Carers' Support Workers based in the hospitals and localities, and the Council's Family and Household Support Service.

7. Following consideration of the report, the Strategic Planning Group agreed to:

   i. note the progress made in the implementation of the Carers (Scotland) Act 2016

   ii. endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan

   iii. request a further report in due course detailing the outcomes of the pilot in the North West locality.

For Decision/Action

8. The Strategic Planning Group agreed to refer the report to the Integration Joint Board, with a recommendation that the Board:

   i. endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan as the basis for finalising a set of eligibility criteria, which the Board will be asked to approve.

Michelle Miller

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Background papers

Report to the Strategic Planning Group 2 February 2018 attached

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Report

Carer (Scotland) Act 2016

Edinburgh Integration Joint Board Strategic Planning Group

2 February 2018

Executive Summary

1. This report provides the Strategic Planning Group with an update on progress in work being undertaken to ensure readiness for the implementation of the Carers (Scotland) Act 2016 on 1 April 2018. Further, it will outline the pilot to be undertaken in the North West Locality starting in January 2018 and running for six months to test new ways of working across partners, team communication, the proposed eligibility criteria, assessment of young and adult carers, allocation of services and funding.

Recommendations

2. The Strategic Planning Group is asked to:
   i. note the progress made in the implementation of the Carers (Scotland) Act 2016
   ii. endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan
   iii. recommend that the Edinburgh Integration Joint Board endorse the approach taken to the development and testing of the eligibility criteria and Adult Carers Support Plan as the basis for finalising a set of eligibility criteria that the Board will be asked to approve

Background

3. The key aspects of the Carer (Scotland) Act 2016, which comes into effect on 1 April 2018 are:

- a change in the **definition of carer** so that it encompasses a greater number of carers
- placing a **duty** on local authorities to prepare an adult carer support plan (ACSP) or young carer statement (YCS) for anyone they identify as a carer, or for any carer who requests one
- giving local authorities a **duty to provide support** to carers that meet local eligibility criteria
- requiring local authorities and NHS boards to involve carers in carers' services
- giving local authorities a **duty** to prepare a carers strategy for their area
- requiring local authorities to establish and maintain advice and information services for carers.

4. In Edinburgh a common approach has been taken to the implementation of the new legislation for both adult and young carers. Work has been taken forward through four workstreams, membership of which has included stakeholders from the Council, NHS Lothian, the Health and Social Care Partnership, third sector organisations and representatives of young and adult carers. The workstreams are:
    - Workstream 1: local eligibility criteria
    - Workstream 2: Adult carer assessment/support plans and young carers statements
    - Workstream 3: Communication
    - Workstream 4: Finance

5. The workstreams report to the Strategic Carers Partnership which meets on a monthly basis. The Partnership is chaired by the Strategic Planning Manager other members include the two unpaid carer members of the Edinburgh Integration Joint Board, third sector organisations working with adult and young carers and officers from NHS Lothian, the City of Edinburgh Council and the Health and Social Care Partnership.

6. The Scottish Government Carers Team have produced a Readiness Toolkit for the Carers Act which has been adopted by the Strategic Carers Partnership as a means of monitoring progress towards implementation. The Toolkit, a completed version of which is attached as Appendix 1 covers 15 areas:
    - Programme management and governance
    - Workforce support and development
    - Role of the third sector
    - Communication and public awareness

- Providing real choice/commissioning
- Information and systems
- Finance and demand
- Monitoring and evaluation
- Adult carer support plans
- Young carer statements
- Local eligibility criteria
- Duty to provide support to carers
- Carer involvement
- Local carer strategies
- Information and advice services for carers

7. A pilot to test out the new eligibility criteria, adult carers support plan and young carers statement and new ways of working across partners has just commenced in the North West locality involving the Carers Support Workers based in the hospitals and localities and the Family and Household Support Service.

8. Although the Scottish Government issued draft guidance on the implementation of the Carers Act at the very end of December 2017, they do not expect to be in a position to issue final guidance until March 2018.

Main report

9. Workstream 1 focused on the local eligibility criteria has developed a policy statement and set of principles in terms of eligibility and defined five levels of eligibility based on the risk that the impact of providing unpaid caring places on the individual. The workstream has also considered eligibility thresholds and proposed a set of indicators of the impact on and risk to adult carers outcomes. A similar set of indicators has been produced in respect of young carers. In both cases the indicators are based upon the SHANARRI indicators (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included. These indicators were originally developed in respect of Getting It Right for Every Child (GIRFEC). However, work has been done in Edinburgh particularly through the Inclusive Edinburgh Project to extend their application to adults, Getting It Right for Everyone (GIRFE). The Wellbeing Wheel using the SHANARRI indicators is used within the Edinburgh Integration Joint Board's Strategic Plan 2016-19 to illustrate the person-centred outcomes that the Board seeks to achieve for all citizens in order to improve their health and wellbeing.

10. The draft, policy, principles and eligibility criteria are set out in Appendix 2. It should be noted that further work is currently taking place with colleagues from

VOCAL (Voice of Carers Across Lothian) to ensure that the wording of the outcomes on page 9 of this document are as relevant to adult carers as possible.

11. The Scottish Government is amending legislation so that the responsibility for setting the local eligibility for carers will be delegated to Integration Authorities. This will require an amendment being made to integration schemes, which will then need to be approved on an individual basis by ministers of the Government. The Government has written to Chief Officers asking that revised integration schemes be submitted for approval by 2 March 2018. The Chief Executive of NHS Lothian has written to the Government advising that in the case of the four Lothian Integration Joint Boards it will not be possible to obtain the necessary approvals from the four Councils and NHS Lothian Board within these timescales.

12. Workstream 2 has focused on the development of the Adult Carers Support Plan and Young Carers Statement. A copy of the draft Adult Carers Support Plan is attached as Appendix 3. The document is outcome focused, short, straightforward and encourages the use of a 'good conversation' rather than a tick box approach. The proposed plan has been designed to act as a combined assessment and support plan and will support the collection of all necessary data to meet the performance reporting requirement set out by the Scottish Government.

13. Workstream 3 is responsible for the development and delivery of a communications plan. Lack of resources due to staff sickness has meant that this workstream is not as advanced as it should be. However, the Strategic Carers Partnership has been discussing the use of a multi-agency approach to launching and promoting the Carers Act.

14. Workstream 4 is working to identify the financial implications of the implementation of the Carers Act. The working group includes finance colleagues from both adult and children's services and had been waiting for information from the Scottish Government around any additional funding that may be made available. The budget settlement announced in December included £19m for the implementation of the Carers Act across Scotland. Edinburgh's share of this amount is £1.6m. This includes £0.4m previously allocated through the Carers Information Strategy. Therefore, only £1.2m of the £1.6m is new money. The funding is to cover the cost of additional assessments for both adult and young carers associated with the implementation of the Act, not the cost of additional service provision. It should be noted that only responsibility for adult carers has been delegated to the Edinburgh Integration Joint Board. The Chief Finance Officer of the integration Joint Board is a member of a national group that is considering this issue.

15. Work is now underway to test the draft Eligibility Criteria and the Adult Carer Support Plan (ACSP) and the Young Carer Statement (YCS) in a pilot in the North West Locality. In addition to testing the new paperwork and processes, the pilot will focus on establishing a working relationship and shared knowledge and experience to support unpaid carers and their families within their local community using the knowledge of the Family and Household Support teams within their wards and Edinburgh Carer Support Teams in each locality. All the services that will be part of the pathway already operate within the localities. The intended outcome will be to improve communication and referral pathways between the hospital teams and community based teams building capacity and resilience within local communities.

16. In-house training that focuses on the draft Eligibility Criteria, Adult Carer Support Plan and Young Carer statement paperwork that has been developed to meet the new duties as outlined in The Carers Act (Scotland) 2016 will be delivered on the 29th January 2018 to 40 participants in the pilot.

17. The longer-term goals to be driven forward on the back of the pilot are to:

    - improve communication between teams within localities regarding the needs of unpaid carers
    - move to a position where the most appropriate/relevant person undertakes a carer assessment after training (including outcomes training) reducing the reliance on social workers to carry out the assessment
    - develop pathways with Edinburgh Alcohol and Drug Partnership and mental health services to improve community based support for unpaid carers
    - develop Community of Interest Forums – working with carers across different sub groups, for example, drugs and alcohol, mental health. The forums will support carers within their communities and recognise the work they undertake.
    - support the implementation of the Locality Improvement Plans to improve experiences for unpaid carers across the city based on the results of the pilot being carried out in the North West Locality
    - reduce hospital admissions and readmissions as a result of carer stress.

18. Work to develop and implement the revised joint carers strategy will pick up pace once the current intensity of work to implement the Carers (Scotland) Act 2016 has abated.

Key risks

19. A working group of relevant officers including Finance, Strategic Planning and Commissioning and Risk Management have developed a Risk Register in respect of the implementation of the Carers (Scotland) Act, which is attached as Appendix 4. There are however two immediate risks:

    - Firstly, in respect of the pilot, the outcome focused conversation training to be provided to staff is a bespoke version of a day long training reduced to 3 hours and delivered in-house which has not been tried before. It is assumed the professional teams identified will have the skills and experience to benefit and implement the learning from the training into practice. Written guidance will be available along with support from line managers with regular audits of the quality of the completed documentation.

    - The recruitment and retention of the Hospital Discharge Carer Support Service and community carer support team is challenging due to the fragmented funding arrangements in place for the posts. Several staff have been recruited recently who have then left for more secure contracts. Stabilising the funding and recruitment of staff would be essential for the long-term sustainability of the pathway.

20. Additional funding made available by the Scottish Government in respect of the Carers Act is only intended to cover the additional costs related to carrying out assessments for both adult and young carers. No additional funding has been made available for meeting the cost of additional identified needs that the Health and Social Care Partnership and City of Edinburgh Council will have a legal duty to meet. Work is currently underway to estimate what these additional costs might be.

Financial implications

21. The financial implications are set out in paragraph 14 above.

22. Workstream Four will look at the financial impact of the Act and this group is made up of the Strategic Planning and Commissioning Officer leading the work on the Carers Act, the Strategic Planning Manager, representatives from the Finance Teams supporting the Health and Social Care Partnership and Communities and Families, the third sector and Carers. An internal scoping meeting took place in December 2017 and a full group meeting with all partners will take place in January 2018. As with all workstreams updates and progress will be discussed at the Strategic Carers Meeting, which is the governance group for the four workstreams.

23. In 2017/18 Edinburgh Integration Joint Board received £0.16m to support the implementation of the Carers Act, only a small amount of this budget has been spent and any remaining balance will be carried forward for prioritisation by the Strategic Carers Partnership.

Implications for Directions

24. This report provides an update on progress in delivering Direction EDI_2017/18_12 a, b and c:

The City of Edinburgh Council and NHS Lothian are directed to:

a. *develop and implement a new carers strategy co-produced with carers and carers organisations;*
b. *undertake an analysis of the financial implications of implementing the Carers (Scotland) Act 2016;*
c. *implement the requirements of the Carers (Scotland) Act 2016 in a way that improves how carers needs are assessed and met;*

Equalities implications

25. An Integrated Impact Assessment is currently underway for the Implementation of the Act.

Sustainability implications

26. An Integrated Impact Assessment is currently underway for the Implementation of the Act.

Involving people

27. Unpaid carers are involved at all levels of governance in respect of the implementation of the Carers (Scotland) Act 2016 including the two unpaid carer members of the Integration Joint Board. Carers organisations working with both adult and young carers also sit on the Strategic Carers Partnership that oversees the work of the four workstreams. There has been consultation with both adult and young carers throughout the development of the Eligibility Criteria, the Adult Carers Support Plan and Young Carers Statement and their input has influenced and changed the drafts to date. This engagement will be ongoing throughout the development and implementation of the Carers (Scotland) Act 2016.

Impact on plans of other parties

28. Carers (Scotland) Act 2016 will have an impact on all areas of work as carers crosscut all aspects of life to varying degrees. The lead officer is currently establishing links to relevant strategies to ensure a joined-up approach to meeting carers needs within different service areas.

Background reading/references

Carers (Scotland) Act 2016

Report author

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Appendices

Appendix 1	Readiness Toolkit for the Carers Act as at 19/01/18
Appendix 2	Edinburgh Carer Support Eligibility Criteria (Draft)
Appendix 3	Adult Carers Support Plan (Draft)
Appendix 4	Risk register

Readiness Toolkit for the Carers Act

Name of Integrated Authority: Edinburgh Health & Social Care Partnership/Communities and Families	
Name of person completing the toolkit: Kirsten Adamson	
Job Title: Strategic Planning and Commissioning Officer	
Date of Return:	
Contact email address & telephone number: Kirsten.Adamson@edinburgh.gov.uk	

Areas 1 – 8 set out the impact of the changes and where work will be necessary in a number of 'enabling' areas. It invites integration authorities to self-assess/evaluate their progress against several key milestones and provisions within the act.

To aid completion, in the column marked "Current Position", some of the questions have a drop down menu, which is activated by clicking on the lower right hand side edge of the box. Please select the most relevant option that best reflects their current position.

Area 1: Programme Management and Governance					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
1.1	**Set up programme structure and governance**	What stage are you at with developing a local programme/project plan for implementation of the Carers Act with clear milestones and targets?	Completed/In place		
1.2		Does your project plan reflect dependencies between different programme areas within the integration authority? E.g. Self-directed support or Older People's services	In progress	Alignment of SDS legislation within HSCP and Communities and Families using same criteria. Working group in place to	
1.3		Do you have named staff in place with clear accountability for individual elements of the changes within the Act? E.g. Carers Lead Officer, Planning and Commissioning Officer, Commissioning Manager for carer services or a Service Manager.	Completed/In place	Strategic Planning Officer for Carers in place with lead responsibility for implementing the Act. We also have working groups lead by key staff members.	
1.4		To what extent do your plans take into account the budgetary cycles of the integration authority?	In progress	awaiting further guidance on budgets	
1.5		Have you included a member of your corporate finance team as a key member of the programme team?	Completed/In place	yes- staff identified	
1.6	**Children's services**	If children's services are not devolved to your integration authority, have you considered how you will ensure that they are involved in your planning for implementation of the Act?	Completed/In place	Strategic Planning Officer for Carers covers both adult and young carers. Managers from Childrens Services involved along with third sector	

Area 2: Workforce Support and Development					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
2.1	**Skills of workforce**	To what extent does your workforce currently have the skills, confidence and support necessary to implement the act in the way you want?	Partially	Some staff will need more support & training than others. Ongoing Carer Champion training is being rolled out across workforce.	
2.2		Have you considered both statutory staff and those of external providers including community and voluntary sector partners in your planning process for training?	In progress	Pilot in NW Locality with third sector and in-house colleagues attending - outcome focused training.	
2.3		Is there adequate training and support for staff in place to develop skills in outcomes focussed conversations and practice and help staff develop more meaningful relationships with the people they support including carers? (also see Q 9.5 and Q10.5)	In progress	Pilot in NW Locality with third sector and in-house colleagues attending - outcome focused training.	
2.4		Do frontline health and social care practitioners have a thorough and detailed understanding of the new legal duties and responsibilities?	Limited/Needs development	Regular updates have started with senior teams across Communities and Families and HSCP. There is an outstanding need	
2.5		Are you able to say how learning and innovation is shared to the workforce?	Yes, training will be developed on a multi-agency basis.		

2.6		How are people learning across disciplines and professional groups? Are there any opportunities for cross sector learning?	Yes, training will be developed on a multi-agency basis.		
2.7		Are you able to outline the learning and development resources including any technology used to implement the act?	this is still to be defined		
2.8	**Carer awareness**	To what extent, do you have carer awareness raising policies and procedures in place for the workforce?	Fully	we have a range of policies and information sessions for staff	
2.9		To what extent are staff able to access both carer awareness raising materials and learning opportunities for development?	Fully	access via internet or managers.	
2.91		For staff who work in education, to what extent are they able to identify, assess and support young carers? E.g. guidance staff, primary school teachers etc	Fully	Work is done with 3rd sector to promote this.	
2.92		To what extent does your integration authority make use of EPiC (Equal Partners in Care), the national framework for workforce learning and development related to unpaid carers?	Fully	training in place	

Area 3 : Role of the Third Sector					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
3.1	**Role of the Third Sector**	What role will the third sector undertake in relation to preparations for implementation of the Act?	Third sector organisations sit on the Carers Strategic Partnership and are involved in implementation groups	involved in all aspects of implementation	
3.2		Are there contracts in place with third sector organisations who are providing services or elements of the Carers Act? e.g. information and advice, adult carer support plans, young carer statements or short breaks.	Completed/In place		
3.3		To what extent do these contracts need to be revised in relation the Carers Act?	Partially	Contracts will be revised as needed	
3.4		Do new carer support services need to be commissioned?	In progress	Strategy will inform Comisioning requirements	
3.5		To what extent have you considered the key role of carer centres and carer organisations in the implementation of the Act?	Fully	they are fully involved	

Area 4: Communications and Public Awareness					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
4.1	**Develop a Communications Plan**	To what extent have you developed a local communication plan for the Carers Act?	In progress	action plan being developed - requires resourcing	
4.2		To what extent have you engaged with stakeholders to raise awareness of the Carers Act?	In progress	this will follow from above - engagemnt with relevent teams is underway including SMT.	
4.3		To what extent have you ensured that your political leaders, chief officer and senior management fully understand how the Carers Act affects the organisation, role and services for local people and are confident in communicating this?	In progress	Report will be submitted to Council's Strategic Group, The Integration Joint Board and the Children's Partnership.	
4.4		To what extent have you raised awareness amongst adult and young carers of the commencement of the Carers Act in your area?	In progress	Discussions with relevent teams is underway - comunication plan requires resource to be actioned.	
4.5		Have you produced or planning to produce any materials or information online to promote the Carers Act?	In progress	yes, this will be part of the communication plan	
4.6		To what extent have carers been involved in the development of your communications plan?	Fully	carers on the working groups	

Area 5: Providing real choice / Commissioning					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
5.1	**Commissioning**	To what extent have you ensured a range of choices for carer support and a strong role for carers in commissioning their own support?	In progress	Part of SDS and eligibility criteria and implementation working group - working with colleagues in Communities and Families to ensure synergy beween to service areas.	
5.2		To what extent are carers involved in your strategic commissioning and procurement exercises?	In progress	Adult carers sit on the Strategic Planning Group which considers all strategic and commissioning plans and business cases this needs to be considered further as review of Joint Carer Strategy develops	
5.3		To what extent are carer organisations and third sector providers involved in your strategic commissioning and procurement exercises?	In progress	This will be through the Carers Strategic Partnership.	
5.4		Do you have arrangements in place to actively involve carers, families and the wider community in the design, development, delivery and review of innovative carer support arrangements?	In progress	To be progressed through the Carers Strategic Partnership	
5.5		Do you have a Joint Strategic Needs Assessment that covers the needs and assets of adult and young carers in your area, and how you will meet these needs?	In progress	A Joint Strategic Needs Assessment was developed to inform the production of the IJB Strategic Commissioning Plan. This is being updated and further developed on an ongoing basis and includes adult carers. Need to consider how this can be extended to young carers	
5.6	**Prevention and Assets based approach**	To what extent have you had an increased focus on preventative and assets based approaches, that could be used to avoid formal service use?	In progress	stategy is preventative - plus for eg role of community partnerships, Family Group Decision Making.	
5.7		Are you able to share any examples of preventative and assets based approaches and the links to workforce development?	needs further clarity		
5.8		What are your plans to connect these approaches with community information and resources to support self-management development?	Role of community partnerships, locality HUBS, FGDM		
5.9		To what extent have you undertaken a review of your preventative service provision to prepare post April 2018?	In progress	we need to consider this further	

Area 6 : Information and Systems					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
6.1		To what extent have you considered whether implementing a new system such as an online self-assessment or use of Skype might help manage any demand pressures?	Fully	this has been considered and is being progressed	
6.2		Have you considered all the systems you have in place currently and how they can best meet the new requirements of the Act?	In progress	this is ongoing	
6.3		What changes need to be made to your systems and processes to develop and implement an allocation system for adult carer support plans, young carer statements and access to support?	this is being looked at	IT services need to be included	
6.4		Do your plans allow sufficient time for workforce to be trained in new systems and processes?	Partially	training will be needed and timing of this needs to be considered	

Area 7 : Finance and Demand					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
7.1		To what extent do you have financial monitoring and reporting processes in place so changes in demand and any associated cost pressures can be identified early?	In progress	this will be set up once we have more guidance from SG. We have a working group for this area.	
7.2		To what extent have you considered the financial impact to implementation of the Carers Act?	Fully	tried to scope this at an earlier stage	
7.3		Are senior management and political leaders briefed on progress regularly with the financial impact to implementation of the act?	Partially	this is ongoing	

Area 8 : Monitoring and Evaluation					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
8.1		To what extent have you considered the monitoring and evaluation requirements associated with the Carers Act?	In progress	This is being consider at our strategic group	
8.2		Does baseline information on carers and carer support already exist in your area?	Completed/In place	there has been a local review which will be used as a benchmark for future planning.	

Areas 9 – 15 follow the parts, chapters and sections of the Carers (Scotland) Act 2016 and provides a short summary of the changes and likely impact, statements to use to test local progress and plans, and asks integration authorities to consider their progress against a number of the tasks necessary to be Carers Act compliant and to fully achieve the objectives as set out in the Scottish Government's high level implementation plan for the Carers Act.

Area 9: Adult carer support plans (Sections 6 to 11)					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
9.1	**Duty to prepare adult carer support plan**	To what extent do you need to adapt or revise your current adult carer assessment model to take into account the requirements for the adult carer support plan (ACSP) in the Act?	Fully	a working group is actioning this	
9.2		Who will undertake ACSP's in your area?	Mixture of Third Sector, Health and SW		
9.3	**Adult carers of terminally ill cared-for persons**	What is your existing process for carrying out an assessment for carers of terminally ill cared-for persons?	we don't have a separate assessemnt for this area. CHECK	This will be picked up as part of the work being undertaken to develop and implement a Palliative Care and End of Life Strategy	
9.4		Are you planning to make any changes to this in light of the legislation or for timescales that will be regulated for in the future? Can you outline what might they be?	yes, this needs to be considered	as above	
9.5	**Adult carers: identification of outcomes and needs for support**	Are you developing a process with carers for identifying an adult carer's personal outcomes and needs for support? (also see Q2.3)	In progress	this work is being done as part of the working group	
9.6		How will you ensure that adult carers with protected characteristics are aware of and have access to ACSPs ?	this will be considered as part of the working group	An Integrated Impact Assessment will be undertaken on process	
9.7	**Content of adult carer support plan**	To what extent have you considered the content in the provisions that will be required to feature in an adult carer support plan?	In progress	working group in place to look at this	
9.8	**Review of adult carer support plan**	What processes are you planning to put in place for the review of ACSPs?	working group doing this	working group in place to look at this	
9.9	**Adult carer support plan: provision of information to carer etc.**	How will you ensure that the information contained in the adult carer support plan will be shared with the adult carer and any other person that the adult carer requests?	this would be normal practice		
9.91		To what extent do you currently make use of emergency and future planning when undertaking assessment of carers needs?	Fully	This will also be picked up through the work currently taking place on Anticipatory Care Planning	
9.92		Are you considering how the ACSP will contain information about whether the adult carer has arrangements in place for the provision of care to the cared-for person in an emergency and for the future care of the cared-for person?	Completed/In place	this is aldready in place	
9.93	**Good practice on emergency and future planning**	Do you currently use or plan to make use of Enable Scotland's toolkit and resources on emergency and future planning? If not- what other resources do you use?	In use		

Area 10: Young carer statements (Sections 12 to 20)					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
10.1	**Duty to prepare young carer statement**	To what extent do you need to adapt or revise your current young carer assessment model to take into account the requirements for the young carer statement (YCS) in the Act?	Fully	this is being done by a working group	
10.2		Who will undertake YCS's in you area?	third sector, health and sw		
10.3	**Young carers of terminally ill cared-for persons**	What is your existing process for carrying out an assessment for young carers of terminally ill cared-for persons?	same as for other children in need/young carers		
10.4		Are you planning to make any changes to this in light of the legislation or for timescales that will be regulated for in the future? Can you outline what might they be?	yes, this will be looked at		
10.5	**Young carers: identification of outcomes and need for support**	Are you developing a process for identifying a young carer's personal outcomes and needs for support? (see also Q 2.3)	In progress		
10.6		How will you ensure that young carers with protected characteristics are aware of and have access to a YCS?	the working group will consider this		
10.7	**Content of young carer statement**	To what extent have you considered the content that will be required to feature in a young carer statement?	In progress		
10.8	**Emergency and future care**	Are you considering how the YCS will contain information about whether the young carer has arrangements in place for the provision of care to the cared-for person in an emergency and for the future care of the cared-for person?	yes, this is already in place		
10.9	**Review of young carer statements**	What processes are you planning to put in place for the review of YCS's?	reviews already in place		
10.91	**Young carer statement: provision of information to carer etc.**	Are you planning for how the information contained in the YCS will be shared with the young carer and any other person that the young carer requests?	Completed/In place		
10.92	**Continuation of young carer statement**	Are you taking into consideration that despite the fact that a young carer has attained the age of 18 years, any young carer statement prepared in relation to that carer continues to have effect until the carer is provided with an adult carer support plan?	Partially	yes we are looking at this as some of our YC services support until the age of 25	
10.93	Responsible authority: general	Please refer to section 19			
10.94	Responsible authority: special cases	Please refer to section 20			

Area 11: Local eligibility criteria (Sections 21 and 22)					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
11.1	**Duty to set local eligibility criteria**	How will eligibility criteria be developed locally and how will carers and carers organisations be involved in this process?	working group involving carers and third sector	using guidance from NCO	
11.2		Do you feel you have systems and processes established to determines a carer's eligible needs?	In progress	working group looking at this.	
11.3		What preventative support will be offered to carers who do not meet the eligibility criteria threshold for carer support?	There is a range of community and third sector supports in place.		
11.4	**Publication and review of criteria**	To what extent are you developing your local eligibility criteria in order for it to be published before 01 April 2018?	Fully	working within time lines for this	
11.5		Are you aware that your local eligibility criteria must be reviewed every 3 years?	Yes		
11.6	**National eligibility criteria**	Please note section 23 which is part of National Matters			

Area 12: Duty to provide support to carers (Sections 24 to 26)					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
12.1	**Duty to provide support**	To what extent do you understand the term "responsible local authority" in section 24 of the Act?	Fully		
12.2		To what extent are you considering how carers can be effectively supported without diminishing support to the cared-for person?	In progress	They will have their own assessment & eligibility will be determined from this.	
12.3	**Provision of support to carers: breaks from caring**	Have you considered that when determining which support to provide to a carer under section 24(4), the local authority must consider in particular whether the support should take the form of or include a break from caring?	Yes		
12.4	**Market Sufficiency**	To what extent is your local social care market able to provide a range and choice of quality short breaks across all caring situations?	Fully	we have a number of providers. We will review the capacity required as part of overall capacity planning work. Providing and procuring the level of care required is a challenge in Edinburgh.	
12.5	**Charging for support provided to carers**	Have you acknowledged the implications of Section 26 of the Carers Act in your local social care charging policy?	In progress	we need to look into this further	
12.6	**Dovetailing with self-directed support**	To what extent does your approach to self-directed support for people dovetail with your planned approach to self-directed support for carers?	yes	we are looking into how best we can achieve this	
12.7		How will your approach to self-directed support for carers align with your local eligibility criteria for carers?	they will need to be aligned		
12.8		To what extent are you considering use of self-directed support policy and practice to support carers?	this is in place		

Area 13: Carer involvement (Sections 27 to 30)					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
13.1	**Duty to involve carers in carer services**	To what extent are there structures in place to facilitate effective carer engagement? How will 'hard to reach' carers be involved in local planning?	Fully	plans in place - eg MECOPP but still need to consider the area of hard to reach carers further.	
13.2		What are the arrangements for engaging carers in the areas of the Act which require carer involvement, including the development of local eligibility criteria, service planning and local carer strategies?	Through the Strategic Carers Partnership and in working groups		
13.3	**Carer involvement in hospital discharge of cared-for-person**	Do health boards have systems in place to ensure the carer's views are taken into account in relation to carer involvement in care planning and hospital discharge? Do these work?	Fully	Carer Support Hospital Discahrge workers will be in place attached to all 4 Locality HUBS.	
13.4		How will the health and social care workforce be trained to take account of the new duties in relation to carer involvement in care planning and hospital discharge?	this will be promoted by EPIC and other methods		
13.5		Could you outline the use or planned use of learning and development resources to support the above new duties?	carer awareness training		
13.6	Involvement of, assistance to and collaboration with carers	Please refer to section 29			
13.7		What is the role of carer representatives on IJBs in relation to preparations for the Act?	Carers sit on the IJB, Strategic Planning Group and the Carers Strategic Partnership that is overseeing the implementation of the Act		
13.8	**Care assessments: duty to take account of care and views of carers**	To what extent have you considered how a ACSP/YCS and the assessment of the cared-for person will interact?	In progress	this will be addressed by working groups	

Area 14: Local Carer Strategies (Sections 31 to 33)					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
14.1	**Duty to prepare a local carer strategy**	Each local authority and relevant health board should jointly prepare a local carer strategy. What stage is this at?	In progress	stategic group will progress this	
14.2	**Preparation of local carer strategy**	What are your timescales for the development and preparations of your local carers strategy?	plan to be done by the end of 2017		
14.3		How will carers and the third sector be involved in its development and how will it link with the Integration Authority's strategic plan?	they are involved at all stages	Production of the Strategy will be overseen by the Carers Strategic Partnership	
14.4		To what extent have you considered how you will undertake consultation on your local carers strategy?	Fully	communicaiton team working on this	
14.5	**Publication and review of local carer strategy**	To what extent have you considered the publication and review of your local carer strategy within the 3 year timescales?	In progress		

Area 15: Information and advice service for carers (Sections 34 to 36)					
No.	Implementation requirement	Implementation tasks	Current Position	Further Comment	Local Action required
15.1	**Information and advice service for carers**	Is there currently an information and advice service for carers in the area?	Completed/In place	third sector and in house service	
15.2		Does its role need to be extended to support the new duties in the Act?	Partially	this should be considered	
15.3		How will it be resourced to address any increase in demand on its services?	waiting to hear is any additional resources from SG, as first step		
15.4		How will you ensure that carers with protected characteristics are aware of and have access to information and advice?	we would currently do this		
15.5		Have you considered the need for a brokerage service to help carers with self-directed support options?	yes	This will be considered as part of the wider piece of work taking place around brokerage for adults	
15.6	**Short breaks services statement**	Is information on the range, availability and eligibility requirements for short break services available locally? If not, how will it be collated?	on edinburgh choices web site		
15.7		Is there a good range and choice of short break services available locally? If not, where are the gaps and how can choice be extended?	there are gaps for children with severe and challening behaviour		
15.8		To what extent are you preparing for and planning to publish your short breaks services statement?	In progress	we need to look into this further	
15.9		How will you ensure that it is accessible to all carers including those with protected characteristics?	as we currently do for all communications.		
15.91	Carers' Charter	Are you aware that Scottish Ministers will prepare a Carers' Charter in 2018/19?	yes		

APPENDIX 2

Edinburgh Carer Support Eligibility Criteria

Implementation date: 1st April 2018

Control Schedule

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Introduction to Eligibility Framework

Background

Unpaid carers are the largest group of providers of care in Scotland and should be recognised as equal partners in providing vital care and support. Carers should be supported not be worse off by caring.

Carers, and the people they support, must be at the centre of care planning. They should have the opportunity to define their contribution to the care of the person, know what to expect and be clear about the support they are entitled to.

In the case of young carers, they are entitled to be children first and foremost, and should be aware that frameworks like 'Getting it Right for Every Child' are also likely to be relevant to them.

The Carers (Scotland) Act 2016, implemented from 1 April 2018 is designed to support carers' health and wellbeing. It puts a duty on the Edinburgh Health & Social Care Partnership and the City of Edinburgh Council to provide support to carers, where identified needs meet agreed eligibility criteria.

To achieve this, a framework of eligibility criteria has been developed covering two aspects:

1. the definition of levels and types of need for support.
2. the thresholds that must be met to be eligible for support.

What our eligibility framework will achieve

Preventative support will be the norm and a firm part of our policies and practice. The framework creates a fair and transparent system for determining eligibility and carers with different needs will be treated equally in accessing support and services.

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Assessments for support should identify steps to prevent deterioration in the carer's health or the caring situation. By defining clear personal outcomes for carers at different levels of support, the benefits from accessing both preventative and intensive support will be outcome focused. This will allow change to be measured.

Staff will work jointly with carers to complete a personal Adult Carer Support Plan (ACSP) or Young Carer Statement (YCS) that identifies their individual needs and personal outcomes. These will then be assessed in line with the agreed local eligibility criteria to ensure that the right level of support is delivered at the right time

All questions about needs and outcomes will have a clear purpose for carers. The ACSP/YCP will complement and relate to carers' information and advice services covering issues such as emergency and future care planning, advocacy, breaks from caring, support services for carers, ensuring carers know where to go for help, income maximisation and carers' rights.

Policy Statement

The Carers (Scotland) Act 2016 is designed to support carers health and wellbeing, it places a duty on the local Health and Social Care Partnership and City of Edinburgh Council to provide support to carers based on their identified needs which meet the local eligibility criteria.

In respect of adult carers responsibility for agreeing the eligibility criteria lies with the Integration Joint Board. The Board and the City of Edinburgh Council (in respect of young carers) set local eligibility criteria frameworks that reflects the requirements of the national guidance.

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Definition

The Carers Act includes the following definitions:

Meaning of "carer"

(1) In this Act "carer" means an individual who provides or intends to provide care for another individual (the "cared-for person").
(2) But subsection (1) does not apply—
(a) in the case of a cared-for person under 18 years old, to the extent that the care is or would be provided by virtue of the person's age, or
(b) in any case, to the extent that the care is or would be provided—
(i) under or by virtue of a contract, or
(ii) as voluntary work.
(3) The Scottish Ministers may by regulations—
(a) provide that "contract" in subsection (2)(b)(i) does or, as the case may be, does not include agreements of a kind specified in the regulations,
(b) permit a relevant authority to disregard subsection (2)(b) where the authority considers that the relationship between the carer and the cared-for person is such that it would be appropriate to do so.
(4) In this Part "relevant authority" means a responsible local authority or a responsible authority (see section 41(1)).

Meaning of "young carer"

In this Act "young carer" means a carer who—
(a) is under 18 years old, or

(b) has attained the age of 18 years while a pupil at a school, and has since attaining that age remained a pupil at that or another school.

Meaning of "adult carer"

In this Act "adult carer" means a carer who is at least 18 years old but is not a young carer.

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Our Principles

Carers:	Carers will be recognised as equal partners in providing care and support.
Outcomes:	Good quality outcome focused assessment continues to be central to developing effective carer support plans. This aims to achieve improved outcomes with and for carers / young carers with health and social care needs
Decision Making:	We aim to ensure consistency and transparency and timely decision making.
Expectation & Entitlements:	Carers should not be worse off by caring and are clear about the support they are entitled to.
Recognition & Expertise:	Unpaid carers are the largest group of providers of care in Scotland and should be recognised as equal partners in providing vital care and support.
Equity:	Our framework creates a fair and transparent system for determining eligibility that is understood by carers
Diversity & Equality:	Carers with different needs will be treated equally in accessing services and support.
Prevention:	Assessments for support should prevent deterioration in the carer's health or the caring situation.

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Ease: Carers' ACSP/YCS are not be burdensome questions about needs and outcomes they have a clear purpose for carers, not just the support system

Explaining the Process

Through the Carers (Scotland) Act 2016 The City of Edinburgh Council has a duty to support carers whose needs meet the eligibility criteria framework. This can be broken down into four steps:

Step One

A carer who wishes to access support will be offered or can request an ACSP or YCS. This will involve conversations with the carer to jointly assess their caring situation and needs and how they can best achieve their personal outcomes. However, all will still have access to universal and/or preventative services. Carers may also be signposted to information and advice centres, carers organisations and projects in the city that provide carer services. All carers are entitled to a support plan which sets out

a) An adult carer's identified personal outcomes
b) An adult carer's identified needs (if any)
c) The support (if any) to be provided by the responsible local authority to an adult carer to meet those needs.

Content of adult carer support plan

(1) An adult carer support plan must contain—
(a) information about the adult carer's personal circumstances at the time of preparation of the plan, including—
(i) the nature and extent of the care provided or to be provided,
(ii) the impact of caring on the adult carer's wellbeing and day-to-day life,
(b) information about the extent to which the adult carer is able and willing to provide care for the cared-for person,
(c) information about whether the adult carer has arrangements in place for the provision of care to the cared-for person in an emergency,
(d) information about whether the adult carer has arrangements in place for the future care of the cared-for person,

(e) information about the identification of the adult carer's personal outcomes, including about the carer's identified personal outcomes,
(f) information about the identification of the adult carer's needs for support, including—
(i) if the adult carer has identified needs, those needs,
(ii) if no needs for support are identified, that fact,
(g) information about the support available to adult carers and cared-for persons in the responsible local authority's area,

(h) if the adult carer does not reside in the responsible local authority's area, information about the support available to adult carers in the area where the adult carer resides,
(i) if the adult carer's identified needs meet the local eligibility criteria, information about the support which the responsible local authority provides or intends to provide to the adult carer to meet those needs,
(j) if the adult carer's identified needs do not meet the local eligibility criteria, information about the support which the responsible local authority provides or intends to provide to the adult carer,
(k) information about whether support should be provided in the form of a break from caring,
(l) information about the circumstances in which the plan is to be reviewed.

(2) Each second and subsequent adult carer support plan must also contain information about the extent to which any support provided under a previous plan has assisted in the achievement of the adult carer's identified personal outcomes.

Step Two

Once a Support Plan has been completed, setting out the carer's personal outcomes, needs and range of action for support, eligibility criteria will be identified.

Step Three

The level of support the carer is entitled to will depend upon the extent to which they meet the eligibility criteria.

Step Four

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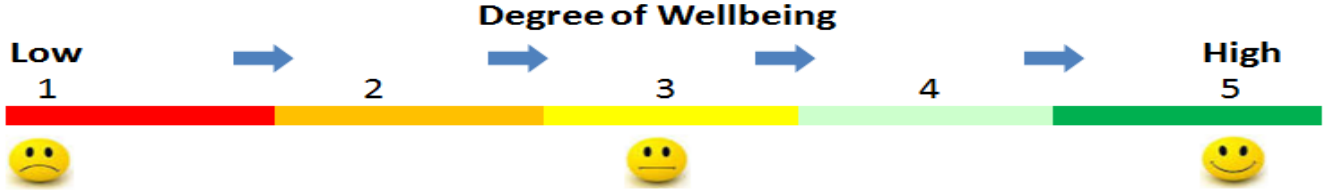
Once the level of support has been agreed, the carer will then decide how they would prefer to arrange their support and choose from the four self-directed support options. Carers will be involved in each stage of the process and in all decision making. A review date will be set at this point.

Eligibility for Services is decided in terms of risk to an individual. There are five indicator categories:

No Impact (5)	Indicates that there are no quality of life issues resulting from the caring situation and at this moment no need for support or advice.
Low Impact (4)	Indicates that there may be some quality of life issues but low risk to a carer's capacity for independence or health and wellbeing. There may be some need for universal and/or preventative support or advice.
Moderate Impact (3)	Indicates that there is some risk to a carer's capacity for independent living and health and wellbeing. This may call for provision of some health and social care services.
Substantial Impact (2)	Indicates that there is major risk to a carer's capacity for independent living and health and wellbeing. Likely to require urgent provision or health and social care services.
Critical Impact (1)	Indicates that there are significant risks to a carer's capacity for independent living and health and wellbeing. Likely to require immediate provision or social care services.



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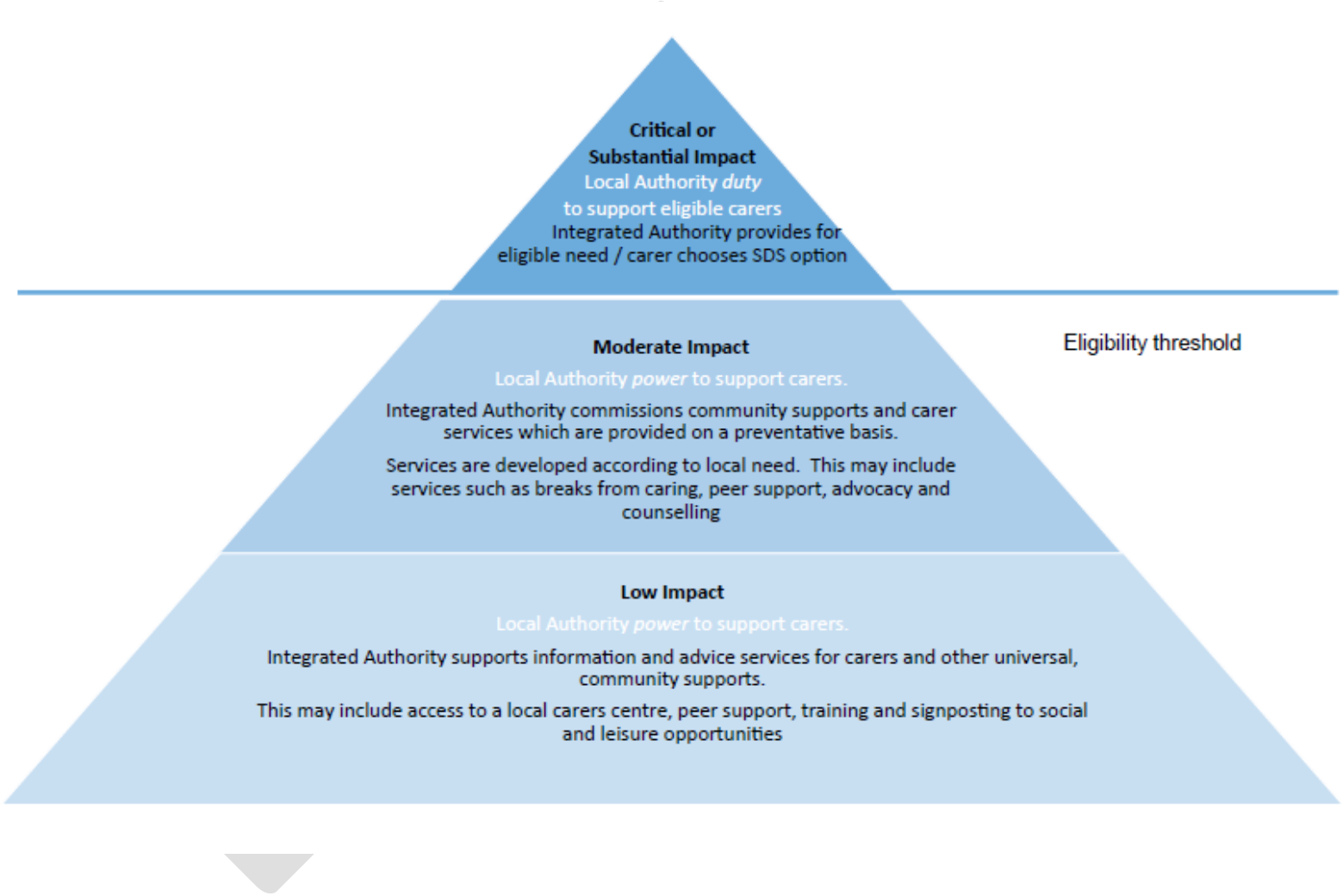
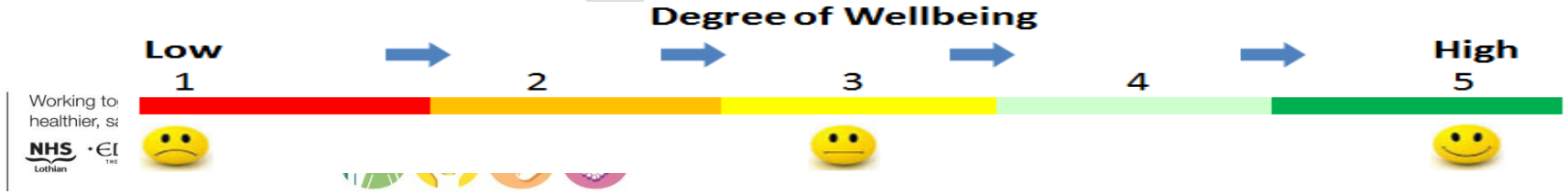
Eligibility thresholds: where eligibility sits in relation to carer support as a whole

Info to be inserted here regarding SDS detail for eligibility – this is currently being discussed with communities and families SDS team – governance of this will be within workstream 4.



Indicators: Impact on and Risk to Adult Carer Outcomes

Safe	Healthy	Achieving	Nurtured	Active	Respected	Responsible	Included
I am safe with my family	I eat well	I am learning new things	I receive warmth and love	I take part in activities	I am involved in decisions which affect me	I am considerate to others	I have friends
I am safe where I learn or work	I look after myself	I feel confident	I have people who look out for me	I take part in activities with others	I have help to share my views	I have an understanding of right and wrong	In my learning environment people involve me in activities
I am safe where I live	I get the care and support I need	I do the best I can	I have the food I need and I am kept clean and warm		I am treated fairly	I meet my responsibilities	I have opportunities to be with people who are important to me
I keep myself safe	I enjoy life	I am ready for the next stage in my life	I receive praise and encouragement	I am helped to be active	I have my own space	I make a positive contribution	I feel that other people want me around
I am safe around other people	I am able to deal with difficult things	I get the help I need to learn	I am listened to when I am worried or upset		I have people around me who I trust and who trust me	I make good decisions	I have help to overcome disadvantages and barriers



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Young Carer Statements

Why?

- To ensure that young carers do not take on inappropriate caring tasks or caring that is inconsistent with their age and maturity.
- To identify and record each young carer's individual needs, personal outcomes and support to be provided by the responsible local authority to meet those needs.
- To ensure that there is effective planning in place to further support transition arrangements for moving from a young carer statement to an adult carer support plan.

Preparation of young carer statement

- The responsible authority is a health board for preschool age, and local authority for schools.
- YCS should be offered to the young carer and the young carer can request one.
- The YCS should link to the Child's Plan if there is one in place.
- Consideration needs to be given to who is best placed to prepare the statement, e.g. the local authority, health professional or someone else who is suitably qualified to do so.

Identification of outcomes and needs for support

- In identifying a young carer's personal outcomes and needs for support, the YCS must take into account any impact that having one or more protected characteristics has on the young carer.
- Low level needs and the support to meet those needs will be considered as part of the young carer statement process. This process will be based on the identification of personal outcomes, needs and risks.

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- Where there is a very young carer in the early years of primary school, caring for a family member, support provided should be directed towards removing them from that role through enhanced support for the person that they care for. There may be some scope for a young child to make a contribution to the care of their parents, but this has to be appropriate to their age and maturity amongst other factors.
- The outcomes must cover the SHANARRI indicators of wellbeing. The SHANARRI indicators are: **S**afe, **H**ealth, **A**chieving, **N**urtured, **A**ctive, **R**espected, **R**esponsible and **I**ncluded.

Content of young carer statement

- The YCS will include the nature and extent of care provided or to be provided as well as the impact of caring on the young carer's wellbeing and day-to-day life.
- The YCS must contain information about the extent to which the young carer is able and willing to provide care for the cared-for person. Consideration should also be given to ensure than any caring being undertaken should be age appropriate.
- It is necessary to ensure that young carers are seen as children and young people first and foremost and are protected from undertaking inappropriate care tasks or caring that is inconsistent with their age and maturity.

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Indicators: Impact on and Risk to Young Carer Outcomes

Safe	Healthy	Achieving	Nurtured	Active	Respected	Responsible	Included
I am safe with my family	I eat well	I am learning new things	I receive warmth and love	I play / take part in activities	I am involved in decisions which affect me	I am considerate to others	I have friends
I am safe where I learn or work	I look after myself	I feel confident	I have people who look out for me	I play / take part in activities with others	I have help to share my views	I have an understanding of right and wrong	In my learning environment people involve me in activities
I am safe where I live	I get the care and support I need	I do the best I can	I have the food I need and I am kept clean and warm		I am treated fairly	I meet my responsibilities	I have opportunities to be with people who are important to me
I keep myself safe	I enjoy life	I am ready for the next stage in my life	I receive praise and encouragement	I am helped to be active	I have my own space	I make a positive contribution	I feel that other people want me around
I am safe around other people.	I am able to deal with difficult things	I get the help I need to learn	I am listened to when I am worried or upset		I have people around me who I trust and who trust me	I make good decisions	I have help to overcome disadvantages and barriers

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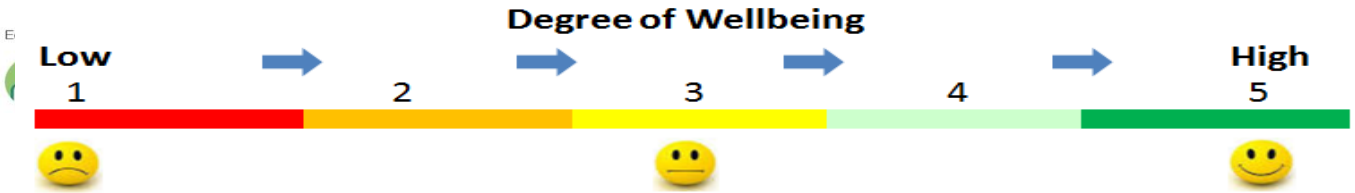

Implementation

Roles and Responsibilities

Those carrying out plans/assessments of an individual's needs must ensure that the appropriate carer eligibility criteria is satisfied before support is provided.

In all cases, those carrying out plans/assessments should ensure that carers are encouraged, and where necessary supported, to access mainstream public services, and local community services.

We give priority to carers who are assessed as being within the critical and substantial impact categories.

Carers who are assessed as being in moderate and low impact categories may be eligible for other services such as: advice and information; advocacy; carer support, counselling services and befriending and volunteer services.

Carers' eligibility should be recorded on client record systems as appropriate.

Related documents

Carers (Scotland) Act 2016

Scottish Parliament - Carers (Scotland) Bill

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Equalities and Impact Assessments

Completed May 2017

Strategic Environmental Assessment

This policy does not have any environmental implications.

Risk Assessment

Decisions about who can receive ACSP/YCS are based on an assessment of need. Local partnerships will give priority to carers who are at the greatest need. Local partnership's carer's eligibility criteria is based on the Carers Act (Scotland) 2018. It is used to identify the degree of risk to an individual carer's capacity for independent living or health and wellbeing taking account of each carer's circumstance.

Review

The policy and associated procedures will be reviewed within 3 years subject to any further changes in legislation.

Monitoring procedures will be carried out 12 monthly to measure impact

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About you:

Name:

Date of Birth:

Address:

Postcode:

Gender: Male Female Other

Ethnic Group:

Date Requested:

Date Completed:

Referred By:

About the person(s) you care for:

Name:

Date of Birth:

Address:

Postcode:

Gender: Male Female Other

Ethnic Group:

Relationship to you:

Who else helps you care?

Client Group:

What my average week looks like:

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Morning							
Afternoon							
Evening							

Comments/Additional Information:

Think about your caring role:

What does an average **good** day look like?

What does an average **bad** day look like:

What is difficult in my caring role?

Are you able to care?

Things that worry me in my caring role:

Who supports me in my life:

In order to have more good days the support I need would be:

Your level of support

Eligibility Score: Low Medium High

Budget Offered? Yes No

If **yes** this is how I would use my budget to meet my agreed outcomes:

Support:	Cost:

Please keep all receipts

Do you need information/support from other organisations?

If something happens to me please contact:

Can we share this form? Yes No

If **Yes** who do you agree we can share it with?

Support offered to meet your Outcomes?

Which organisation will deliver it?

Date they were contacted:

Date agreed support could start:

Who is the lead person to contact (Name and contact information?

When will this support be reviewed and who will do it?

Date Reviewed:

Who completed this form with you?

Name of worker: Date:

Organisation: Contact Number:

Would you like a copy of YOUR Adult Care Support Plan? Yes No

If yes date you received a copy:

Please sign once completed

_____ _____

Adult Carer's Signature and Date **Worker's Signature and Date**

Appendix 4 - Carers Act Implementation Risk Register

	Category	Key risks	Key risks	Risk owner	Impact	Likelihood	Inherent risk	Key controls in place	Impact	Likelihood	Current risk	Approach	Further actions	Action owner	Due date
1	Strategy	EHSCP/CEC may not be able to achieve the cultural change required by the Act - particularly if we are risk averse and resistant to innovation this could undermine the intent of the Act and could lead to inconsistencies, dispute and over onerous procedures.	If culture change is not effective implementation of the act will be impacted negatively resulting in a lack of embeddedness/understanding of requirements	Kirsten Adamson	4	4	16	Planned communication strategy with internal teams and other key stakeholders. Training plan in place for the roll out of the act supported by communication plan.	2	2	4	Treat	Ensure training and communications address need for cultural change e.g. train staff to be more outcome focussed.		
2	Strategy	The same amount of financial resource must now stretch across a larger carer population and could result in existing carers receiving less financial support for their existing situation. This will have longer term and wider reaching financial consequences across all other support services including health and housing, carers relationships breaking down, untenable pressure on 3rd sector providers.	Decreased financial resource could result in carers benefits decreasing leading to negative social impact, for example housing, carers relationships, impact of welfare reform	Kirsten Adamson	4	5	20	Current plans assume a standstill budget allowing for the commissioning and contract management currently in place to continue until the Scottish Government provide clarity regarding additional resources for the implementation of the Act.	3	3	9	Treat	Workstream 4 Finance group established with relevant stakeholders in attendance to plan for future delivery within resources allocated. Any decisions made will be over seen by the Strategic Group that meets on a monthly basis.		
3	Strategy	Inconsistencies with approach to SDS assessments and payments may result in gaps and poor implementation of the Act, leading to poor outcomes for carers. This is turn may lead to pressure on other areas of the Council e.g. Housing.	Staff are not adequately informed regarding the Carers (Scotland) Act 2016 and are not trained in how to carry out the outcome focused assessments resulting in poor outcomes for carers and delays in offering support.	Kirsten Adamson	4	4	16	Working group in place to ensure that approaches for the eligibility criteria are joined up. Current training is available regarding SDS and makes reference to the Carers Act. Staff carrying out assessments are required to attend outcome focused conversations training prior to carrying out assessments.	3	3	9	Treat	Ensure approach to assessments is standardised with SDS and appropriate training given. Ensure collaboration with CEC teams involved with Universal Credit assessments.		
4	Service delivery	Assessors may not carry out assessments in line with the new requirements	Assessors may not carry out assessments in line with the new requirements resulting in inaccurate assessments with associated negative impact on support offered.	Kirsten Adamson	5	5	25	All staff carrying out assessments will be required to complete outcome focused conversations training. A pilot in North West will test all aspects of the paperwork and new processes over a six month period and review feedback prior to expanding to other localities.	2	2	4	Treat	Pilot schemes with 2 different groups to be undertaken and followed up with 'lessons learned' review. Training to be rolled out.		
5	Service delivery	Localities may take different approaches to making assessments and payments which would result in an increase of inconsistencies and dispute resulting in negative impact to carers support offered.	A fragmented approach to implementing the Act may result in Carers receiving different outcomes in different localities that will impact of how their needs are met. This could result in disputes regarding the decisions made after assessments have been	Kirsten Adamson	4	4	16	All staff carrying out assessments will be required to complete outcome focused conversations training. A pilot in North West will test all	2	2	4	Treat	Ensure standardised approach to assessments as well as allowing for locality/community differences.		

6	Service delivery	The public and carers may have different expectations of what we can deliver and/or not understand the changes the new Act brings in. This could lead to confusion as well as some carers not applying/receiving entitled support and others disputing assessment decisions.	If stakeholder expectations are skewed they will not be able to anticipate the package available resulting in negative impact on carers/service provision	Kirsten Adamson	4	4	16	Forums month strategy meeting. Comms team advice. Final draft SG guidance			0	Treat	Ensure robust communication with the public through localities, schools and third sector groups. Not aware that Scottish Government have planned communication approach. We are still waiting for a final draft of the Scottish Government guidance.		
7	Financial	The introduction of the Act may bring a spike in demand particularly in the early days - when training and the budget allocation for embedding the Act will not yet be in place. This could lead to undue pressure on staff, financial resources and ability to deliver the service as required.	Risk that training is not in place in timely way resulting in lack of understanding by staff who are delivering changes to the act with further negative impact on carers/reputation	Kirsten Adamson	5	5	25	Communication plan and continued engagement with unpaid carers and relevant partners. Training for staff on Outcomes focused converstaions has started for the key partners involved in the North West Pilot.	4	4	16	Treat	need some demographic information from strategy and insight - help and advice across service areas.		
8	Financial	There is insufficient capacity to undertake the extra assessments required by the Act. Already we are unable to undertake assessments for a smaller carer population within required timeframes. We currently have 2000 people waiting for needs assessments and/or additional support plans which represents a weekly shortfall of approx. 60/67.	Risk that there are not enough trained assessors to carry out the increased demand and waiting lists will grow significantly resulting in poor outcomes for carers.	Kirsten Adamson	4	4	16	Communication plan and continued engagement with unpaid carers and relevant partners. Training for staff on Outcomes focused converstaions has started for the key partners involved in the North West Pilot.	3	3	9	Treat	Consider how best to include engagement of school staff (guidance teachers) in making assessments. Ensure requirements are proportionate (re school capacity) and communications and training are scheduled into school in-service days ASAP. if required increased resource to meet demand. need some demographic information from strategy and insight - help and advice across service areas.		
9	Regulatory	We may not achieve our legal duty to prepare support plans resulting in non compliance/adverse impact on service delivery	Risk is that there is a delay in carrying out assessments and offering support to carers and their needs are not met	Kirsten Adamson	4	4	16	Communication plan and continued engagement with unpaid carers and relevant partners. Training for staff on Outcomes focused converstaions has started for the key partners involved in the North West Pilot.	4	4	16	Treat	Continuous monitoring and review of the situation and escalation of the risk using relevant mechanisms		
10	Service Delivery	Relationships with partnerships may become strained impacting negatively on service delivery/clients wellbeing	Lack of understanding/working with partners could impact service delivery/partnership relationships resulting in negative impact to carers	Kirsten Adamson	4	4	16	commissioned services/partnership with regular updates. Lead officer has commissioning knowledge over Communities and Families and Health and Social Care Partnership.	3	3	9	Treat	Planned Contract Management meetings and sharing of information from these meetings with relevant partners.		
11	Service Delivery	Several different recording systems are currently used e.g. SWIFT, Seemis, AIS, Track data may become fragmented.	Data is fragmented and difficult to interpret in a meaningful way. Risk that key trends will be missed as information is fragmented and stored on different systems and service gaps are not recognised.	Kirsten Adamson	5	5	25	Meetings are planned with the key officer to understand the scale of the risk and identify solutions, both in the short and longer term, that ensure data is recorded and can be extracted.	4	4	16	Treat	Continuous monitoring and review of the situation and escalation of the risk using relevant mechanisms		

12	Regulatory	A review of existing policies and procedures to meet the new duties of the Act including mapping required for other less obvious policies and procedures (separate risk?)	Risk that Policies and Procedures do not reflect the key new duties of the Act and they are not implemented effectively and this impacts on unpaid carers outcomes.	Kirsten Adamson	5	5	25	To be raised at the Strategic Carers Partnership meeting for action and agreement	4	4	16	Treat	Continuous monitoring and review of the situation and escalation of the risk using relevant mechanisms		
13	Financial	Risk that timeline of Act coming into place in April 2018 and budget being released by Scottish Government in March 2018 will result in essential funding not being in place which will have adverse effect on implementation of the act/risk that there will not be sufficient funding if there is additional demand	Risk that effective implementation of the duties of the Act will be fragmented and poorly actioned resulting in carers needs not being met.	Kirsten Adamson	5	5	25	Working group established for Workstream 4 (Finance) and are planning based on known budget currently in place. CFO is on the National Finance group related to the Carers Act and feeds back regarding discussions and actions.	4	4	16	Treat	Continuous monitoring and review of the situation and escalation of the risk using relevant mechanisms		

Item 5.9

Report

Whole System Delays – Recent Trends

Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. The purpose of this report is to update the Integration Joint Board:

   - The current performance in respect of people delayed in hospital
   - Trends across the wider system
   - Identified pressures and challenges
   - Improvement activities.

2. The key points and headline issues are summarised below:

   - The number of people whose discharge from hospital is delayed has increased and continues to exceed target levels.
   - The main reasons continue to be waiting for packages of care (54% of the reportable total) followed by care home places (27%).
   - Continued pressures are also evident in the community, with the number of people waiting for a package of care increasing.
   - The main challenges are the lack of availability of packages of care and of local authority funded care home places at the national contract rate.

3. Actions are being taken to address these issues, including daily hub meetings, close working with partner providers, interim additional capacity over the short term, and market shaping and capacity planning in the longer term.

Recommendations

4. The Integration Joint Board is asked to:

i. the ongoing pressures and delays across the system, including delayed discharges and people waiting for a package of care

ii. the range of actions being taken to address these pressures, including securing additional resources in the short term to resolve the current backlog of assessments and people waiting for discharge

iii. the introduction of monthly performance scrutiny meetings in each locality.

Background

5. Edinburgh's level of delayed discharge is a long-standing area of concern for the Integration Joint Board and the Partnership. Pressures are also evident across the wider system, with large numbers of people waiting for assessments and for domiciliary care, the majority of whom are currently at home, rather than in hospital.

6. These issues are also reflected in the report of the Care Inspectorate/Health Improvement Scotland's inspection of Edinburgh's services for older people.

7. The Integration Joint Board has asked that performance reports on this subject be brought to each Integration Joint Board meeting.

Main report

Overview of performance: delayed discharge

8. The number of people who are delayed in hospital is reported monthly to the Information Services Division (ISD) of NHS National Services Scotland. The figure reported to ISD excludes complex delays, where the Partnership is unable, for reasons beyond its control, to secure a patient's safe, timely and appropriate discharge from hospital. Examples include a person waiting for a place in a specialist residential facility where no places are available; or where a person cannot leave hospital until a Guardianship Order has been granted by the courts.

9. This report provides:

a) Chart 1: an overview of the number of people whose discharge from hospital has been delayed between February 2016 and January 2018, using the data supplied to ISD monthly; this excludes complex delays

b) Table 1: an overview of all delays, both complex and non-complex and the proportion of delays in acute beds

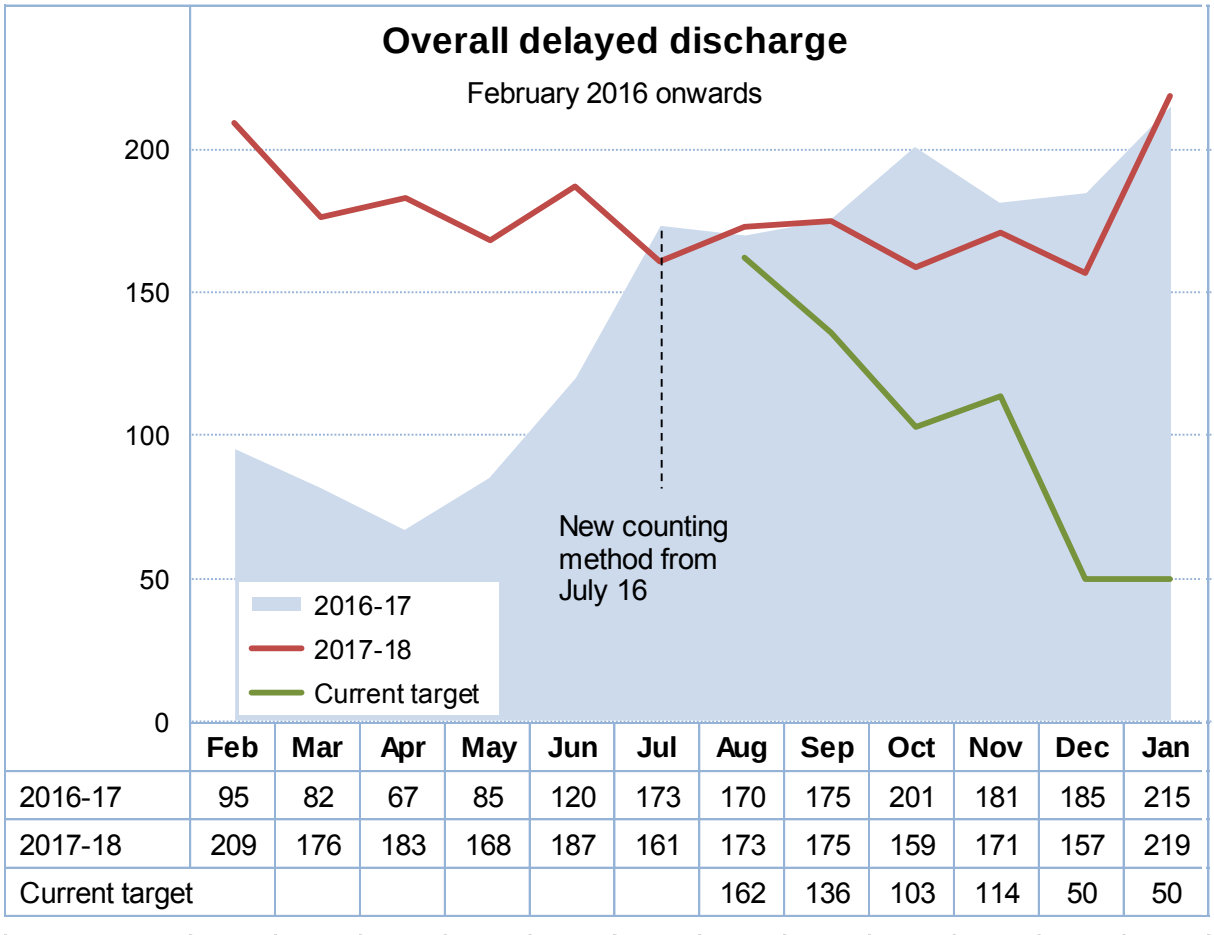
c) Table 2: the reasons for discharge from hospital being delayed

d) Table 3: the number of occupied bed days for people who are delayed

e) Chart 3: the average number of people supported to leave hospital each month and the way in which they were supported

f) Table 4: the average net change in the number of people whose discharge from hospital is delayed for the 10 weeks to 29 January 2018; this is the difference between the number of people *ceasing* to be delayed and people *becoming* delayed each week.

Chart 1: Number of people delayed in hospital February 2016 to January 2018 excluding complex cases – source monthly data reported to ISD



	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
2016-17	95	82	67	85	120	173	170	175	201	181	185	215
2017-18	209	176	183	168	187	161	173	175	159	171	157	219
Current target							162	136	103	114	50	50

Table 1. Overview of delays: reportable, proportion in acute, complex and total

	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18
Reportable Total	209	176	183	168	187	161	173	175	159	171	157	219
% in acute	79%	80%	83%	79%	79%	86%	86%	88%	77%	78%	78%	79%
Excluded cases (complex)	13	16	32	34	24	25	26	25	19	17	15	15
Of which, Guardianship	12	14	18	19	12	14	13	16	13	11	10	10
Grand Total	222	192	215	202	211	186	199	200	178	188	172	234

Table 2. Reasons for delay

	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18
Assessment	30	20	30	28	29	13	13	15	9	21	27	39
Care Home	69	51	53	72	74	57	64	61	69	76	47	59
Domiciliary Care	107	101	97	65	81	85	92	94	76	71	79	119
Legal and Financial	0	2	1	1	1	2	0	0	1	1	1	1
Other	3	2	2	2	2	4	4	5	4	2	3	1
Total	209	176	183	168	187	161	173	175	159	171	157	219
% Domiciliary Care	51%	57%	53%	39%	43%	53%	53%	54%	48%	42%	50%	54%

Table 3. The number of occupied bed days for people aged 18 years and over who were delayed in hospital (April to December 2017 – latest available published data)

		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Bed days occupied	All delays	6,149	6,153	6,105	5,897	5,963	5,970	5,591	5,192	5,149
	Average number of beds per day	205	198	204	190	192	199	180	173	166
Type of delay	All delays excluding code 9	5,179	5,098	5,262	5,159	5,156	5,182	5,015	4,630	4,647
	Health and social care reasons	5,108	5,056	5,197	5,065	5,026	5,037	4,852	4,534	4,497
	Patient and family related reasons	71	42	65	94	130	145	163	96	150
	Code 9 reasons	970	1,055	843	738	807	788	576	562	502

Source: ISD Scotland

Chart 3. Number of people supported to leave hospital each month by support type

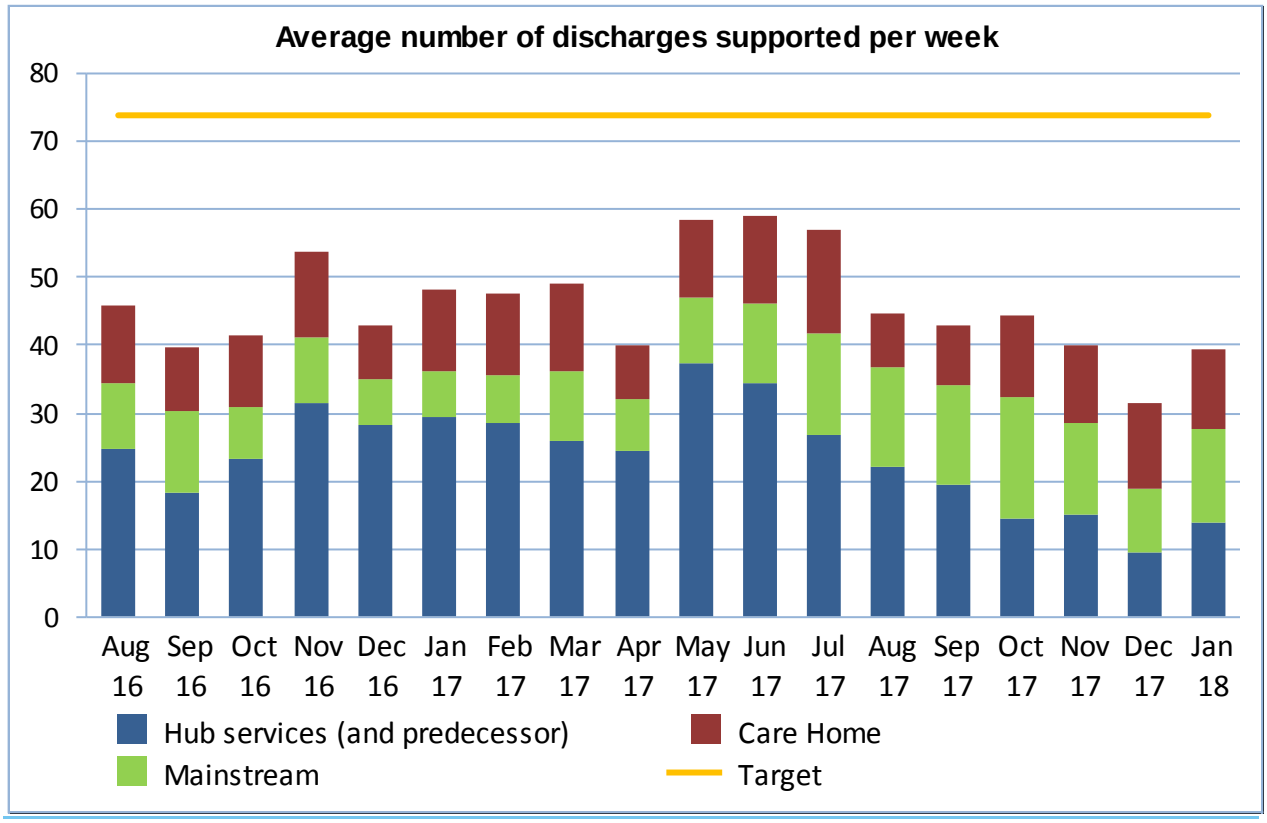


Table 4: Summary of delayed discharge flow (average over the last 12 weeks to 29 January 2018)

	Total
Average new delays per week	42
Average delays ended per week	38

Changes in performance

What has changed in the period and why?

- The total number of people whose discharge from hospital is delayed had remained fairly stable in recent months but increased sharply in January
- The number of complex cases delayed in hospital has reduced slightly, as has the number of those who are waiting for Guardianship
- The number of people whose discharge from hospital is delayed because they are waiting for an assessment has increased; the assessment process had started for the majority (31) of those 39 individuals

- The number of people waiting in hospital for domiciliary care and other arrangements for support at home is unusually high at 119
- The number of bed days occupied by people while they are delayed reduced in December (the latest available data)
- The number of people becoming delayed each week has been slightly higher than the number ceasing to be delayed in nine of the last ten weeks (the week ending 24 December 2017 being the exception)
- The number of people supported to leave hospital remains below the target level of 74, which was estimated to be the level required to achieve the target of 50 by December 2017

The main ongoing challenges associated with addressing the number and length of delayed discharges are:

- Two of the seven care at home partner providers have been suspended from taking on new support packages on the grounds of Care Inspectorate gradings; a further provider has stated that they are not able to take any new support packages at present
- A further three care at home providers used by the Council are currently suspended from taking on new clients because of concerns about the quality of care provided
- The low level of uptake by providers of packages of care for people moving on from reablement is leading to reablement having reduced capacity for new clients
- Recruitment and retention of care staff – the local contracted providers have reported high turnover rates of staff in the region of 30 – 50%
- The suspension of admissions to some care homes on the grounds of Care Inspectorate gradings
- A reluctance by care homes to take interim placements and high administration charges by some care home associated with admissions
- The lack of availability of local authority funded care home places at the national contract rate (self-funders form around half of the total care home residents supported by the Partnership)
- An ongoing lack of specialist dementia beds.

Actions being taken

What action are we taking in response to what the data are telling us?

- Many of the actions listed below have been described in earlier reports and are ongoing.
- Management of delayed discharge at locality level is proving to be an effective way of managers understanding the pressures and challenges as they arise at individual level
- Weekly delayed discharge scrutiny meetings continue to be held with locality and hospital managers, and key support staff. These meetings continue to provide the opportunity to focus on operational and strategic issues which create delay. Examples include:
    - Detailed scrutiny of a sample of cases of individuals who are waiting for a domiciliary care
    - Identification of the potential to improve processes and practice which could reduce the length of the delay at the point a resource is identified by injecting pace and increasing buy-in from staff across the system

Other activity across the localities includes:

- Weekly delayed discharge meetings in the localities to monitor and progress-chase
- Daily locality MATTs (Multi Agency Triage Team) to maximise hospital discharge matches
- Ongoing close working with partner providers of care at home to problem solve and strengthen relationships; steps include embedding of service matching staff in localities
- Monthly senior level meetings with partner providers to focus on performance, recruitment and retention strategies.

Overview of performance: Delays in the community

10. The number of people waiting for assessments and the number of people waiting for support at home are key indicators of pressures across the system.

11. Data provided:

    - Table 5 shows the number of people waiting for an assessment

- Chart 4 shows the proportion of people waiting longer than the standard timescales

- Table 6 shows the number of people waiting for domiciliary care and the number of support hours required but not available

Table 5. Number of people waiting for an assessment

		Jan 17	Feb 17	Mar 17	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
People waiting	With HSC activity in the year	666	687	667	645	672	663	690	792	811	793	746	689
	Without HSC activity in the year	831	829	813	847	856	889	882	1,044	1,167	1,171	1,045	903
	Total waiting for Assessment	1,497	1,516	1,480	1,492	1,528	1,552	1,572	1,836	1,978	1,964	1,791	1,592

Chart 4. The percentage of people waiting for an assessment beyond the standard response time (urgent: within 24 hours; category A: 14 days; category B: 28 days)

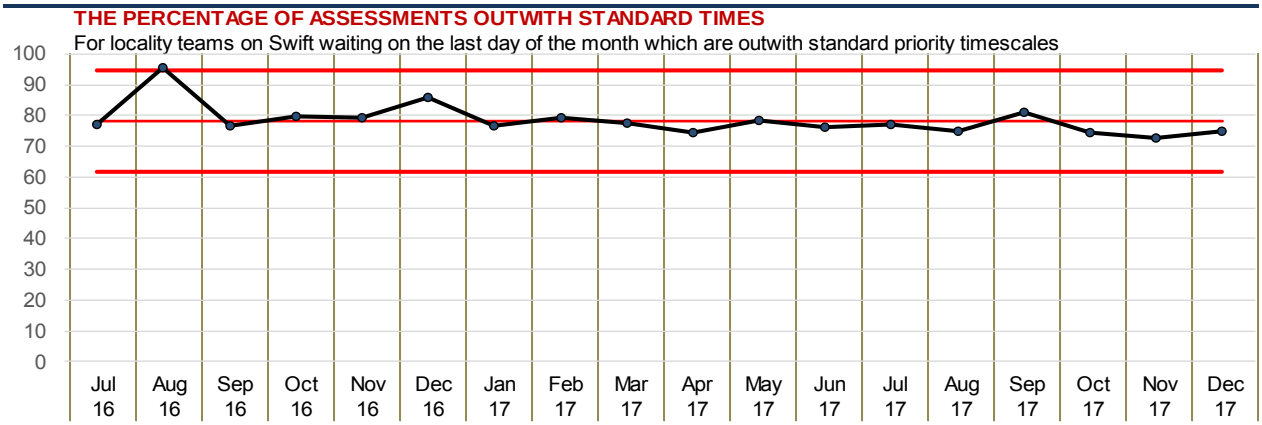


Table 6. Number of people waiting for domiciliary care by location and the number of hours of support required

	Total number of people waiting With no service					Number of hours required
	Com-munity	In Hospital	**Total Waiting**	Reable-Intermed	**Grand Total**	**Grand Total**
29/01/18	766	106	**872**	174	**1,046**	**8,699**
27/12/17	717	77	**794**	187	**981**	**8,576**
27/11/17	630	68	**698**	171	**869**	**7,082**
30/10/17	599	83	**682**	167	**849**	**7,175**
25/09/17	552	91	**643**	176	**819**	**6,898**
28/08/17	519	88	**607**	173	**780**	**6,635**
31/07/17	471	66	**537**	164	**701**	**5,966**
26/06/17	442	70	**512**	139	**651**	**5,495**

.Changes in performance
What has changed in the period and why? • The assessment waiting list has decreased from 1,791 at the end of November 2017 to 1,592 at the end of December 2017. Of those waiting, 903 (57%) have not been assessed in the past year, and so are of more concern. • The proportion of people waiting out with the target times for assessment has increased slightly in December 2017 to just under 75%. All assessments categorised as needing an urgent assessment were assessed within the target time of 24 hours. • The number of people waiting for domiciliary care shows a steady increase over the past seven months; the number of hours required had been increasing also, apart from a slight reduction in November.
Actions being taken
What action are we taking in response to what the data are telling us? • Additional staff are being recruited on a temporary basis to address the backlog in assessments and reviews • Additional care home capacity is being sought through securing places in the short term to reduce the backlog of people waiting • Capacity planning is ongoing to determine resource requirements • The care at home contract will be reviewed during the early part of 2018.

Addressing performance at locality level

12. Monthly performance scrutiny meetings are being introduced in each locality, to facilitate senior management scrutiny of key performance, finance and quality issues.

Key risks

13. Current levels and patterns of support to enable people to leave hospital are not sufficient to bring about the reduction required in the level of delay. There are major challenges in terms of the capacity of the care system and of affordability.

Financial implications

14. There is a high level of unmet need in hospital and in the community, which has significant cost implications not reflected in current financial forecasts and savings programmes.

Implications for Directions

15. Directions 1 (locality working), 3 (key processes), 5 (older people) and 18 (engagement with key stakeholders) are of relevance to whole system delays. Any new Direction arising from the Health and Social Care Improvement Programme, another agenda item for this meeting, will be relevant here too.

Equalities implications

16. None.

Sustainability implications

17. None.

Involving people

18. As the Locality Hubs and Clusters become operational, there will be further engagement with local communities to develop the model further.

19. The content of public information leaflets and that of guidance for staff are being revised to ensure consistency between services available and timescales for accessing these, and the requirement to prioritise service delivery to maintain expenditure within budget.

Impact on plans of other parties

20. The ability of the Edinburgh Health and Social Care Partnership to reduce significantly the number of people delayed in hospital and the length of those delays impacts on NHS Lothian. Partners are kept informed of progress by the Interim Chief Officer through the Integration Joint Board Chief Officers Acute Interface Group.

Background reading/references

21. None.

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Appendices

None.

Item 5.10

Report

IJB Risk Register

Integration Joint Board

2 March 2018

Executive Summary

1. The purpose of this report is to provide an update on the Integration Joint Board (IJB) risk register and the proposed framework to manage, mitigate and identify risk.

Recommendations

2. The committee is asked to note the update from the Audit and Risk Committee and agree to receive the IJB risk register at its meeting in June 2018.

Background

3. As a public body, the IJB must ensure that it operates in accordance with relevant legislation and the principles and codes that apply to all public bodies. To fulfil its statutory duties, consideration of risk is an essential function of the IJB.

4. The approach taken by the IJB and Partnership has evolved over the last few years, reflecting the growing understanding of the difference in roles and responsibilities.

5. At the last update in September 2017, IJB and Partnership risks were maintained in a single register. The latest iteration decouples IJB risks from Partnership risks and was considered at the Audit and Risk Committee on 9 February 2018. The Committee supported the approach and requested that an amended register, reflecting some minor restructuring and rewording be presented to its meeting on 1 June 2018.

Main report

6. The initial IJB risk register was developed by the Partnership management team and validated in an IJB development session on 19 August 2016. The register was subsequently updated and presented to the Audit and Risk Committee on 2 September 2016. At this point, the Partnership was working with 2 other (operational) risk registers, one for Council services and one for NHS Lothian

services, and both these registers required an element of updating, creating an overall complex landscape.

7. In subsequent months, the Partnership management team, supported by PwC, continued to identify and refine the mitigating controls. In February 2017, a workshop was held to develop the risk register further and to assign ownership of each risk. During this process, the extent of the linkages between IJB and Partnership risks was recognised, and it was agreed to capture the risks, responsibilities and ownership in one risk register, rather than hold separate registers for NHS Lothian, the Partnership, the City of Edinburgh Council and the IJB. Whilst this change simplified the process, it increased the number of risks being managed by the IJB.

8. One consolidated risk register was created which prioritised and scored all inherent and residual risks for both the IJB and the Partnership. This risk register, containing 49 identifiable risks, merged both “strategic” and “operational” risks into one document. This was considered and supported by the Audit and Risk Committee on 2 June 2017 and updated in September 2017.

9. After consulting with the Interim Chief Finance Officer, Chief Internal Auditor, Chief Nurse, representatives from the three Lothian IJBs and the Council’s Risk Officer, it was agreed to develop separate IJB and Partnership risk registers. Consequently an IJB risk register was developed which focused solely on risks related to strategy, scrutiny and performance. The extant risk register was used as the basis for this work and the initial output was discussed at the Audit and Risk Committee meeting on 2 February 2018. As well as considering the register itself the Committee discussed and supported the methodology to be used to assess risk and the underpinning framework for risk management and escalation.

10. The IJB risk register will be developed and maintained by the Partnership’s Operations Manager with oversight arrangements remaining in place from the Interim Chief Finance Officer. The Partnership risk register is being developed by the Quality and Assurance Manager and the 13 draft Partnership risks will be submitted to the Partnership’s Senior Management Team in February 2018 for endorsement.

Key risks

11. The proposed additional and amended risks will assist the IJB in meeting its objectives.

Financial implications

12. No direct financial implications.

Implications for Directions

13. There are no specific implications for directions arising from this report.

Equalities implications

14. There are no equality issues within this report.

Sustainability implications

15. No direct sustainability implications.

Involving people

16. The IJB risks were developed following consultation with the Chief Finance Officer, Chief Internal Auditor, Chief Nurse, representatives from the three Lothian IJBs and the Council's Risk Officer.

Background reading/references

17. None

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Appendices

None

Item 5.11

Report

Ministerial Strategic Group indicators – performance and objectives update Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. The purpose of this report is to update the Integration Joint Board on:
    - current performance in relation to the MSG indicators
    - the objectives set for each indicator for 2018/19
    - The action plans associated with each target
2. The key points and headline issues are summarised below:
    1. Realistic objectives have been set for each of the MSG indicators for 2018/19
    2. A high level action plan has been established alongside these indicators for the return to the Scottish Government
    3. This high level action plan will be followed by a more detailed action plan, which will include the indicated links to other plans and streams of work

Recommendations

3. The Integration Joint Board is asked to:
    i. Agree the suggested targets relating to the MSG indicators
    ii. Agree the direction of travel of the associated action plan
    iii. Note the progress update for the MSG indicators

Background

4. In January 2017, the Ministerial Strategic Group for Health and Community Care (MSG) agreed to proposals to consider quarterly updates on key indicators across

health and social care to allow them to track progress under integration in the following areas:

- Unplanned admissions
- Occupied bed days for unscheduled care
- Accident and Emergency Performance
- Delayed discharges
- End of life care
- The balance of spend across institutional and community services

5. In November 2017, the Scottish Government and Cosla wrote to Chief Officers to request an overview of local objectives and ambitions relating to the six indicators for 2018/19 by 31 January 2018.

6. A standard template was provided for making the return and a range of partners have been involved in completing this template, which includes objectives and associated actions.

7. The IJB is in the process of appointing a new, permanent, management team, reviewing its performance management arrangements, and developing its Strategic Commissioning Plans. With this in mind, the submission to the Ministerial Strategic Group should be considered an interim submission, with a further submission recommended for later in the year once the new Chief Officer and team have greater clarity on progress and the targets the IJB wishes to prioritise

Main report

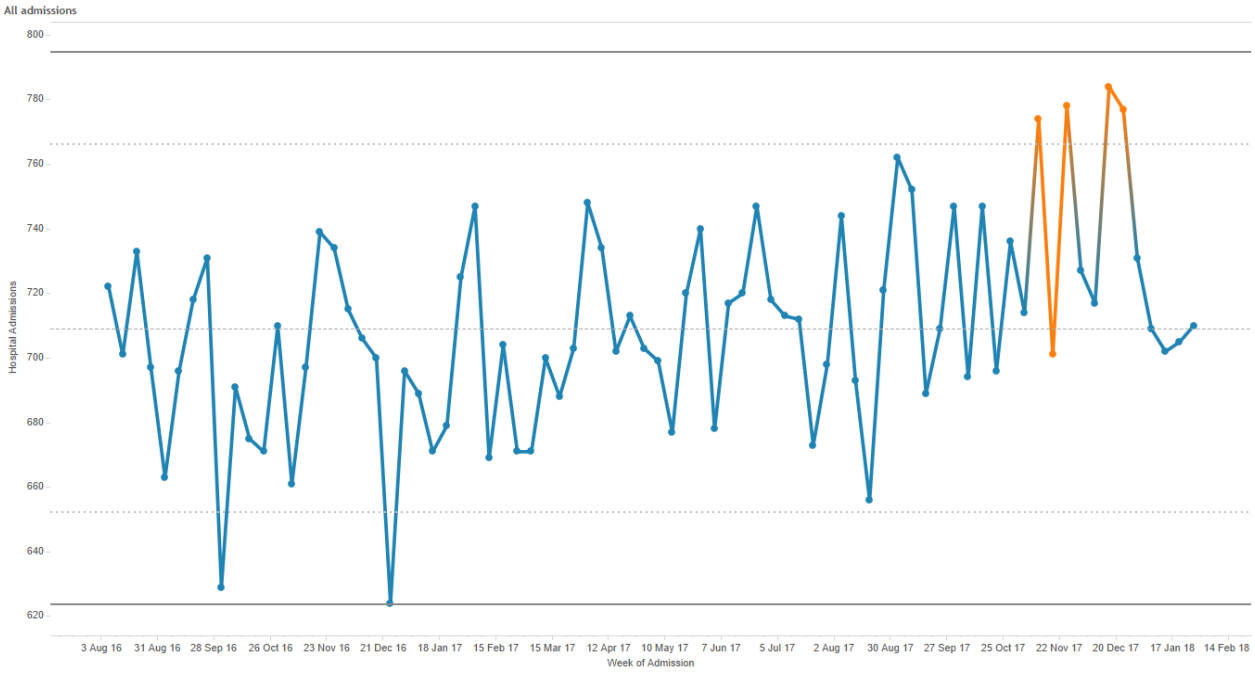
8. The main report outlines the performance against each of the six indicators as well as the realistic targets which are proposed for 2018/19. These objectives are underpinned by key actions, which are detailed in the table in Appendix 1.

9. The high level action plan has been produced in the tabular format to meet the requirements of the Scottish Government. This will be followed by a more detailed action plan which will link to existing work steams and clearly articulate any new work required to meet the suggested objectives.

Indicator 1 – Unplanned Admissions

2017/18 Objective	Proposed 2018/19 Objective
Maintain mean level for 2016 which was 3,206	The objective is to maintain current levels (as performance is comparatively good).

Current Performance:



Notes:

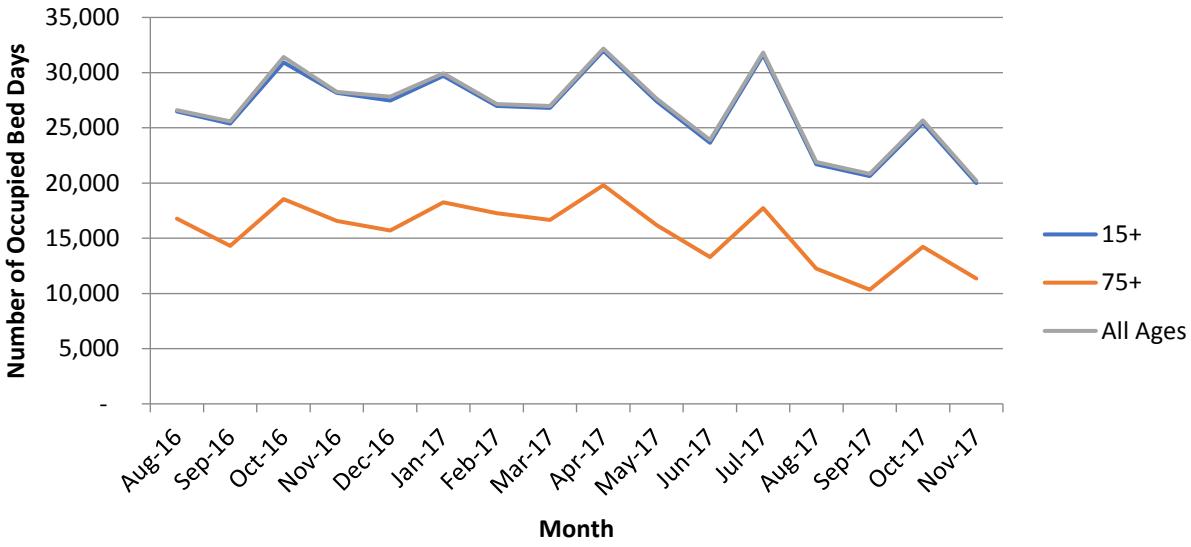
There has been some improvement in unplanned admissions since the last report in December 2017. Longer term plans for improvement are detailed in Appendix 1.

Indicator 2 – Unplanned Bed Days

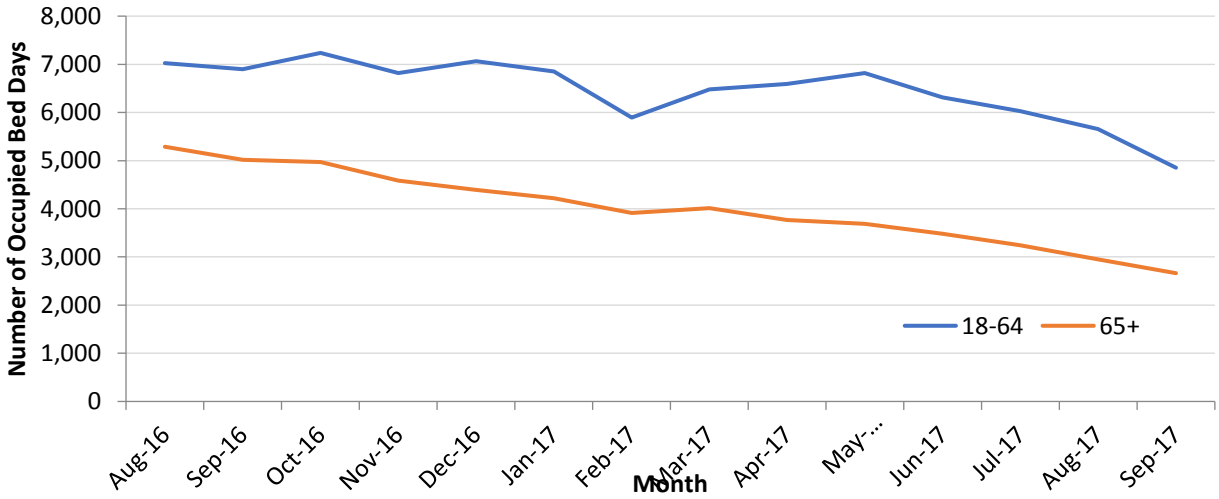
2017/18 Objective	Proposed 2018/19 Objective
Reduce occupied bed days by 10% for 2018 compared to 2017. This is a Scotland-wide target.	a) Acute: 1% reduction (equates to 289 ~10 beds) b) MH: 1% reduction (equates to 360/quarter ~ 4 beds c) GLS: 1% reduction (equates to 112 bed days/quarter ~ 1 bed

Current Performance:

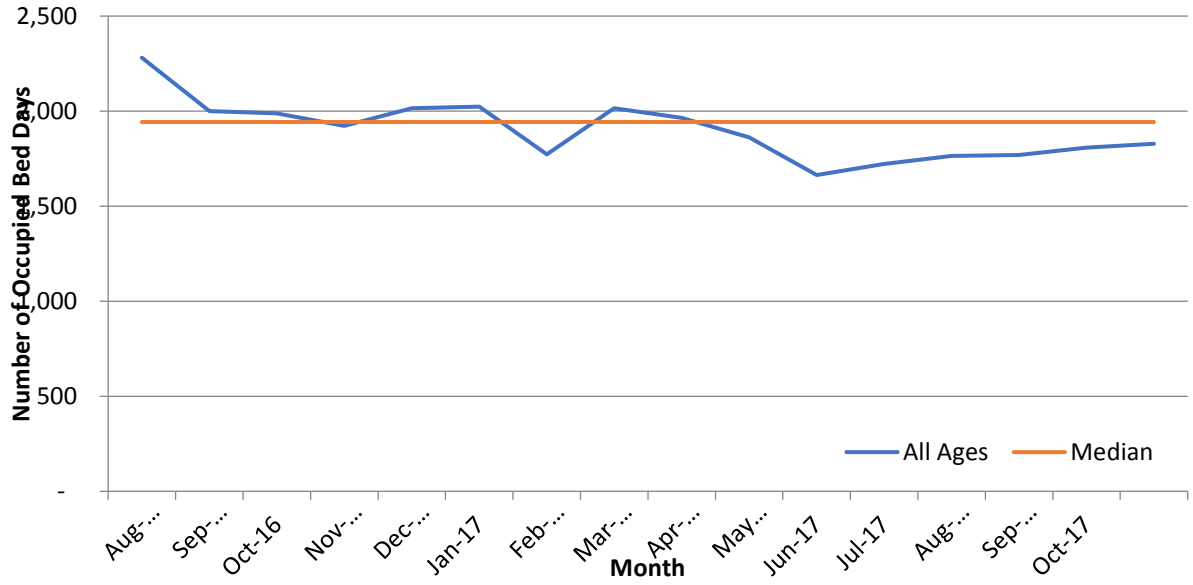
Number of Occupied Bed Days within Acute for patients aged 15+, 75+ and All Ages



Number of Occupied Beds Days within Mental Health for patients aged 18 - 64 and 65 +



Number of Unplanned Occupied Beds Days within Geriatric Long Stay



Notes:

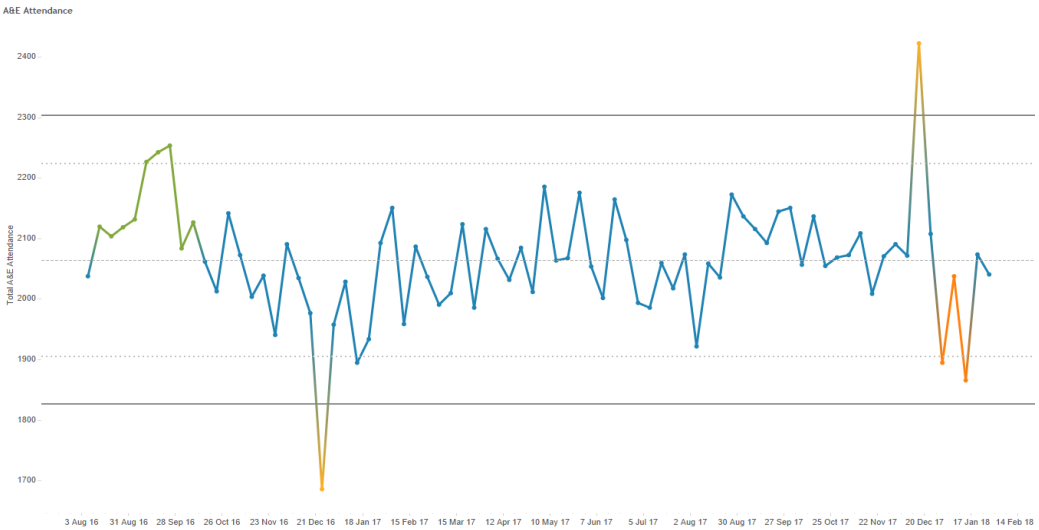
There is a positive, downward trend in the number of occupied bed days within acute. Plans for further improvement are detailed in Appendix 1.

Indicator 3 – A&E Attendances, and performance towards 4 hour target

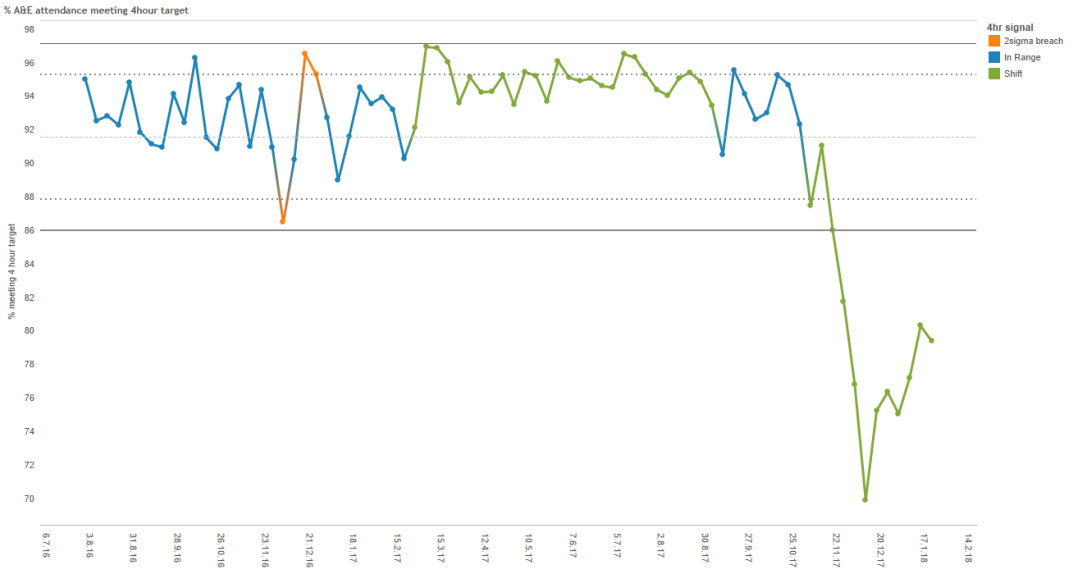
2017/18 Objective	Proposed 2018/19 Objective
95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment. This is a Scotland-wide target	Reduce attendance level by 1% (116 per month) to support pressure of staff and improve performance against 4 hour target

Current Performance:

A&E Attendances:



Compliance with 4 Hour Target:



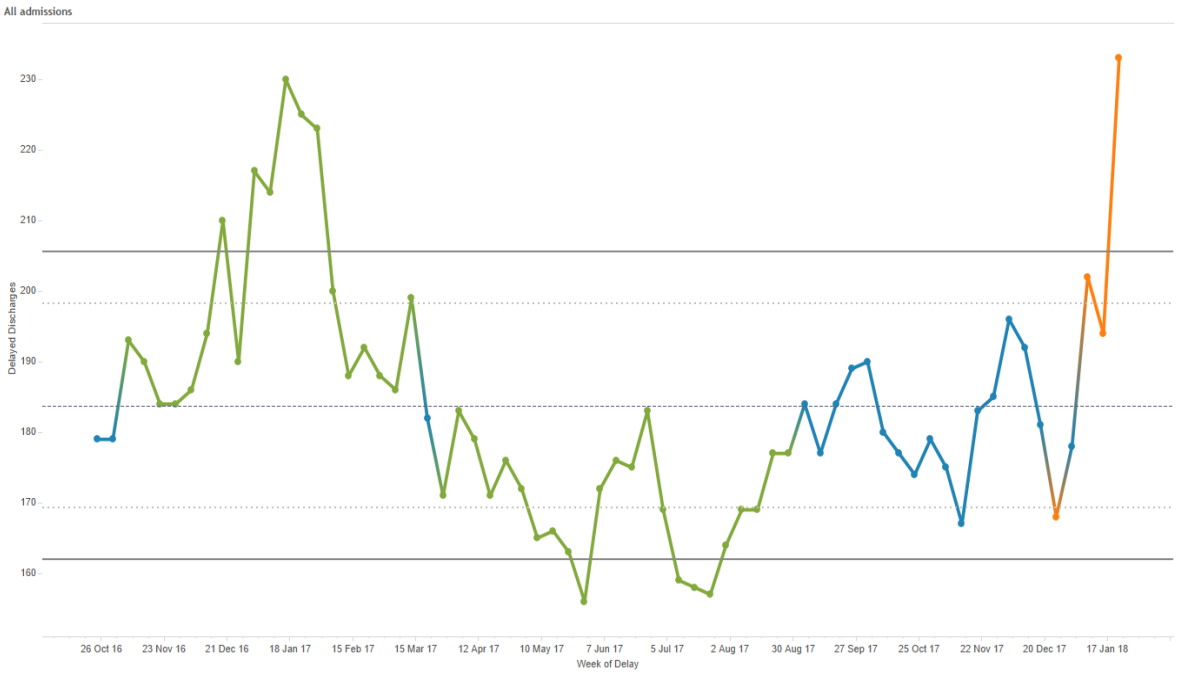
Notes:

Attendances at A&E have returned to a steady level after peaking in December. Compliance with the 4 hour target has improved since the last report. Longer term plans for improvement are detailed in Appendix 1.

Indicator 4 – Delayed Discharges

2017/18 Objective	Proposed 2018/19 Objective
a) Non-complex codes (i.e. excluding code 9): - 50% reduction in bed days occupied in July to December 2017 compared with July to December 2016 - reduction in the number of people delayed by December 2017 to 50 b) Code 9 - 20% reduction in bed days occupied in July to December 2017 compared with July to December 2016 - 20% reduction in the number of people delayed by December 2017 compared with December 2016	Reduced reportable delayed discharge bed days by 5%. This equates to 261 bed days per month, which would free up 8.7 beds.

Current Performance:



Notes:

The number of people delayed in hospital has increased since the last report. Factors influencing this are an increase in hospital attendances over winter, pressures on packages of care in the community and pressures on the availability of care home placements for those waiting in hospital.

Indicator 5 – Last 6 months of life (% in a large hospital)

2017/18 Objective	Proposed 2018/19 Objective
No more than 10.5% of the last six months of life was spent in a large hospital; which was the Scottish median for 2015-16.	Reduce the percentage of time in the last 6 months of life in a large hospital from 13.5% to 12.5% This is the equivalent to a reduction of circa 7,500 (7,484) Bed Days Saved

Current Performance:

Financial Year	2013/14	2014/15	2015/16	2016/17 (provisional)
Last 6 months of life spent in a large hospital (%)	15.5%	15.0%	14.4%	13.8%
Last 6 months of life spent in a large hospital number of bed days)	108,568	109,610	104,616	100,715

Notes:

Annual data indicates an improvement in the number of people spending less time in a large hospital setting in their last months of life. Plans for further improvement are detailed in Appendix 1.

Indicator 6 – Balance of Care (% in a large hospital)

2017/18 Objective	Proposed 2018/19 Objective
Increase the proportion of the population aged 75+ who are in community settings (i.e. at home or in a care home) rather than in a large hospital to 98.2%.	Progress towards Scottish median level: 1.6% for 2015-16

Current Performance:

Financial Year	2013/14	2014/15	2015/16	2016/17 (provisional)
Balance of Care (all ages, in a large hospital)	0.3%	0.3%	0.3%	0.3%
Balance of Care (patients aged 75+ in a large hospital)	2.1%	2.1%	2.2%	2.1%

Notes:

Annual data indicates that the balance of care between community and large hospital settings has remained static over the last four years. Plans for improvement are detailed in Appendix 1.

Key risks

10. The performance data suggests an increase in delayed discharges and unscheduled bed days. Robust action plans should be established and action taken to ensure performance improves.

Financial implications

11. There is a high level of unmet need in hospital and in the community, which has significant cost implications not reflected in current financial forecasts and savings programmes.

Implications for Directions

12. Directions 1 (locality working), 3 (key processes), 5 (older people) and 18 (engagement with key stakeholders) are of relevance to MSG objectives and performance. Any new Direction arising from the Health and Social Care Improvement Programme, another agenda item for this meeting, will be relevant here too.

Equalities implications

13. Performance against the MSG indicators may impact on inequalities; this should be addressed in the partnership's strategic commissioning plans.

Sustainability implications

14. None.

Involving people

15. As the Locality Hubs and Clusters become operational, there will be further engagement with local communities to develop the action plans further.

16. Work to develop the Strategic Commissioning plans will extensively involve third sector and independent partners, as well as staff within the partnership. The impact of these plans will be measured partly by the MSG indicators.

17. Action plans will be communicated to staff. Some actions will sit within other plans, and will therefore be communicated through them.

Impact on plans of other parties

18. Partners are kept informed of progress towards objectives by the Interim Chief Officer through the Integration Joint Board Chief Officers Acute Interface Group. Plans of other parties, such as the strategic planning group, will have an impact on performance, therefore, effective two way communication between planning groups and MSG performance will be essential.

Background reading/references

19. None.

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Appendices

Appendix 1	MSG Objectives and Action Plan

Appendix 1 – Objectives and Action Plan Table

MSG Improvement Objectives – summary of objectives for Adults and Children

Source of all baseline data: SOURCE (November 2017 update – see footnote for location)

<insert Partnership name>	Unplanned admissions	Unplanned bed days[1]	A&E attendances	Delayed discharge bed days	Last 6 months of life (% in a large hospital)	Balance of Care (% in a large hospital)
Baseline for EH&SCP	All ages via SOURCE data (Q1 2015-16 onwards), Edinburgh ranks consistently among the lowest (i.e. best performing) 3 Partnerships Scotland	Median for 2016-17 a) Acute: 28,890 per month b) MH: 35, 987per quarter c) GLS: 5,609 per quarter	Median for 2016-17: 11,663 per month	Median for 2017/18 – 5,985 per month (based on data from April – December 2017)	13.5%	**2015-16** 2% large hospital
Objective	**For 2018-19** The objective is to maintain current levels (as performance is comparatively good).	**For 2018-19** a) Acute: 1% reduction (equates to 289 ~10 beds) b) MH: 1% reduction (equates to 360/quarter ~ 4 beds c) GLS: 1%	**For 2018-19** Reduce attendance level by 1% (116 per month) to support pressure on staff and improve performance against 4 hour target	**For 2018-19** Reduced reportable delayed discharge bed days by 5%. This equates to 261 bed days per month, which would free up 8.7 beds.	**For 2018-19** Reduce the percentage of time in the last 6 months of life in a large hospital from 13.5% to 12.5% This is the	**For 2018-19** Progress towards Scottish median level: 1.6% for 2015-16

[1] G:\HSC\HSC-HQ\H&SC File Plan\Strategic Policy & Perf\R&I - Team\Information & Reporting\Joint Performance Reporting\Integration Local Improvement Plans 2017-18\Phase 2 Jan 2018 on\MSG Targets LIST Jan 18

		reduction (equates to 112 bed days/quarter ~ 1 bed			equivalent to a reduction of circa 7,500 (7,484) Bed Days Saved	
How will it be achieved	Due to population increase, a number of actions will be taken to ensure the unscheduled admission rate remains at current levels: a) Locality Hubs will identify people at risk of admission to hospital and provide short-term intensive support at home b) The Partnership will continue to support the Integrated Older People's Service (Hospital at Home) to	a) Community respiratory team (winter initiative) b) Development of intermediate care facilities and provision in Edinburgh City c) Increase in grade 4 and 5 provision by 2020 (Mental Health draft outline strategic commissioning plan, Jan 2018) d) Alignment of care home capacity with demand, which will include a supply and	a) Extend Pan-Lothian Admission Avoidance Network which is being tested in two GP clusters in North Edinburgh b) Continue to support a range of multi disciplinary preventative services and initiatives – explored in Locality Improvement plans c) Continue to support preventative initiatives	a) Increase the capacity of care home places in the city by flexibly using resources as they are available. This additional capacity could be used to provide respite or emergency placements as an alternative to hospital admission, or as interim care home placements. b) Review of the Care at Home contract for older people to ensure it is able to meet	a) Working with City of Edinburgh Council and NHS Lothian, EH&SCP will produce a local palliative care strategy in response to the National Framework and Commitments. b) EH&SCP will also liaise with Mid, East and West Lothian Partnerships primarily through the Lothian Palliative Care MCN in support of this work c) We are also	a) Support the development and implementation of the Older People's Strategic Commissioning Plan b) Support the development and implementation of the Mental Health Strategic Commissioning Plan c) Prevention of illness, addressing inequalities despite increase in population, ageing

	prevent emergency admissions c) Winter range of initiatives including: - enhanced community respiratory team - enhanced Hub activity via weekend support; Extending hospital at home to NE; care home liaison d) GP initiatives such as anticipatory care planning and workforce modelling e) The partnership will support hospital based initiatives to	demand analysis e) The range of actions to support the reduction of delayed discharges will contribute f) Mental Health – support the development and implementation of the Mental Health Strategic Commissioning Plan g) Older people – support the development and implementation of the Older People's Strategic Commissioning Plan	outlined in the Edinburgh Health and Social Care Improvement Plan. Including the expansion of the Telecare programme. d) Exploration of opportunities to work with SAS and GPs by looking at admission rate of those who have arrived by ambulance e) Continuation of the development of the falls service f) Support the development and implementation of the Older People's Strategic	demand c) Continued embedding of the Service Matching Unit in localities to work flexibly with providers to meet demand d) Ensure that conversations take place on wards that means that patients and families are aware of the choices they are making that they are realistic, risk appropriate, consider Self Directed Support options and include moving on policy conversations.	working with ISD/ LIST colleagues to get a better appreciation of the data (and data collection processes) in order to better understand where the most impact may lie and the extend to how any improvement can be best captured. This should support more robust actions and plans going forward.	population and increasing co morbidity

	support more planned admissions such as rapid access respiratory clinics		Commissioning Plan	e) Support the development and implementation of the Older People's Strategic Commissioning Plan		
Progress (updated by ISD)						
Notes						

Report

The General Medical Services Contract in Scotland
Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. The purpose of this report is to provide the Integration Joint Board (IJB) with a summary of the 2018 General Medical Services contract proposals and timescales, and a proposal for implementation arrangements.

Recommendations

2. The Integration Joint Board is asked to note the key content in the proposals for the new General Medical Services contract in Scotland.

Background

3.1 The Scottish Government and the Scottish General Practitioners' Committee of the British Medical Association have agreed the proposed terms of the 2018 General Medical Services contract offer (Blue Book) (Appendix 2).

3.2 The contract is part of the Scottish Government's plans to transform primary care services in Scotland. A brief initial summary of the sections of the Blue Book is attached (Appendix 3).

3.3 A co-produced *draft* Memorandum of Understanding (MoU) between the Integration Authorities (IA), the Scottish General Practitioners' Committee of the British Medical Association (BMA), NHS Boards and the Scottish Government is being developed setting out an agreed approach that, if accepted by the profession, will support the implementation of the General Medical Services (GMS) contract in Scotland from April 2018 (Appendix 4).

3.4 A national code for GP premises sets out the Scottish Government's plan to facilitate the shift to a model that does not entail GPs providing their practice premises (Appendix 5).

Main report

4.1 The key principles in the proposals are set out below.

4.1.1 A shift in the GP role to Expert Medical Generalist leading a team and away from the responsibilities of managing a team and responsibility for premises.

4.1.2 A new workload formula for practice funding and income stabilisation for GPs.

4.1.3 Reducing GP workload through Health and Social Care Partnerships employing additional staff to take on roles currently carried out by GPs.

4.1.4 Reducing risk to GPs through these measures.

4.5 Overall the Scottish Government has committed at least £250m over the next four years to the implementation of the contract. The financial offer to GPs is to be set out in two phases with a vote on each. In phase 1, a new allocation formula has been developed, which is intended to be more representative of GP workload. £23m will be used in 2018/19 to fund all practices up to the level of the formula (all GP practices have been provided with information as to how this affects them). Practices currently earning more will be protected. In Phase 2 (subject to another vote), a minimum income guarantee for a full-time GP will be introduced, along with reimbursement of practice and premises expenses.

4.6 The funding will also be used to fund Health and Social Care Partnership and NHS board implementation of their responsibilities, including development and employment of additional staff, meeting same day demand, transferring vaccinations, pharmacists and links workers.

4.7 The premises code sets out a programme that aims over time to remove the need for GPs to own their own premises or to lease from private landlords. These responsibilities will shift to NHS boards. £40m has been set aside for the next four years to provide interest free loans to resolve premises issues that are affecting practice sustainability and preventing growth.

4.8 While the 2018 GMS contract is aimed at providing robust and sustainable in-hours GP services, it is vital that it does not deliver any unintended consequences for the current fragile GP out of hours service. The contract includes an “opt in” rather than an “opt out” for out of hours. This could be an area of risk. The National GP Out of Hours Operations Group will work with the Scottish Government, Scottish General Practitioners’ Committee, IJBs and NHS

boards to ensure that any uncertainty about how the new contract will affect out of hours and patient access to 24/7 care is resolved quickly.

4.9 Should the proposals go ahead, an integrated implementation plan across NHS Lothian will be needed to deliver the GMS contract in Scotland. The contract proposal sets out the responsibilities of the NHS board, Partnerships and the GP Sub Committee. Each Partnership will be required to develop a Primary Care Improvement Plan as part of their Strategic Planning processes and this will be implemented alongside the NHS board arrangements for delivering the contract. All the plans are to be developed collaboratively with advice and support from GPs, and explicitly agreed with the GP Sub-Committee of the Area Medical Committee (and in the context of the arrangements for delivering the new GMS contract explicitly agreed with the Local Medical Committee) and be in place by the end of July 2018.

4.10 The new contract sets out complex changes that will have to be negotiated and managed at both Partnership and NHS board level over the next three years. The existing infrastructure in the NHS board, Partnership and GP Sub Committee is inadequate for this task.

4.11 A proposed structural approach to the implementation of the contract is set out at Appendix 1. The roles of the parts of the system are summarised in the appendix.

4.12 It is proposed that each Chief Officer should be a member of the Oversight Group and that it be co-chaired by Chief Officer/GP Sub Committee/NHS Lothian Director.

4.13 Subject to discussion with the GP sub committee, it is proposed that the GP sub committee members should include the chair and a member from each Partnership to ensure strong local connections for the GP Sub Committee. The local member would work closely with each Partnership's GP engagement structures and primary care planning structures.

4.14 It is proposed that a role of Director of Primary Care Contract Implementation is established in NHS Lothian to lead this process. It is likely that additional resources will also be required in the Partnerships, the PCCO and the Finance function to support this work.

4.15 The Director would work on behalf of all stakeholders and the costs would be top-sliced from the total resources available to implement the contract from 2018 to 2021.

4.16 It is proposed that following IJB and GP Sub Committee discussions, the proposed implementation approach will be presented to NHS Lothian in February 2018.

Key risks

5. The contract may introduce new risks in finance, manpower, premises and out of hours. These will be considered and a risk register for the implementation will be developed.

5.1 The issue of General Practice sustainability is included on the NHS Lothian Corporate Risk register and Partnership risk registers as high or very high. This risk will be reviewed in light of the development of the new contract.

Financial implications

6. There will be resource implications in terms of implementing the 2018 GMS contract. The detail of this will be worked up over the coming weeks. It is proposed that these costs are funded from within the total resources available for contract implementation.

Implications for Directions

7. Issues relating to the GMS contract will be incorporated in the Outline Strategic Commissioning Plan for Primary Care, which is being developed and will lead to the need to review current Directions and issue new ones in due course. There will be a requirement to issue Directions in respect of the use and allocation of the additional funding being made available by the Scottish Government to support the implementation of the new contract.

Equalities implications

8. No impact assessment has been carried out on the issues discussed in this paper.

Sustainability implications

9. There are no sustainability implications arising from this report.

Involving people

10. The IJB has discussed the issues in primary care and approved primary care priorities. These have been developed together with the GP involvement structures. A number of papers relating to primary care have been discussed and supported with a wide range of stakeholders at the Primary Care Forward Group,

Primary Care Joint Management Group, NHS CMT, NHS Healthcare Governance Committee and NHS Board.

10.1 Going forward, Partnership's will be responsible for local engagement and the NHS board for Lothian-wide engagement.

Impact on plans of other parties

11. Any implications for other IJBs will be addressed through the establishment of the Oversight Group detailed in paragraph 4.12 above.

Background reading/references

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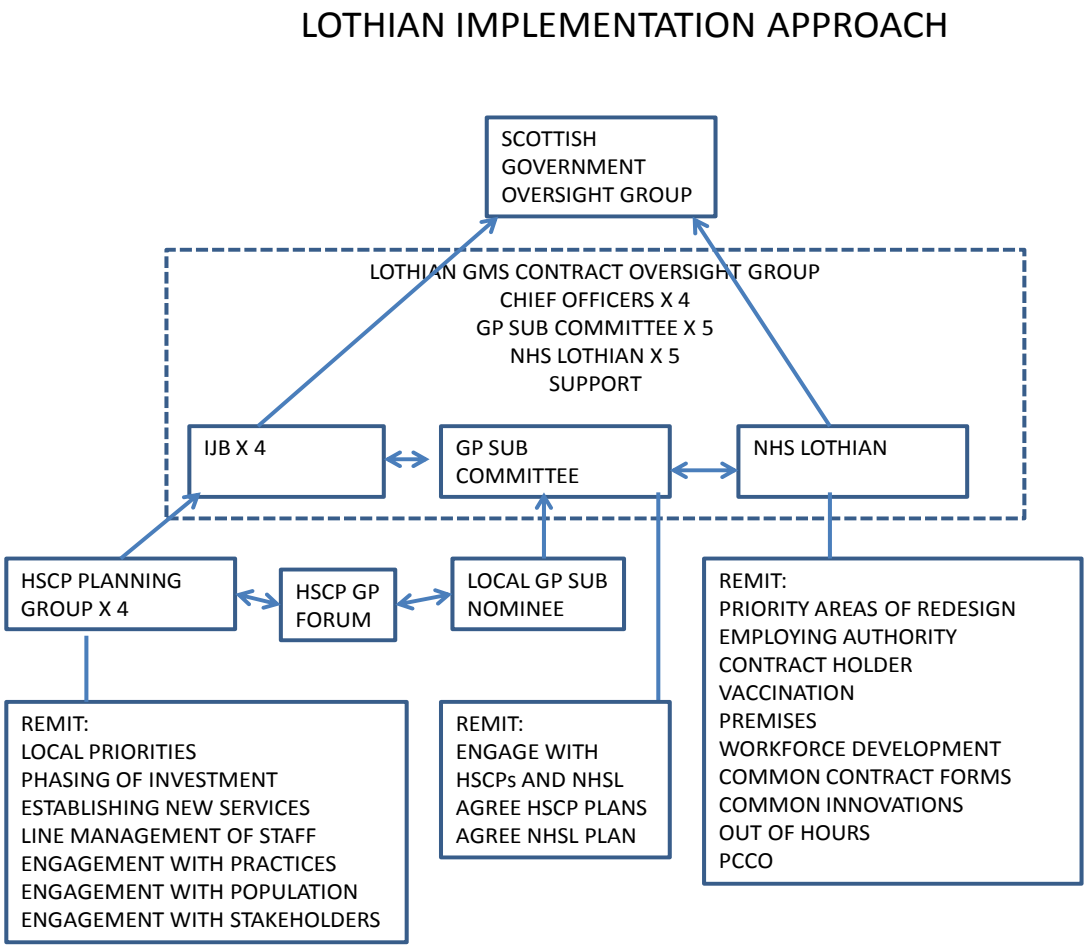
Appendices

Appendix 1: Proposed implementation structure
Appendix 2: Contract offer http://www.gov.scot/Publications/2017/11/1343
Appendix 3: Summary of sections of the Blue Book
Appendix 4: Draft MOU http://www.gov.scot/Resource/0052/00527517.pdf
Appendix 5: Premises Code http://www.gov.scot/Resource/0052/00527533.pdf

Appendix 1
Proposed implementation structure - Draft



Appendix 3
Main points from each section of the contract offer

2. THE ROLE OF GPs IN SCOTLAND – EXPERT MEDICAL GENERALISTS

Key Points

- The GP as expert medical generalist will focus on undifferentiated presentations, complex care, quality and leadership. All are equally important.
- GPs will lead and be part of an extended team of primary care professionals.
- GPs will have more time to spend with the people who need them most.

3. PAY AND EXPENSES

Key Points

- A new practice income guarantee will operate to ensure practice income stability.
- A new funding formula that better reflects GP workload will be introduced from 2018 with additional investment of £23 million.
- A new minimum earnings expectation will be introduced from 2019.

4. MANAGEABLE WORKLOAD

Key Points

- GP and GP Practice workload will reduce.
- New staff will be employed by NHS boards and attached to practices and clusters.
- Support for redesign of services for urgent and unscheduled care (to reduce GP workload).
- Paramedic home visiting service.
- Additional professional clinical services including acute MSK physio and CMHN service
- Priorities include *pharmacy support* in practices and *vaccinations transfer.*
- Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
- There will be national and local oversight of service redesign and contract implementation involving SGPC and Local Medical Committees.
- Out of Hours – move to an opt in service for practices that chose to provide out of hours
- Enhanced Services – no expansion but no major changes to existing

5. IMPROVING INFRASTRUCTURE AND REDUCING RISK

Key Points

- The risks associated with certain aspects of independent contracting will be significantly reduced.
- GP Owned Premises: new interest-free sustainability loans will be made available, supported by additional £30 million investment over the next three years.
- GP Leased Premises: there will be a planned transition to NHS boards leasing premises from private landlords.
- New information sharing agreement, reducing risk to GP contractors.

6. BETTER CARE FOR PATIENTS

Key Points

- The principles of contact, comprehensiveness, continuity and co-ordination of care for patients underpin the proposals.
- GP time will be freed up for longer consultations where needed – improving access for patients.
- There will be a wider range of professionals available in practices and the community for patient care.

7. BETTER HEALTH IN COMMUNITIES

Key Points

- GPs will be more involved in influencing the wider system to improve local population health in their communities.
- GP clusters will have a clear role in quality planning, quality improvement and quality assurance.
- Information on practice workforce and activity will be collected to improve quality and sustainability.

8. THE ROLE OF THE PRACTICE

Key Points

- General practice nursing will continue to have a vital role under the proposed new contract.
- There will be new enhanced roles for practice managers and practice receptionists.
- In addition, a number of clarifications and improvements to the underpinning GMS and Primary Medical Services (PMS) regulations will be made.

Item 5.13

Report

Appointment of Chief Officer
Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. This report seeks approval to appoint Judith Proctor as the Chief Officer of the Edinburgh Integration Joint Board. The post holder will also be the Director of the Edinburgh Health and Social Care Partnership. A short biography is attached at Appendix 1.

Recommendations

2. The Integration Joint Board is asked to:

   i. note that in terms of the Public Bodies (Joint Working) (Scotland) Act 2014 – Section 10(6), the City of Edinburgh Council and NHS Lothian have been consulted and have confirmed that they support the appointment

   ii. approve the appointment of Judith Proctor as the Chief Officer of the Edinburgh Integration Joint Board and Director of the Edinburgh Health and Social Care Partnership.

Background

3. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to appoint a Chief Officer.

4. At its meeting of 13 October 2017, the Edinburgh Integration Joint Board (IJB) agreed arrangements for the recruitment and selection of a permanent Chief Officer of the IJB/Director of the Edinburgh Health and Social Care Partnership.

5. In line with the Edinburgh Integration Scheme, the IJB will appoint the Chief Officer. She will be employed by one of the parties and will be seconded to the IJB.

Main report

6. In terms of the Public Bodies (Joint Working) (Scotland) Act 2014, NHS Lothian and the City of Edinburgh Council must be consulted on the appointment, prior to ratification at a full meeting of the IJB, and the City of Edinburgh Council and NHS Lothian have both confirmed that they support the appointment.

Key risks

7. Failure to appoint a Chief Officer of the IJB/Director of the Edinburgh Health and Social Care Partnership would result in the IJB failing to meet its statutory requirements.

Financial implications

8. Staffing budgets include provision for this post.

Implications for Directions

9. None.

Equalities implications

10. None.

Sustainability implications

11. None.

Involving people

12. Full consultation with the City of Edinburgh Council and NHS Lothian has taken place.

Impact on plans of other parties

13. None.

Background reading/references

14. Management Arrangements for the Edinburgh Integration Joint Board and Health and Social Care Partnership, 22 September 2017

15. EIJB Appointment of Chief Officer

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Appendix 1

Judith Proctor – Biography

Judith is the Chief Officer for Health and Social Care for Aberdeen City, and took up that post in October 2014. Judith has worked in the community health and social care field for over 27 years, having started her career as a nurse in Edinburgh. She then qualified as a midwife in Inverness and worked as a district nurse and midwife in the North West Highlands and in Shetland, where her interest in population health and wellbeing developed.

Judith moved to Dumfries and Galloway as one of the original cohort of public health practitioners and undertook her Master of Public Health degree from Glasgow University while in that role. She was seconded to the Scottish Executive in 2003 to work on the implementation of Community Planning at a partnership level. On her return to Dumfries and Galloway, Judith moved into the role of Joint Commissioning Manager for Learning Disability and worked across both the NHS Board and Council. Prior to returning to her native Aberdeen, Judith was the Director of Strategic Planning and Head of Joint Commissioning for NHS Dumfries and Galloway and Dumfries and Galloway Council, a role she undertook for five years.

Report

Appointment of Chief Finance Officer Edinburgh Integration Joint Board

2 March 2018

Executive Summary

1. This report seeks approval to appoint Moira Pringle as the Chief Finance Officer for the Edinburgh Integration Joint Board.

Recommendations

2. The Integration Joint Board is asked to approve the appointment of Moira Pringle as the Chief Finance Officer of the Edinburgh Integration Joint Board.

Background

3. The Public Bodies (Joint Working) (Scotland) Act 2014 s 13 requires Integration Joint Boards to comply with the finance sections of the Local Government (Scotland) Act 1973. This includes the requirement to appoint a S95 Chief Finance Officer.

4. At its meeting on 17 July 2015, the Edinburgh Integration Joint Board (IJB) agreed to appoint an interim Chief Finance Officer and delegated approval to make the appointment.

5. Following a recruitment and selection process, Moira Pringle, currently the Interim Chief Finance Officer, is the preferred candidate for the permanent position.

Key risks

6. Failure to appoint a Chief Finance Officer would result in the IJB failing to meet its statutory requirements.

Financial implications

7. Staffing budgets include provision for this post.

Implications for Directions

8. None.

Equalities implications

9. None.

Sustainability implications

10. None.

Involving people

11. Full consultation with the City of Edinburgh Council and NHS Lothian has taken place.

Impact on plans of other parties

12. None.

Report author

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